

OSPA President Chuck Archer's Updates
December 6, 2002

Excerpted from the Learning Disabilities of America's Response to the President's Report on Excellence in Special Education:

Learning Disabilities of America
<http://ldanatl.org/PCESE%20report.html>

B. ASSESSMENT AND IDENTIFICATION

1. Identify and intervene early using research-based programs.

LDA strongly supports the value of early screening, identification and intervention in order “to better serve children with learning and behavioral difficulties (p. 20).” LDA firmly believes that early intervention, including the use of research-based instruction, is critical to building a strong foundation in reading, whether in general or special education, for improved lifelong learning. However, the Report is vague about how such early intervention would actually be implemented.

LDA's specific comments include the following:

- As discussed in the Report, the concepts of assessment and services are misunderstood, overly simplified, and generalized. Neither assessment nor service is a unitary concept describing a single activity. Assessment includes a range of activities such as: (1) changes in lesson plans and instructional groupings based on teacher observation and evaluative tasks in regular classrooms; (2) scores on standardized tests of development, ability, or academic achievement interpreted by diagnosticians or other specialists; (3) qualitative and clinical interpretation of performance on standardized, diagnostic, and informal instruments conducted by competent professionals; (4) classroom observation, interviews, and portfolio reviews integrated with other data; (5) parent interviews and observations; and (6) trial teaching, curriculum based measurement, and response to intervention carried out by personnel with competencies in those areas. Possible services include a similar range, referred to in IDEA as a continuum of services, such as: general education class without or with accommodations, general education class with varying degrees of added intensive help, highly intensive instruction with some general education attendance, and continuous intensive instruction throughout the school day. Without appropriate assessment activity, the choice of instructional interventions and services cannot be expected to improve educational outcomes.
- Suggesting that a mantra of “services first, assessment later” will improve educational outcomes for students with LD, shows a lack of understanding of students with disabilities. Children with severe disabilities, including some with learning disabilities, must be referred, assessed, and identified through Child Find,

early childhood programs, or kindergarten programs, so that appropriate individualized specialized services, including research-based interventions can be initiated prior to first grade. For children with suspected disabilities, well-intentioned, but inadequate and inappropriate services will, unfortunately, precede the assessment and appropriate intervention services needed for educational progress. These children will still be victims of a “wait to fail” process.

- While access to the best in early screening, referral, assessment, and intervention can minimize some effects of learning disabilities, it cannot prevent learning disabilities, which are lifelong and neurologically based (e.g., just as blindness and mental retardation cannot be prevented through educational interventions).

1. Simplify and clarify identification, especially of [early reading problems in students with] high-incidence disorders.

LDA supports the Commission’s overall recommendation to “orient assessment toward the provision of services,” but is concerned that any changes intended to simplify assessment and identification be carefully researched and piloted, prior to any changes in law or regulations. Any changes must also clearly demonstrate improved educational outcomes and reduce mis-identification.

LDA’s specific comments in this section include the following:

- The suggestion to reduce categories from 13 to three, while seeming to be an easy simplification of “the eligibility determination process” which “bears little relation to intervention” (p. 20), actually has nothing to recommend it. While general education instruction can often benefit most students with disabilities, most will also require specific individualized services at various times during their school years. Additional accommodations; intensive interventions; specialized supports, assistive technology; and programmatic guidance from professionals with very specific competencies must not only be available, but must be matched to each student’s special needs. The disability categories ensure a practical focus on a reasonable range of interventions and services, as well as the specific professional competence enabling each child to truly learn to his or her potential. Thus, the “complexity of IDEA” noted by the Commission (p. 20) has actually emerged from both the highly unique nature of human differences and the recognized necessity of the resultant categorical identification.
- The proposed three categories are confusing. Deaf-blindness is placed under sensory disabilities, but multiple disabilities under physical and neurological disabilities. SLD, which is recognized as neurologically-based, and BD are both categorized as developmental disabilities. What was intended to simplify the eligibility process actually provides new complexities which are acknowledged as “not perfect” (p 21)

- LDA finds it difficult to understand how the Commission can state that it “found compelling evidence supporting the existence of ...[SLD, ED, mild MR, SLI] and ADHD,” yet it also “could not identify firm practical or scientific reasons supporting the current classification in IDEA” (page 21).
- LDA considers the effort to define the three proposed categories as “high incidence” versus “low incidence” as unworkable, since some students classified as in high incidence categories, have severe disabilities.
- Whether disabilities are based on “objective” or “subjective” criteria, LDA strongly believes that assessment and identification must be a prerequisite for the appropriately specialized services that keep the “individual” in IDEA. For example, the sensory disability of visual impairment (VI) may seem clearly identifiable “on the basis of vision tests” (p. 21). Actually it is “a matter of degree on several dimensions,” since some VI children simply need access to large print materials as services, while others require specialized mobility and Braille training.
- LDA strongly believes that SLD students require assessment and identification as a prerequisite for appropriate services if they are to profit from educational opportunities. Without appropriate assessment, SLD students, who are marked by varying patterns of skills (1) within each individual, (2) across academic subjects of reading, mathematics, language, written expression, and spelling, and (3) among indirect areas such as behavioral, social, and organizational areas, cannot logically have their highly individual instructional needs met. IDEA-97 recognized the importance of sharing information about how a child learns by requiring that a member of the IEP team be “an individual who can interpret the instructional implications of evaluation results” (20USC 1414 (d)(1)(B)(y)).
- While early reading intervention may assist the 80% of SLD students that the National Institute of Mental Health (NIMH) identifies as having reading problems, the intervention may not be of the intensity, fidelity, and timing needed to develop reading skills. Indeed, in NIMH studies of early intervention 5-6% remain “treatment resisters” even after early intervention in reading. For some SLD students, even high quality reading instruction will not provide intervention for emerging math, spelling, or writing difficulties. As too many parents know, some SLD students have learning disabilities that create major and recurring interference in the later acquisition of the academic, social, and vocational skills needed for adult independence. Early math computation difficulties reappear in mathematics reasoning and still later as problems in maintaining budgets, keeping checkbooks, and paying bills on time.
- To deny the need for assessment as a precursor and guide to appropriate identification and instruction is tantamount to declaring that someone complaining of chest pains be provided with digitalis, a pacemaker, and quadruple

bypass surgery. Following these services, the patient would receive an EKG and other tests to assess whether additional services were needed.

- LDA notes that the discussion on increases in OHI, OI, and SLD categories presents interesting, but selective information that distorts the conclusions. SLD is the category with the least growth of the three (36%), yet is targeted as needing the most drastic change in “the current methods of assessing the presence of SLD(p. 24).” Questions arise about the basis upon which SLD is selected as the area in need of change, especially when several factors other than assessment methods (as noted below) have contributed to growth in the SLD category.
- The Commission attributes the 10-year growth in OHI (319%) to increases in identification of ADHD, which a physician’s signature is “sufficient to trigger” based on “clinical judgment using very specific criteria” (p. 23). The Report then adds that many [ADHD] children are “not adequately evaluated” and schools “cannot establish eligibility” (p.24). Therefore, it is difficult to see how changing SLD assessment to use “clinical judgment using very specific criteria” can be expected to improve identification and reduce mis-identification.
- The increase in SLD (36%) is suggested to be the result of prematurity without “neurological anomalies”, which has caused a three-fold increase. However, there is no acknowledgement of two other important factors: (1) the change in MR IQ criteria, which created a lower threshold for “normal” ability and resulted in a concomitant increase in the SLD population; and (2) the increase in secondary school SLD students which closely mirrors the decrease in SLI high school students.
- LDA supports the alignment of NCLB and IDEA with respect to intervention collaboration between general and special education, but is concerned about the implications of joint responsibility only for early intervention.
- LDA strongly supports better training for regular education teachers, but opposes the open ended use of IDEA funds for non-special education services. Under IDEA-97, LEAs already can use up to 20 % of excess IDEA funding for non-special education use.

1. Adopt Response to Intervention and Progress Monitoring Models and Use Data to Assess Special Education Progress

LDA has consistently expressed support for continued exploration of alternative eligibility and identification models, including problem-solving and response-to-intervention, for students with disabilities, including those with SLD. This support, however, includes several concerns, some of which seem to be supported by the Commission.

- LDA strongly supports the recognition and continued use of on-going classroom assessment and diagnosis as a guide for adjustments in intervention. For more than thirty years, diagnostic teaching, direct instruction, curriculum based measurement, and behavior analysis have been components of general and special education instruction. More recently, newer approaches, such as computerized progress measurement have become common classroom assessment tools.
- LDA strongly opposes hasty and ill-considered changes in IDEA's SLD identification and eligibility criteria. LDA opposes the adoption of processes that do not demonstrate the hoped for improvement and actually produce unintended consequences that serve as a setback to student outcomes. Carefully designed research and pilot projects must prove any alternative to be more valid, prompt and accurate in identifying all students who are truly LD as distinguished from those underachieving for other reasons. Acceptable alternatives must also be demonstrated as effective in large-scale, diverse settings; less expensive; reducing paperwork and litigation; providing guidance for instruction; and improving educational outcomes.
- LDA supports the use of Part D funds to research and pilot alternative identification and assessment models. LDA supports research into scientifically-based interventions to ensure genuine improvement in outcomes and to meet other criteria as outlined in LDA's response to Recommendation 3, above.
- In light of reported widespread school district use of an IQ/achievement discrepancy formula as the sole criterion for SLD eligibility and identification, LDA strongly supports improved technical assistance and monitoring to ensure that parents, LEAs and SEAs understand that IDEA-97 prohibits the use of any single assessment criterion, including an IQ/achievement discrepancy formula. Further, IDEA requires that "observation of academic performance in the regular classroom (§300.542)" be considered in such decisions. In addition, the current regulations encourage the use of problem-solving and other pre-referral approaches that could maximize learning, and minimize mis-identification.