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The Effects of Teacher Demographics, Self-Efficacy, and Student Gender on Behavioral Referrals

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THE EFFECTS OF TEACHER DEMOGRAPHICS, SELF-EFFICACY, AND
STUDENT GENDER ON BEHAVIORAL REFERRALS

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Morgan E. Hestand

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THE EFFECTS OF TEACHER DEMOGRAPHICS, SELF-EFFICACY, AND STUDENT GENDER ON BEHAVIORAL REFERRALS

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Morgan E. Hestand   August 2018   58 pages

Directed by: Carl Myers, Ph. D., Jenni Redifer, Ph.D., and Ryan Farmer, Ph.D.

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The current study examined the most common reason for behavioral referrals and the effects of student gender, teacher age, teacher experience, and school setting on reasons for behavioral referrals to the schools intervention team or the Individual Education Plan (IEP) team. Additionally, it examined the self-efficacy of teachers and compared the self-perceptions of teaching general education students with behavior problems with perceptions of teaching students identified as having an Emotional Disturbance (ED). Participants included 179 general education teachers, grades K-12, from the state of Kentucky and additional teachers recruited from Facebook from across the U.S. Participants completed a survey about their self-efficacy in working with general education students and students with ED and their most recent male and female behavioral referral, either to an intervention team or to the IEP team. The most common reported reason for referral was defiance. This was true for both male and female students. Teachers reported referring more male than female students. Additionally, teachers reported significantly higher self-efficacy when working with general education students compared to students with ED. The relevance of findings to current research, the implications for school districts, limitations, and future directions are discussed.

Introduction

Federal special education law (IDEA, 2004) includes 13 disability categories. Across the United States, 6.6 million students receive special education services and 350,000 are specifically served under the category of Emotional Disturbance (ED) (U. S. Department of Education, 2017). To qualify under ED, students must demonstrate behaviors such as relationship problems, inappropriate behavior, unhappiness or depression, and/or physical symptoms or fears to the extent that their difficulties impair their learning.

National statistics indicate that there are more males than females identified as ED (Coutinho & Oswald, 2005). Male overrepresentation is the most pronounced in the ED category compared to other disability categories, with boys almost three and a half times more likely than girls to be served under the ED classification (Coutinho & Oswald, 2005). Proposed reasons for this disproportionality include a lack of teacher training related to students with disabilities, low teacher self-efficacy in teaching students with disabilities, and student gender portraying different behavioral characteristics.

Whether boys are over-identified as ED or girls are under-identified is unclear. Data supports that girls display more internalizing problems while boys display more conduct problems, physical violence, and antisocial behaviors (Maras, 1996; Mash & Wolfe, 2016). Additionally, boys tend to display more externalizing problems which may result in more frequent diagnoses of psychiatric disorders associated with externalizing behaviors. Statistics on prevalence rates for certain disorders tend to support such differences. As examples, 7.1% females and 12% males for conduct disorder (Nock, Kazdin, Hiripi, & Kessler, 2006), 9.2% females and 11.2% males for oppositional defiant

disorder (Nock, Kazdin, Hiripi, & Kessler, 2007), and 4.2% females and 13% of males for ADHD, 38% females and 36% males for anxiety, 19.4% females and 6.4% males for major depressive episode (The National Institute of Mental Health, 2018).

Regular education teachers have demonstrated low tolerance for maladaptive behavior and nonconformity and have resisted the inclusion of students who demonstrate problem behaviors that are difficult to manage in their classroom (Gersten, Walker, & Darch, 1988; Schumm & Vaughn, 1992; Walker & Rankin, 1983). More recently, Lopes, Monteiro, Sil, Rutherford, and Quinn (2004) found that many teachers believe that difficult students hinder the learning of average students and that teaching difficult students is too challenging without support. Boys also receive more criticism and disapproval from teachers than girls, seemingly due to more frequent disruptive behaviors (Brophy & Good, 1970; Duffy, Warren, & Walsh, 2001). Negative perceptions about male students may, in turn, lead to more ED referrals.

Others contend that the school-based methods for identifying ED, as well as the less disruptive manifestation of behavior or emotional problems and gender role assumptions, may overlook ED characteristics in girls (Rice, Merves, & Srsic, 2008). In fact, a study evaluating ED characteristics in a sample of over 108,000 6th to 12th grade students found girls had much higher rates of mood and anxiety disorders than boys, while relatively equal numbers of boys and girls had high levels of comorbid symptoms (Peiper et al., 2015).

Additional research related to the disproportionate representation of boys and girls in ED is considered necessary to ensure appropriate education and services to these students (Rice et al., 2008). It is unknown whether the difference in special education

placement is truly due to different prevalence rates or to other eligibility and assessment

factors. If females are being excluded due to assessment and identification issues, then

the need to reconsider the identification tools and process is necessary. If boys are

identified solely because of their excessive externalizing behaviors, then the need to more

narrowly define what ED is becomes a priority. Furthermore, given the fact that one of

the primary reasons teachers leave the profession is because of students' behavioral

problems (Cancio, Albrecht, & Johns, 2013; Walters, 2004), it further highlights the need

to study behavioral referrals by teachers.

  At this time, there is little current research on the reasons for which ED students

are originally referred, including whether those reasons significantly differ based on the

student's gender. The primary goal of this study is to evaluate general education teachers'

reasons for referral of students portraying ED characteristics. Second, this study will

examine the relationship between gender and reasons for referral. Third, this study will

examine the effects of teacher self-efficacy and years of experiences on reasons for

referral. The results of this research could help focus training and intervention

development on the most common behavioral or emotional problems seen in the school.

  The literature review in this thesis is divided into several sections including

emotional disturbance, its definition and background statistics; the negative perceptions

of ED and the effects of those perceptions; teachers' training received during their pre-

service educational program and additional training received after they begin teaching;

teacher self-efficacy regarding the confidence, or lack thereof, in working with students

with disabilities and specifically with students with ED; previous research on why

teachers refer students for an ED evaluation; and studies that examine the gender of

students related to those who present with ED and symptoms associated with ED.

Literature Review

Emotional Disturbance

According to the U. S. Department of Education (2017), the United States serves over 50 million students in the public school education system, over 2 million students in charter schools, and over 5 million students in private schools. There are many educational and related services provided to students including, but not limited to, specialized instruction, gifted services, speech/language therapy, occupational therapy, and physical therapy.

According to the most recent statistics available, the United States served 6.6 million students with disabilities during the 2014-2015 school year (U. S. Department of Education, 2017). The Individuals with Disabilities Education Act (IDEA, 2004) is federal legislation that ensures that students with a disability receive a free and appropriate education that matches their needs. It defines 13 different disability categories, including emotional disturbance (ED). IDEA (2004) federal regulations provides the following definition of ED:

> Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors. (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. (C) Inappropriate types of behavior or feelings under normal circumstances. (D) A general pervasive mood of unhappiness or depression. (E) A tendency to develop

physical symptoms or fears associated with personal or school problems.

(§300.8(4)(i))

In short, the IDEA (2004) requires students to demonstrate difficulties learning due to a variety of behavior problems as well as social or emotional problems. Federal regulations further specify that emotional disturbance includes schizophrenia but does not apply to children who are socially maladjusted without an emotional disturbance. Although the term, socially maladjusted, has not been defined by federal law, descriptors that have been identified to be associated with it include a lack of compliance with expectations, older friends who get into trouble, truancy, rule violations, engagement in antisocial problem behavior willfully, and to have an end goal of maintaining or enhancing social status within the antisocial group (Merrell & Walker, 2004; Stein & Merrell, 1992). In some states, alternate terms for emotional disturbance are used, such as an emotional and behavior disorder, a behavior disorder, or serious emotional disturbance. For the sake of consistency, the term emotional disturbance will be used in this thesis to refer to any of the above-described terms.

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5, American Psychiatric Association, 2013) includes the American Psychiatric Association's (APA) classification and diagnostic criteria that is used to diagnose psychiatric disorders. While ED is not a specific category in the DSM-5, the same symptoms that the IDEA describes as ED are found in the broad category of Disruptive, Impulse-Control, and Conduct Disorders, as well as in specific diagnoses such as schizophrenia, depression, anxiety, bipolar, and obsessive-compulsive disorder.

According to the U. S. Department of Education (2015), 354,000 children, or five percent of all special education students were served under the category of ED in the United States. It should be noted that the majority of students referred for behavioral concerns do not get identified as ED – only 37-39% of those referred because of behavioral concerns are identified as ED (Forness, Freeman, Paparella, Kauffman, & Walker, 2012). These numbers indicate that even though children show signs of ED, they are not always identified as such, and therefore remain in the general education classroom with no special education supports.

When students are identified as ED by the school, they can be served in a general education classroom, in small group instruction where students are pulled out of the general education classroom for certain amounts of time to work on different skills, or in a separate classroom depending on what the Individualized Education Plan (IEP) team thinks it is best for the student. Separate classrooms for students with ED are usually smaller groups of students who display serious levels of behavioral or emotional dysfunction. However, separate classroom for students with ED have been criticized because those students are often taught from the same curriculum and are served with the same behavioral intervention, despite the broad scope of student needs within the ED category (Kershaw & Sonuga-Barke, 1998). Of the 354,000 students identified as ED, 18% are in a general education classroom more than 40% of time and 45% are in a general education classroom more than 80% of the time. (U. S. Department of Education, 2016a). Thus, even with a diagnosis of ED, the student is likely to remain in the regular education classroom at least part of the day.

Negative Perceptions of ED

An emotional disturbance is primarily described in terms of behaviors such as aggression, school refusal, and exclusion with little emphasis on the emotional aspect (Maras & Kutnick, 1999). According to Maras and Hall (as cited in Maras & Kutnick, 1999), when assessing teachers' perception of students with ED, 37% of teachers reported the cause to be within the individual, while no teachers indicated the school environment as the cause for the students' problems. Additionally, the researchers reported that teachers perceived behavioral actions to be significantly more problematic than emotional problems.

Some of the early studies on ED focused on the influence of educators' expectations on a diagnosis. Studies have shown that reasons for referral create bias in decision makers. Specifically, referral for a behavior problem is more likely to result in classification under ED and teams are more likely to classify a student with reported behavior problems, even if the results indicated typical functioning (O'Reilly, Northcraft, & Sabers, 1989; Ysseldyke & Algozzine, 1981). Teachers may project negative expectancies on a child presenting with normal behavior when given information that the child is identified as ED (Foster & Ysseldyke, 1976). These early studies imply that students may be identified as ED primarily because they are referred for behavior problems and that teachers will pay more attention to undesirable behaviors if that is what they are expecting from the student.

Although teachers may be accepting of special education students in their classrooms (Schumm & Vaughn, 1992), they do not want to handle any behavioral or emotional problems that they may present and are resistant to the inclusion of students

who present such problems (Gersten et al., 1988; Schumm & Vaughn, 1992; Walker & Rankin, 1983). The results of these studies suggest that teachers think the special education students should have to adapt to the curriculum and regular classroom environment instead of teachers adapting the curriculum or activities for the special needs of students. Teachers also report that it is inappropriate for children with ED to be included in the general education classroom, because they may display serious problems within the classroom and disrupt the learning of other students (Lopes et al., 2004; Schumm & Vaughn, 1992).

When analyzing the outcomes of students with ED, the results demonstrate multiple concerns. In a study completed by the U.S. Department of Education (1994), students with ED have lower grades than any other group of students with disabilities, only 42% earn a high school diploma compared to 76% of all students, they record more days of absence than any other group of students with a disability, 48% drop out of grades 9-12 compared to only 24% of all high school students, 20% of ED students are arrested at least once before they leave school and 58% are arrested within five years of leaving school, and 73% of ED students who dropout are arrested within five years of leaving school.

More recently, the National Longitudinal Transition Study (NLTS) collected data on young adults, ages 21-25, who had been identified with ED in high school. The results from this data collection in 2009 indicated that 82% graduated from high school, 53% enrolled in postsecondary school, and 60% had been arrested (Wagner & Newman, 2012). NLTS data were also compared to general population statistics. Results indicated there was a significant difference between individuals with ED and the general

population for postsecondary enrollment and being arrested. However, there was no statistical difference between the general population and individuals with ED for high school completion (Newman, Wagner, Cameto, Knokey, & Shaver, 2010; Newman et al., 2011).

Why Teachers Refer for Behavior Problems

Various reasons as to why teachers refer students for behavioral concerns have been explored to a limited extent. This section of the thesis will review studies that have examined the issues of the types of behavior problems exhibited by students, teachers' training related to special education and ED, teachers' self-efficacy, and the gender of the student.

Types of behavior problems. Although ED is a broad term that is used to encompass a wide array of difficulties, teachers are significantly more likely to refer a child with externalizing problems than a child with internalizing problems (Bramlett, Murphy, Johnson, Wallingsford, & Hall, 2002; Green, Clopton, & Pope, 1996; Molins & Clopton, 2002; Soles, Bloom, Heath, & Karagiannakis, 2008). Kershaw and Sonuga-Barke (1998) suggested there are five subgroups within ED: conduct problems; emotional problems; attentional problems; co-morbid conduct, emotional and attentional problems; and a group with no apparent problems. The group with no apparent problems was a curious finding but the teachers indicated in this study that over 13% of the ED students presented with no problems in the areas measured: aggressive behavior, anxiety and depression, attention problems, somatic complaints, social problems, and withdrawal. This raises a larger issue that once students are identified as ED, they remain in special education even after interventions have shown to be successful.

Briesch, Ferguson, Volpe, and Briesch (2013) conducted a study to examine the reasons for which teachers seek assistance for social-emotional and behavioral concerns. Although teachers were asked about social-emotional referrals, 15% of the referral concerns fell into the learning problems category including issues with low grades and academic skills as well as performance in relation to peers. Of the social-emotional concerns, defiance was reported to be the most common, constituting 15% of reported referral concerns. Unspecified behavioral concerns, inappropriate physical behavior, inattention, anger problems/aggression, and social/relational problems each made up 5-11% of the total responses. In a broad sense, externalizing behaviors made up the greatest percentage of referral concerns (44%), with the other concerns divided into learning problems (15%), ADHD-related (15%), internalizing problems (13%) or other (13%). When analyzing grade levels, it was found that externalizing and ADHD-related concerns were reported more at the elementary school level and significantly more internalizing problems at the high school level.

Teachers' training. Even with large numbers of special education children in the school system, preservice teachers are receiving little to no training in teaching children with disabilities, and specifically children with an emotional disturbance (Sigee, 2017; Voltz, 2003). Any training that is received is viewed as inadequate or ineffective in working with children with ED (Sigee, 2017).

For regular education teachers, issues regarding special education and students with disabilities are often incorporated into courses and students are often not required to take a separate course that focuses on special education (Cameron & Cook, 2007; Voltz, 2003). About 70% of general education teachers only receive 3-6 credit hours of their 39-

42 hour education program on students with disabilities (Government Accountability Office [GAO], 2009; Rosenzweig, 2009). Unfortunately, teachers describe the classes as basic, introductory courses that only briefly introduce federal law and building relationships with children with disabilities (GAO, 2009). Teachers also report having little to no experience working with children with disabilities, including learning teaching strategies and exposure to inclusive environments (Cook, 2004; GAO, 2009). Not every state requires that preservice teachers participate in field experience with students with disabilities (GAO, 2009). Teacher training instructors often do not have university-level special education training and programs often do not use texts that focus on special education or student with disabilities (Cook, 2002). Additionally, teachers are not specifically required to be involved in inclusive classrooms during their field experiences (Cook, 2002). Even after graduating, teachers receive little or no additional training after entering the field. (Anderson & Hendrickson, 2007; Buell, Hallam, Gamel-McCormick, & Scheer, 1999). General educators that are in the field express the need for training in many specific areas including program modification, assessing academic progress, general knowledge of students with special needs, history of inclusion, adapting curriculum for managing behavior problems, and developing individualized education plans (Buell et al., 1999).

Teacher self-efficacy. The lack of coursework and exposure on teaching students with disabilities may be a factor in the lower confidence of general education teachers in teaching and working with students with a disability. Many studies have looked at the level of confidence or self-efficacy that preservice and general education teachers hold

when it comes to working with students with disabilities, and students with ED in particular, and the studies indicated mixed results.

Many studies have found that preservice teachers and general education teachers perceive their ability to teach students with ED significantly lower than other disabilities (Cook, 2002; Robbins-Etlen, 2009) but are willing to try inclusion with "appropriate support" and an option of sending disruptive students out of the room to a supportive or corrective environment (Heflin & Bullock, 1999). Though a lack of coursework and training may contribute to the findings that some teachers display low self-efficacy in working with children with ED, another study reported self-efficacy to be moderately confident with no statistical differences between those with and without field experience, with and without previous coursework, and those who were familiar and non-familiar with children with ED (Shillingford and Karlin, 2014).

There have also been many contradictory findings about how self-efficacy relates to referrals of students. Some studies have shown that teachers' high self-efficacy for resolving students' problems resulted in less referrals (Hughes, Barker, Kemenoff, & Hart, 1993) and teachers with low self-efficacy in working with students with problem behaviors are more likely to refer a student (Schwartz, Wolfe, & Cassar, 1997). However, it has been found more recently that low self-efficacy in teaching students with behavior problems resulted in fewer referrals of students to student support services (Pas, Bradshaw, Hershfeldt, & Leaf, 2010). Yet another study found that there was no relationship between self-efficacy and special education referrals (Egyed & Short, 2006).

Studies have found that there is no significant relationship between years of experience and self-efficacy in working with students with ED for general education

teachers (Jones, 2012; Tsouloupas, Carson, & MacGregor, 2014). It has been noted that more experienced teachers are more likely to refer a student for a special education evaluation (Hughes et al., 1993) and more experienced teachers were more resistant to inclusion of ED students in a general education classroom (Heflin & Bullock, 1999). However, another study found that teacher experience had no relationship with the decision to refer a child for special education (Egyed & Short, 2006).

Gender. Some research has shown that a student's gender is not a predictor of teacher referrals at elementary (Abidin & Robinson, 2002) or middle school (Ford, 2006) grades. Behavioral excesses or deficits of a social, emotional, or intrapersonal nature were found to account for 31% of the reported referrals but there were not significant differences between males and females for the behavioral referrals (Harris, Gray, Rees-McGee, Carroll, & Zaremba, 1987).

Despite limited research suggesting there are no gender differences related to referrals, the statistics on who is receiving special education services tells a different story. When looking at the number of males versus females that are identified as ED across the nation, the odds ratio indicates that males are overrepresented in every state (Coutinho & Oswald, 2005). Males are, on average, 3.43 times as likely as females to be identified as ED nationally, ranging from 2.17 to 5.95 times as likely across states, and specifically 4.81 times as likely in the state of Kentucky (Coutinho & Oswald, 2005). More recent statistics indicate that nationally, there were over 250 thousand males identified as ED and over 88 thousand females identified as ED in 2014-2015, or over 2.8 times more males than females (U. S. Department of Education, 2016b).

A number of studies have examined gender differences related to general school issues. For example, one study found that teachers reported no significant difference between males' and females' dislike for school, short attention span, lack of self-confidence, truancy, and excessive daydreaming (Cullinan, Epstein, & Kauffman, 1984) and another found no significant differences between reading, writing, spelling and academic competency levels between males and females referred for behavior problems (MacMillan, Gresham, Lopez, & Bocian, 1996). When looking specifically at the different characteristics of ED – relationship problems, inappropriate behavior, unhappiness or depression, and/or physical symptoms or fears (IDEA, 2004) – research demonstrates mixed findings for gender differences, which are described in the following paragraphs.

Regarding relationship problems, there are contradictory findings. Teachers have rated females as higher than males in the areas of social competence (MacMillan et al., 1996; Merrell, Johnson, Merz, & Ring, 1992) and prosocial behavior (Zahn-Waxler, Cole, Welsh, & Fox, 1995). In addition, males have been rated as more likely to get in fights than females (Cullinan et al., 1984). However, other studies have shown that there are no gender differences in social skills or difficulties (Lopez, Forness, MacMillan, Bocian, & Gresham, 1996; Soles et al., 2008), or teachers' ratings of students' inferiority, shyness, social withdrawal, or having delinquent friends (Cullinan et al., 1984). In one study, school psychologists reported social deficits were the reason for referral for 21% of referred girls while only 9% of referred boys (Harris et al., 1987).

Regarding inappropriate behavior, the research also provides mixed results. Some research has shown that males and females exhibit comparable levels of externalizing

behaviors (Henning-Stout, 1993; Kelter & Pope, 2008) and other research has shown no significant differences between males and females on teachers' ratings in the areas of stealing, tantrums, or profane language (Cullinan et al., 1984) or parents' ratings of aggression or hyperactivity (Miller, Hampe, Barrett, & Noble, 1971). Still others have found that females rate themselves as engaging in more behaviors related to impulsivity and distractedness compared to males (Maras, Brosnan, Faulkner, Montgomery, & Vital, 2006) and teachers rate females as displaying significantly more externalizing behaviors than males (Soles et al., 2008). However, there have been other studies that contradict these findings. It was reported males are two to three times more likely than females to be demonstrate disciplinary problems (Bryan, Day-Vines, Griffin, & Moore-Thomas, 2012; Cullinan & Epstein, 1985; Pas et al., 2010). Males were rated as more likely to exhibit externalizing behaviors such as acting out, conduct problems, hyperactivity aggression, (Cullinan & Epstein, 1985; Cullinan et al., 1984; MacMillan et al., 1996; Zahn-Waxler et al., 1995). When comparing general education teacher's opinions to special education teachers, general education teachers rated males as demonstrating more externalizing problem behaviors than females, while special education teachers did not show significant differences in their ratings (Ritter, 1989). In addition, it was noted that special education teachers did not rate externalizing types of behaviors as a concern in general (Ritter, 1989).

Mixed finding have also been reported in regards to the unhappiness or depression component of ED. In general, it has been reported that females showed more internalizing behaviors than males (Henning-Stout, 1993) and females rate themselves as feeling more depressed than males (Newcomer, Barenbaum, & Pearson, 1995) noted that.

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However, others have found there was no difference between males and females when teachers rated their behaviors related to depression (Cullinan et al., 1984) and other and internalizing behaviors (Soles et al., 2008). Furthermore, other studies reported that teachers rated males as more depressed (Barenbaum & Pearson, 1995) and as having more negativism (Cullinan et al., 1984) than females.

Regarding physical symptoms or fears, females rate themselves as more anxious than their male peers (Newcomer et al., 1995) and teachers rate females higher than males in an area that measured anxiety, feelings of inferiority, and lack of interpersonal competencies (Cullinan & Epstein, 1985). On the contrary, some research has indicated there were no difference between males and females when teachers rated students' anxiety or physical complaints (Cullinan et al., 1984) or that teachers rated males as more anxious than females (Newcomer et al., 1995).

Additional studies have examined specific variables related to student gender and a teacher's referral for an ED evaluation. Cluett et al. (1998) reported that specific evaluation strategies made a difference related to gender. Boys were more likely to be identified as ED when teachers only rated students with a certain questionnaire (i.e., the Problem Behaviors questionnaire) or when the main criteria for determining eligibility were teachers' ratings of behavior problems and academic incompetence. Girls were more likely to be identified as ED when parents rated behavior problems and both parents and teachers rated additional social skills deficits. Piechura-Couture, Heins, and Tichenor (2011) researched the effects of single gender classes in relation to behavioral referrals. When the male students and their parents were surveyed, 59% of the students reported their behavior improved, 70% reported an increase in completing classwork, and 56% of

the parents surveyed also reported improved behavior. Teachers were also surveyed and the results indicated that 70% agreed with improved behavior and 86% agreed with increased participation. While no data were provided, the author reported a dramatic decrease in referral rates of boys in the single-gender class versus boys in comparable coeducational classes. These studies suggest that gender has a relation with ED referrals.

In the previously mentioned study by Green et al. (1996), results indicated that teachers were equally likely to refer a girl with externalizing or internalizing problems. However, 92% of boys with externalizing problems were indicated as needing a referral while only 44% of boys with internalizing problems were indicated as needing a referral. In addition, teachers were significantly more likely to refer a student for psychological services when it was the boy with externalizing problems than the girl with externalizing problems or the boy with internalizing problems. When examining internalizing problems, girls were almost twice as likely to be referred for psychological services than boys. Teachers also chose to refer more girls with externalizing problems than boys with internalizing problems. However, there was no significant difference between girls and boys with externalizing problems (17% and 14%) in regards to a referral for academic services.

Although there is some research that suggests that girls present with comparable or more externalizing problems as males, special education statistics and many other studies suggest that schools identify males as having significantly more behavior problems than females. Whether males are overrepresented or females are underrepresented as being identified as ED is still unknown.

Purpose of Current Study

A number of studies evaluated variables related to the gender of the students with ED in the 1970s-1990s. However, there are very few studies published after 2000 that look specifically at the reasons for the disproportionality of males and females classified as ED. Interventions, service delivery, and federal regulations have notably changed over the past 20 years. Specifically, the most recent federal special education law revision was in 2004 (IDEA, 2004). Thus, research completed over 20 years ago may not be relevant because of the current special education regulations and behavioral interventions that are used today.

Over half of the students with ED are served in the general education classroom for over half of the school day. Even more so, there are many students who are not identified as needing special education services but who still present with behavior problems and remain in the general education classroom for the whole day. In order to prepare teachers for the behavior problems they are likely to encounter, current research is needed to determine the most common behavior problems that result in teachers requesting additional help. It has been demonstrated that for students who presented with ED characteristics and were given interventions, 67% of the students responded to the interventions, 50% reduced their problem behaviors as rated by the teachers, and 91% were not identified for special education (Cheney, Flower, & Templeton, 2008). Thus, knowing the most common behavioral referral reason will help in identifying interventions that can be taught to preservice teachers and general education teachers. In addition, the study will help determine if gender differences exist with teachers' reasons for behavioral referrals.

The purpose of this study was trifold. First, this study evaluated K-12 general education teachers' reasons for referral of students portraying a potential emotional disturbance. Second, this study examined the relationship between gender and reason for referral. This study replicated parts of the Briesch et al. (2013) study by examining the reasons for which teachers seek assistance for social-emotional and behavioral concerns, with the addition of looking at the role of the gender of the child. Third, this study evaluated teacher self-efficacy in teaching regular education students with behavior problems (i.e., not identified as ED) and in teaching students that are identified with ED.

The findings of this study contribute to the field of general and special education by identifying the most common reasons for referral, which is helpful in planning interventions. While the ED category encompasses a broad spectrum of difficulties, specific needs within the group of students require different interventions. In addition, there are many students who present with behavior problems for periods of time that are not placed in special education. These students will also require interventions that are tailored to their needs. When looking at the reported self-efficacy from teachers, it is important to understand how comfortable they are in working with children with ED. If it is found that teachers report lower self-efficacy in working with students with ED, the information from this study can help in tailoring training and interventions so that teachers are more confident in inclusive classrooms. Specifically, the guiding research questions are:

1. What is the most frequent reason for a behavior referral?

    Hypothesis: The most common reason for referral will be an externalizing behavior, specifically, defiance.

2. Will males be referred more for externalizing, internalizing, ADHD-related, learning problems, or other? Will females be referred more for externalizing, internalizing, ADHD-related, learning problems, or other?

Hypothesis: Males will receive significantly more referrals for externalizing reasons and significantly fewer referrals for internalizing reasons. Additionally, females will receive significantly more referrals for internalizing reasons and significantly fewer referrals for externalizing reasons.

3. Will teachers identify more males or females for behavior referrals?

Hypothesis: Teachers will identify more behavior referrals for males than females, suggesting that some teachers will not have female referrals to report.

4. Is there a significant difference between reported self-efficacy in regards to teaching general education students with behavior problems versus students who have been identified as ED?

Hypothesis: Teachers' self-efficacy will be higher for teaching general education students with behavior problems than teaching special education students with behavior problems.

Method

Participants

Permission to complete this project was obtained from Western Kentucky University's Institutional Review Board (see Appendix A). The total number of responses to the online survey included 220 participants. However, 40 respondents indicated they taught special education or another area other than general education. As such, their responses were not included in the data analysis. Additionally, one participant indicated that she taught preschool, and therefore was not included in the data analysis. The remaining participants included 179 K-12 general education teachers from a convenience sample of 14 Kentucky school districts and additional participants solicited through Facebook. Table 1 lists the participant demographics. The final sample was comprised primarily of females (82.3%) and participants who were White (98.3%). About half (50.3%) of the participants taught elementary grades and the rest (49.7%) taught secondary grades. The average age of participants was 39.6 years. The teachers' years of experience ranged from 1 year to 36 years with an average of 12.8 years. In the state of Kentucky, the most recent statistics for the 2016-2017 school year indicated 96% of the teachers are White and 78% are female (Blessing, 2018). Thus, the participants in this study are similar to most Kentucky teachers, even though teachers outside of Kentucky may have also completed the survey.

Instrument and Procedure

An online survey was created that was an adaptation of the survey used in the Briesch et al. (2013) study (see Appendix B). The survey was administered using WKU Qualtrics and emailed to Kentucky teachers and also advertised on Facebook. District

Table 1

Participant Demographics

	n	Percent
Sex (n = 179)		
Female	149	83.2
Male	30	16.8
Race (n = 179)		
Asian	1	0.6
Black/African American	0	0.0
White (non-Hispanic)	176	98.3
Other	1	0.6
Prefer not to say	1	0.6
Age (n = 178, 1 missing)		
20-25	20	11.2
26-30	25	14.0
31-35	27	15.2
36-40	26	14.6
41-45	18	10.1
46-50	28	15.7
51-55	20	11.2
56-60	12	6.7
61-65	2	1.1
School Setting (n = 179)		
Rural	87	48.6
Suburban	70	39.1
Urban	22	12.3
Grade Taught (n = 179)		
Elementary	90	50.3
Secondary	89	49.7

superintendents in 14 Kentucky counties gave permission to recruit participants via email. The teachers in those districts received an email directing them to the research link (see Appendix C). The email included an invitation to participate in the online survey, the purpose and voluntary nature of the study, assurance of confidentiality, and the estimated time for completing the survey (approximately 10-15 minutes). The participants were emailed through their regional cooperative or by the district listserv. A second email soliciting participation was sent to all potential participants after one week, again asking for participation (see Appendix D). Additional participants were recruited through Facebook, and the survey was posted in groups containing regular education teachers, as permissible (see Appendix E).

Participants were first asked to answer demographic questions. The next section included two questions: the estimated confidence of working with general education students with behavior problems (i.e., not receiving special education services) and the estimated confidence of working with students who have been identified with an emotional and behavioral disability (sometimes referred to as serious emotional disturbance, emotional disability, behavior disorder, etc.). Participants were then asked about their most recent male and female referral to the school's intervention team or IEP team. The questions for male or female students were randomized such that some participants were asked about a female student and then a male student, while others were first asked about a male student and then a female student.

Results

The first research question sought to determine the most frequent reason for a behavioral referral. Descriptive statistics for the number of each referral reason domain and subcategory, as well as the percent of the total, are presented in Table 2. Teachers were asked to report on both a male and a female student, thus resulting in a total number of reasons greater than the number of teachers responding to the survey. As indicated in Table 2, the most common referral domain was Externalizing (62.2%) and the most common referral subcategory was Defiance (28.8%). The Externalizing domain and Defiance subcategory were hypothesized to be the most common and these hypotheses were found to be correct. It should be noted that four subcategories previously used in the Briesch et al. (2013) study were not reported by any of the current participants (i.e., Depression, Suicidal Ideation/Behavior, Withdrawn, and Substance Abuse).

The second research question sought to determine in which domain male and female students were most often referred, and are there differences depending on the gender of the students. Table 3 provides those results. The Externalizing domain was the most common for both male and female students. Additionally, Defiance was reported to be the most common reason for both male and female students. Males were hypothesized to receive more referrals for externalizing behaviors and that hypothesis was found to be correct. However, the hypothesis that females would more referrals for internalizing reasons was not supported. A Chi-square test was used to determine if there were any statistically significant differences between male and female students related to referral domains and subcategories. Table 4 presents those results and indicate no statistically significant differences.

Table 2

Domains and Subcategories of Behaviors

	n	Percent
Externalizing	140	62.2
Anger Problems/Aggression	35	15.5
Defiance	65	28.8
General Behavioral Concerns	10	4.4
Inappropriate Language	7	3.1
Inappropriate Physical Behavior	16	7.1
Social/Relational Problems	7	3.1
Internalizing	11	4.9
Anxiety	3	1.3
Depression	0	0.0
Emotional Problems	8	3.6
Suicidal Ideation/Behavior	0	0.0
Withdrawn	0	0.0
Academics	23	10.2
Learning Problems	23	10.2
ADHD-Related	36	16.0
Impulsiveness	14	6.2
Inattention	14	6.2
Organization	1	0.4
Work Completion	7	3.1
Other	15	6.7
Attendance/Tardiness	9	4.0
Home/Family Issues	5	2.2
Substance Abuse	0	0.0
Other	1	0.4

Note. Categories are based on those developed by Briesch et al. (2013).

Table 3

Domains and Subcategories of Behaviors By Gender

Domains Subcategories	Female		Male	
	n	Percent	*n*	Percent
Externalizing	52	57.8	88	65.2
Anger Problems/Aggression	9	10.0	26	19.3
Defiance	27	30.0	38	28.1
General Behavioral Concerns	3	3.3	7	5.2
Inappropriate Language	4	4.4	3	2.2
Inappropriate Physical Behavior	4	4.4	12	8.9
Social/Relational Problems	5	5.6	2	1.5
Internalizing	5	5.6	6	4.4
Anxiety	1	1.1	2	1.5
Depression	0	0.0	0	0.0
Emotional Problems	4	4.4	4	3.0
Suicidal Ideation/Behavior	0	0.0	0	0.0
Withdrawn	0	0.0	0	0.0
Academics	12	13.3	11	8.1
Learning Problems	12	13.3	11	8.1
ADHD-Related	15	16.7	21	15.6
Impulsiveness	5	5.6	9	6.7
Inattention	5	5.6	9	6.7
Organization	1	1.1	0	0.0
Work Completion	4	4.4	3	2.2
Other	6	6.7	9	6.7
Attendance/Tardiness	3	3.3	6	4.4
Home/Family Issues	2	2.2	3	2.2
Substance Abuse	0	0.0	0	0.0
Other	1	1.1	0	0.0

Table 4

Chi-Squared Test to Examine Significance Between Gender and Referral Reason

	N	Value	*df*	*p*
Domain	225	2.1	4	0.722
Subcategories	225	14.7	15	0.470

For the third research question, it was hypothesized that male students would be referred more often than female students for behavioral reasons, and that hypothesis was found to be correct. Of the 179 participants, 89 reported making no behavioral referrals of female students and 44 reported making no behavioral referrals of male students. A paired *t*-test indicated this difference was statistically significant $t(178) = 16.2$, $p < .001$, $d = 1.21$. Additionally, participants were asked to estimate the percentage of male and female referrals they have made to their school's student support team or IEP team. Table 5 depicts the mean estimated percentage of referrals for males and females by the teachers' age range, grade level taught, school setting, and years of experience. The results were fairly consistent regardless of the variable examined. Overall, the teachers reported an average of 30.7% of behavioral referrals to be female students and 68.7% of behavioral referrals to be male students in their career. This further supports the hypothesis that male students receive more referrals for behavioral reasons than female students.

The fourth research question examined teachers' reported self-efficacy related to teaching students with behavior problems. It was hypothesized that teachers' self-efficacy would be higher for teaching general education students with behavior problems than for special education students. Participants were asked to move a slider between three

Table 5

Mean Estimate of Percent of Referrals

	Female Students	Male Students
Teachers' Age		
20-25	37.3	62.8
26-30	34.5	61.5
31-35	26.5	72.5
36-40	28.9	71.1
41-45	34.3	65.7
46-50	27.2	72.8
51-55	26.4	73.6
56-60	34.5	65.5
61-65	38.0	62.0
Grade Level		
Elementary	30.6	69.4
Secondary	30.8	68.0
School Setting		
Rural	30.0	68.9
Suburban	30.5	69.5
Urban	34.6	65.4
Years of Experience		
1-5	34.6	63.3
6-10	28.3	71.7
11-15	30.7	69.3
16-20	33.9	66.1
21-25	25.6	74.4
26-30	25.0	75.0
31-35	31.5	68.5
36-40	19.0	81.0

anchors: not confident at all, moderately confident, and very confident. Where the participant placed the slider was coordinated with a number between 0 and 100. Table 6 depicts the teachers' mean self-efficacy scores related to working with general education and special education students with behavior problems. The results indicate a higher level of self-efficacy when working with general education students than when working with special education students, $t(177) = 16.2$, $p < .001$, $d = 0.81$. The effect size ($d = .81$) suggests a high practical significance. Thus, the hypothesis that teachers have higher self-efficacy for teaching general education students over special education students with behavior problems was supported.

Table 6

Teachers' Reported Self-Efficacy

	Mean	Standard Deviation
General Education Students	76.2	19.6
Special Education Students	60.5	24.5

The self-efficacy research question was further evaluated by examining the mean self-efficacy scores for general and special education students for specific variables (i.e., teachers' age, grade level, school setting, years of experience). Table 7 depicts the mean self-efficacy scores for all of those variables. Regardless of age, grade level, or school setting, the teachers reported higher self-efficacy when working with general education students compared to special education students. For the variable, years of experience, most of the time self-efficacy was higher for general education students than special education students. The most experienced teachers (36-40 years) report similar levels of self-efficacy for both groups of students (see Table 7). However, it is important to note

that the age range of 36-40 only had one respondent, so the results may not be
representative of all teachers in that age group.

Table 7

Mean Ratings for Self-Efficacy by Age, Grade Level, Setting, and Years of Experience

	General Education Students with Behavior Problems	Special Education Students with Behavior Problems
Teachers' Age		
20-25	69.8	58.8
26-30	70.2	60.1
31-35	78.4	58.6
36-40	78.3	63.8
41-45	68.7	52.4
46-50	80.2	60.7
51-55	82.1	63.2
56-60	79.4	68.8
61-65	89.0	75.5
Grade Level		
Elementary	74.9	59.8
Secondary	77.4	61.2
School Setting		
Rural	74.9	58.6
Suburban	77.9	62.1
Urban	75.5	62.7
Years of Experience		
1-5	69.4	56.8
6-10	78.4	65.4
11-15	76.8	58.1
16-20	72.9	54.6
21-25	81.6	69.6
26-30	94.5	79.7
31-35	91.3	53.9
36-40	94.0	95.0

Discussion

National statistics report that there are more males than females identified as ED, and that this overrepresentation is more pronounced in the ED category than any other disability category (Coutinho & Oswald, 2005). Reasons for this disproportionality have been thought to be due to a lack of teacher training related to students with disabilities, lower teacher self-efficacy in teaching students with disabilities, and students of different genders portraying different behavioral characteristics. There has been little research on the reasons for which students are referred for behavioral concerns, and if those reasons differ based on the student's gender. The goal of this study was to identify those reasons for referral and examine the relationship between gender and reason for referral. Additionally, the study examined the effects of teacher self-efficacy on reasons for behavioral referrals.

The first hypothesis was that the most common domain reported would be externalizing and the most common subcategory would be defiance. The results of this study support that hypothesis. Behavioral referrals related to the domain of externalizing behaviors comprised 62% of all referrals. The specific behavior of defiance comprised of 29% of all referrals. While the externalizing domain and specific behavior of defiance were also found to be the most common referral reasons in the Briesch et al. (2013) study, the rates of those behaviors were much higher in the current study. Briesch et al. reported rates of 44% for externalizing and 15% for defiance. It is unclear why much higher rates of those behaviors would be reported by teachers in this study.

The second hypothesis was that males would receive more externalizing reasons for referral and fewer internalizing reasons, while females would receive more

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internalizing reasons for referral and fewer externalizing reasons. In general, there were no statistical differences between male and female students related to general domains of behavior or specific subcategories of behavior. The current results demonstrated that males were referred frequently for externalizing reasons and very rarely for internalizing reasons. These findings replicate findings of previous research (Bryan et al., 2012; Cullinan & Epstein, 1985; Cullinan et al., 1984; MacMillan et al., 1996; Pas et al., 2010; Zahn-Waxler et al. 1995). However, the current results indicated females were also referred frequently for externalizing reasons and very rarely for internalizing reasons. While this finding did not support the hypothesis, it does support the finding of some research that indicated that females exhibit comparable levels of externalizing behaviors compared to males (Cullinan et al., 1984; Henning-Stout, 1993; Kelter & Pope 2008; Miller et al., 1971). The results of the current study also found no differences in reasons for referral between elementary and secondary teachers. This finding is in contrast to Briesch et al. (2013) who reported more externalizing behaviors were referred at the elementary level and more internalizing behaviors were referred at the secondary level.

The third hypothesis was that teachers would identify more behavior referrals for males than females. This hypothesis was supported. Furthermore, additional analyses of descriptive statistics indicated that the mean estimated percentage of male and female referrals was consistent when broken down by teacher age, grade level, school setting, and years of experience. These results are similar to previous findings (Coutinho & Oswald, 2005; U. S. Department of Education, 2016b).

The fourth hypothesis was that teachers' self-efficacy would be higher for teaching general education students with behavior problems than teaching students

identified with ED. The overall means indicated that the self-efficacy was significantly higher for working with general education students, supporting the hypothesis. These findings support previous research that indicated lower self-efficacy in working with students with ED (Cook, 2002; Heflin & Bullock, 1999; Robbins-Etlen, 2009). Additional analysis through descriptive statistics indicated that all age ranges, grade levels, and school settings reported a higher self-efficacy when working with general education students. Years of experience generally did not impact the self-efficacy ratings but the limited number of participants in some categories makes it difficult to be certain. Generally, having more years of experience did not increase teachers' self-efficacy in working with students with behavioral problems as might be expected. Apparently, teachers are not becoming more skilled at responding to students' behavioral problems through experience alone.

An interesting finding of this study was that about 10% of referral reasons had to do with academics, even though the survey asked about behavior referrals. This finding is also consistent with previous research in that students who are referred for behavior problems also exhibit academic difficulties (Briesch et al., 2013; Soles et al., 2008). Based on the results of this study, it cannot be determined whether behavior problems cause academic difficulties, or if the academic difficulties cause behavior problems.

Conclusion and Implications

Overall, the study determined that teachers are more likely to refer for externalizing behavior problems. This was true no matter the gender of the student. While a broad range of behavioral concerns should not be ignored, this study and previous research support that teachers need more training and intervention tools to handle

externalizing behavior problems, and specifically defiance, as these were the most common reasons to refer a child. Teachers report significantly more male referrals than female referrals, even across the variables of teacher age, teacher experience, grade level, and school setting. Although the current results are consistent with previous research and national statistics, the results do not indicate whether males are over identified or if females are under identified.

Teachers reported a significantly higher self-efficacy when working with general education students with behavior problems than when working with students identified with ED and receiving special education services. Teachers reported moderately high to high confidence in working with general education students and moderate confidence when working with students with ED. The high confidence of working with general education students with behavior problems is encouraging. If teachers are comfortable handling behavior difficulties their classroom, students are more likely to get the support they need to be successful. However, the relatively lower confidence of working with students with ED may suggest that teachers will be less willing to try and give the support needed for the child to be successful in the general education classroom, and less likely to be open to inclusion if behavioral support is not in place.

Additionally, although the study focused on behavior referrals, 10% of teachers indicated academic problems as the referral concern. This is consistent with previous research, and may indicate that behaviors could be a result of a child not being able to complete grade level tasks. If teachers continue to refer students for a possible ED evaluation and the referral concern is academics, interventions should be created to help

the child succeed at his or her level, in order to see if academic success will resolve the behavior concern, and ultimately indicate a need for intervention and not a referral.

Limitations

Limitations of this study should be taken into consideration when interpreting the results. First, teachers were asked to give a self-report about their most recent referrals and an estimation of percent of male and female referrals. With self-report data, it is important to be cautious with any conclusions. Teachers were asked about their most recent referral for each gender, in hopes of deterring them from reporting on the most negative referral they would remember. However, this method may not result in a representative overall prevalence rate for behavioral domains or subcategories. While participants were asked to describe the nature of the concern, and then to categorize it from a given list, the two did not always match, and may make for slightly inaccurate categorizations.

Additionally, there is no way to know how recent events experienced by the teachers in the sample may have influenced their answers, particularly on the self-efficacy scales. Recent negative or positive events could impact how self-efficacy scales are rated compared to an average day.

Online surveys are quick and easy to distribute and at a lower cost than paper-based surveys. However, as respondents participate during their own time when they wish, they could be easily distracted and it does not allow for asking questions when confused about items. Several surveys were incomplete and had to be discarded. Additionally, it appeared as though some respondents understood the questions to mean behavior incidents that resulted in discipline referrals, as they indicated the outcome was

in or out of school suspension or an office referral. However, there is no way to know if the child was also referred to the school's intervention or IEP team in addition to the mentioned results, except to assume they meant both because of the way the question was worded.

Future Research

The results of the current study warrant further investigation on the topic of referrals of students with potential ED. Though the results of the study indicate males are currently referred more than females, it does not indicate why. Future studies could look at data collected from schools' intervention teams and IEP teams to determine the actual reasons for referral. The results indicate defiance to be a specific behavior that most often results in referrals. Future research should examine both pre-service and in-service teacher-training modules that are effective at helping teachers respond to defiant behaviors of students.

It would be valuable to consider looking at the criteria for ED and developing a method to describe characteristics of potential male ED students and to determine if there are female students that are not being identified in the same manner. Additionally, future research should focus on students that are already identified as ED, the progress that has or has not been made by the student with ED, and creating potential criteria to help educators identify when students no longer need specialized services in the area of ED.

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WKU IRB Approval

WKU *INSTITUTIONAL REVIEW BOARD*
OFFICE OF RESEARCH INTEGRITY

DATE: May 11, 2018

TO: Morgan Hestand
FROM: Western Kentucky University (WKU) IRB

PROJECT TITLE: [1186121-1] The impact of student gender on reason for referral
                    for ED students
REFERENCE #:   IRB 18-410
SUBMISSION TYPE: New Project

ACTION: APPROVED
APPROVAL DATE: May 11, 2018

REVIEW TYPE: Exempt from Full Board Review

Thank you for your submission of New Project materials for this project. The Western Kentucky University (WKU) IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Exempt from Full Board Review based on the applicable federal regulation.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding followed by an *implied* consent form. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require each participant receive a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this office prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. Please use the appropriate reporting forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

This project has been determined to be a Minimal Risk project.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact Paul Mooney at (270) 745-2129 or irb@wku.edu. Please include your project title and reference number in all correspondence with this committee.

Appendix B

Survey Questions

Demographic Information

1. What is your age?

2. What is your gender?

   a. Female
   b. Male
   c. Non-binary/third gender
   d. Prefer to self-describe: _____
   e. Prefer not to answer

3. What is your race/ethnicity? (choose one)

   a. White (non-Hispanic)
   b. Hispanic/Latino
   c. Black/African American (non-Hispanic)
   d. Native American/American Indian
   e. Asian
   f. Multiracial
   g. Native Hawaiian or other Pacific Islander
   h. Middle Eastern or North African
   i. Some other race, ethnicity or origin: _____
   j. Prefer not to say

4. What type of school setting do you serve? (choose one)

   a. Rural
   b. Suburban
   c. Urban

5. Do you teach regular education, special education, or another area?

   a. Regular education
   b. Special education
   c. Other: _____

6. How many years of experience as a general education teacher do you have, including this year?

7. What grade do you teach?

8. How many students are in your class? If you teach multiple classes, how many students on average in each class?

Self-Efficacy

1. How confident are you in working with general education students with behavior problems (i.e., a student with behavior problems who is not receiving special education services)? (Move the slider to the appropriate spot on the continuum.)

a. Sliding scale: Not confident at all, moderately confident, Very confident

2. How confident are you in working with students who have been identified with an emotional and behavioral disability (sometimes referred to as serious emotional disturbance, emotional disability, behavior disorder, etc.)? (Move the slider to the appropriate spot on the continuum.)

    a. Sliding scale: Not confident at all, Moderately confident, Very confident

Number of male/female referrals

1. Please estimate the percentage of referrals of male and female students to your school's intervention team (e.g., Student Services/Support Team) or IEP team. (Move the bars to the appropriate spots.)

    a. Content sum – participants will estimate percentages to total 100%

Students with Behavioral Concerns

While answering the following questions, please think about your most recent <u>male</u> student referral to your school's intervention team (e.g., Student Services/Support Team) or IEP team.

- Include a check box indicating "No referrals of male students made for behavior"

    i. If checked, no further questions for male student; continue to female student *(if applicable; the questions for male or female students will be randomized such that some participants will be asked about a female student and then a male student, while others will first be asked about a male student and then a female student.)*

1. Please describe the reason for referral in 1-3 sentences.

    a. Open response style

2. Although there may be multiple reasons for making a referral, please choose **one** behavior or issue that is the most prominent reason for referral or that summarizes your referral concern.
    a. Defiance
    b. Inappropriate physical behavior
    c. Anger problems/aggression
    d. Inappropriate language
    e. Emotional problems
    f. Suicidal ideation/behavior
    g. Depression
    h. Withdrawn
    i. Anxiety
    j. Learning problems
    k. Attendance/tardiness
    l. Inattention

    m. Impulsiveness
    n. Work completion
    o. Organization
    p. Substance abuse
    q. Home/family issues
    r. Social/relational problems
    s. General behavior concerns
    t. Other: _____

3. On average, how many days a week did the problem behavior occur?

    a. 1
    b. 2
    c. 3
    d. 4
    e. 5

4. What percentage of the day would you estimate that the behavior occurred? (Move the bar to the appropriate spot.)

    a. Sliding scale from 1 to 100%

5. Please indicate the extent to which the referral concern interfered with the child's overall functioning (e.g., academically, socially, emotionally) and classroom functioning. (Move the sliders to the appropriate spot on the continuum.)

    a. Overall functioning: sliding scale – Not at all, Moderately, Severely
    b. Classroom functioning: sliding scale – Not at all, Moderately, Severely

6. What was the result of the referral? (select all that apply)

    a. Referral for special education services
    b. Intervention
    c. Consultation with school psychologist or behavior specialist
    d. Other _____

While answering the following questions, please think about your most recent <u>female</u> student referral to your school's intervention team (e.g., Student Services/Support Team) or IEP team.

- Include a check box indicating "No referrals of female students made for behavior"

    i. If checked, no further questions for female student; continue to male student *(if applicable)*

1. Please describe the reason for referral in 1-3 sentences.

    a. Open response style

2. Although there may be multiple reasons for making a referral, please choose **one** behavior or issue that is the most prominent reason for referral or that summarizes your referral concern.

    a. Defiance

b. Inappropriate physical behavior
c. Anger problems/aggression
d. Inappropriate language
e. Emotional problems
f. Suicidal ideation/behavior
g. Depression
h. Withdrawn
i. Anxiety
j. Learning problems
k. Attendance/tardiness
l. Inattention
m. Impulsiveness
n. Work completion
o. Organization
p. Substance abuse
q. Home/family issues
r. Social/relational problems
s. General behavior concerns
t. Other: _____

3. On average, how many days a week did the problem behavior occur?

a. 1
b. 2
c. 3
d. 4
e. 5

4. What percentage of the day would you estimate that the behavior occurred? (Move the bar to the appropriate spot.)

a. Sliding scale from 1 to 100%

5. Please indicate the extent to which the referral concern interfered with the child's overall functioning (e.g., academically, socially, emotionally) and classroom functioning. (Move the sliders to the appropriate spot on the continuum.)
a. Overall functioning: sliding scale – Not at all, Moderately, Severely
b. Classroom functioning: sliding scale – Not at all, Moderately, Severely

6. What was the result of the referral? (select all that apply)

a. Referral for special education services
b. Intervention
c. Consultation with school psychologist or behavior specialist
d. Other _____

Appendix C

Letter of Invitation to Participate in Study

Date

Dear Participant:

My name is Morgan Hestand and I am studying school psychology at Western Kentucky University. I am writing to invite you to participate in a research study on behavioral referrals. The study looks to investigate the reasons for referral for behavior problems to schools' Student Services Teams (SST) or Individual Education Plan (IEP) Teams.

To participate in this study, you must currently be a general education teacher in grades K-12. If you are not a general education teacher or do not serve grades K-12, you may delete this email.

Participation in this study will consist of completing an online survey lasting approximately 10-15 minutes in duration. Survey questions will include demographic information and attributes of recent student behavioral referrals.

There are no anticipated risks or inconveniences to participate in this study. This information will help in developing interventions to incorporate into general education classrooms, such as yours.

Participation is voluntary and you may withdraw participation at any time, without consequence. If you would like to participate, please click the link below (your continued cooperation with the following research implies your consent):

_____

If you have any questions or concerns you may email me at

morganhestand@ccs.k12.nc.us. You may also contact Western Kentucky University's

Human Protections Administrator, Paul Mooney, at (270) 745-2129 regarding issues

related to research compliance.

This study has been approved by the Western Kentucky University Institutional

Review Board, approval #:_____

Sincerely,

Morgan Hestand

morganhestand@ccs.k12.nc.us

Thesis Chair: Dr. Carl Myers

Carl.myers@wku.edu

Appendix D

Reminder Letter of Invitation to Participate in Study

Date

Dear Participant:

This email is the final reminder to participate in the study on behavioral referrals. The study will close on _____. All potential participants are receiving this email, as the data collected is anonymous. If you have already participated, thank you for your participation and you may delete this email.

Participation is voluntary and you may withdraw participation at any time, without consequence. If you would like to participate, please click the link below (your continued cooperation with the following research implies your consent): _____

My name is Morgan Hestand and I am studying school psychology at Western Kentucky University. I am writing to invite you to participate in a research study on behavioral referrals. The study looks to investigate the reasons for referral for behavior problems to schools' Student Services Teams (SST) or Individual Education Plan (IEP) Teams.

To participate in this study, you must currently be a general education teacher in grades K-12. If you are not a general education teacher or do not serve grades K-12, you may delete this email.

Participation in this study will consist of completing an online survey lasting approximately 10-15 minutes in duration. Survey questions will include demographic information and attributes of recent student behavioral referrals.

There are no anticipated risks or inconveniences to participate in this study. This information will help in developing interventions to incorporate into general education classrooms, such as yours.

Participation is voluntary and you may withdraw participation at any time, without consequence. If you would like to participate, please click the link below (your continued cooperation with the following research implies your consent): _____

If you have any questions or concerns you may email me at morganhestand@ccs.k12.nc.us. You may also contact Western Kentucky University's Human Protections Administrator, Paul Mooney, at (270) 745-2129 regarding issues related to research compliance.

This study has been approved by the Western Kentucky University Institutional Review Board, approval #:_____

Sincerely,

Morgan Hestand

morganhestand@ccs.k12.nc.us

Thesis Chair: Dr. Carl Myers

Carl.myers@wku.edu

Appendix E

Facebook Recruitment Letter

Hello everyone – I am currently conducting research at Western Kentucky University and would appreciate your participation in a 10-15 minute survey. To participate in this study, you must currently be a general education teacher in grades K-12. Survey questions will include demographic information and attributes of recent student behavioral referrals. The survey window will close on _____.

Please forward/share the link to anyone who may be eligible to complete the survey. Thank you!

This project has been reviewed by the WKU Institutional Review Board:

_____