

**Prereferral Interventions:
Past, Present, and Future Directions**

By: Hajnal Sandidge

Lynchburg College

Prereferral intervention has assumed many names over the course of its approximately thirty years of existence, such as Child Study Team, Student Study Team, Teacher Support Teams, Student Success Team and Teacher Assistance Teams. However, despite its variation in titles, underlying the process of preventive intervention is a conceptual framework that has been stable over time (Buck, Polloway, Smith-Thomas, & Cook, 2003). There are four key concepts identified by (Buck et al., 2003) that are incorporated by the basic prereferral model: it is a preventive process, it utilizes a team-based problem solving approach, its method is based on action research, and the setting is the general education classroom and its accompanying curriculum (Buck et al., 2003).

Data collected through two recent nationwide surveys reveals that 86% (Truscott, Cohen, Sams, Sanborn & Frank, 2005) and 72% respectively (Buck et al., 2003) of states required or recommended prereferral teams to carry out prereferral interventions. For example, in Virginia, although it is the responsibility of local school divisions to establish prereferral intervention teams in schools, the state does not require the teams to implement intervention strategies. This is left to the discretion of local school divisions (Virginia Department of Education, 2002).

Despite the widespread existence of prereferral intervention programs, there appears to be little consistency regarding its goals, implementation, the make-up of prereferral intervention teams, types of interventions and measures of the effectiveness of prereferral programs. This paper plans to review the literature on prereferral interventions and also examine the above mentioned aspects.

The History of Prereferral Intervention

Public Law 94-142 of the 1975 Education of all Handicapped Children Act, that is now called the Individuals with Disabilities Education Act, prompted a significant increase in the referral of students struggling in general education classrooms for evaluation for special education services (Buck, Polloway, Fad, Patton, & Williams, in press). The aftermath of this increase in referrals was followed by students being identified for special education services in large numbers especially from minority backgrounds (Buck et al., 2003). As illustrated by the Louisiana class action lawsuit in 1981 (Luke S. and Hans. v. Nix et al), at least in some states it resulted in the creation of a large backlog of students, awaiting special education evaluation (Safran & Safran, 1996). In addition to these problems and other emerging concerns, such as culturally biased assessments, the trend towards two separate administrative systems (special and general education) did little to promote the integration of students with disabilities in general education classes. As a result, the need for interventions in the general education setting before referral to special education services became increasingly evident (Buck et al., in press).

The origins of prereferral interventions can be traced back to the 1970s in the form of Teacher Assistance Teams. The goal of these teams was to provide assistance to the general education teacher in a collaborative manner, while still keeping the ownership of the problem in the general education realm (Safran & Safran, 1996). During the early 1980s, based on the findings of the University of Minnesota's Institute of Learning Disabilities and its Regular Education Initiative, the focus of involvement and ownership started to shift from general education to special education. The resulting approach was

designed to reduce the number of inappropriate special education referrals and incorporate the prereferral system in the eligibility process (Safran & Safran, 1996). By the end of the 1980s according to a study by Carter and Sugai (1989), some form of prereferral intervention was either mandated or recommended by the majority of the states (Truscott et al., 2005).

Subsequent legislation, such as the 1997 Amendment to the Individuals with Disabilities Education Act, identified prereferral intervention as an essential instructional practice for reducing the number of referrals for special education services (Kovaleski, Gickling, Morrow & Swank, 1999). The President's Commission on Excellence in Special Education in 2002 further emphasized the importance of preventive programs (Truscott et al., 2005).

Goals of Prereferral Intervention Programs

Truscott et al. (2005) identified a wide range of goals for school prereferral intervention teams as perceived by respondents who were primarily school counselors and school psychologists. They considered their findings consistent with a review of previous research.

Although one of the objectives of prereferral intervention programs was to reduce the number of inappropriate special education referrals (Safran & Safran, 1996), especially for students from minority backgrounds (Garcia & Ortiz, 2006), intervention teams appeared to place more importance on more immediate student concerns (Truscott et al., 2005). More than one out of four teams (28%) identified as one of their goals the increase of student achievement, while 21% of the teams indicated the decrease in special education referrals or inappropriate testing as a goal (Truscott et al., 2005). Overall, the

identified goals of prereferral intervention teams centered around improving the student's academic performance, providing additional support for students through interventions in and outside the general education classroom and solving problems in a collaborative manner (Truscott et al., 2005).

The Implementation of Prereferral Intervention Programs

Despite the substantial support of educational research and legislation, Buck et al. (2003) suggested that not all states are implementing prereferral intervention programs or providing written regulations for their implementations. Buck et al. (2003) revealed in a national survey of state education directors conducted in 2001-2002 that, although more recommend, less than half or 43% of states require that prereferral intervention programs be implemented. For six states (12%), the establishment of prereferral intervention programs is not mandated but the decision on implementation is placed in the hands of local school divisions (Buck et al., 2003).

In contrast, a study by Truscott et al. (2005) found in 1998-1999 that 69% of states required prereferral teams in schools. A comparison in the findings of these two studies suggests a possible decrease in the percentage of states mandating prereferral intervention teams from 1998 as compared to 2002. Buck et al. (2003) believe that one factor contributing to whether or not states require the implementation of prereferral intervention programs may be the degree of importance that states assign to these programs.

Another possible factor related to the lack of consistent implementation of prereferral intervention programs is state sponsorship of training (Buck et al. 2003; Truscott et al., 2005). Less than half of the states indicated that they provided training on

prereferral intervention programs to school professionals (Buck et al., 2003; Truscott et al., 2005). Although Buck et al. (2003) and Truscott et al. (2005) reported that 63% and 64% respectively of the states provided training, Truscott et al. (2005) found that 81% of the training was provided by the local education agency. These findings suggest that even though states may mandate the implementation of prereferral intervention programs, there is no uniform training approach for their implementation.

Measuring the Effectiveness of Prereferral Intervention Programs

Research identified two factors that may determine the effectiveness of prereferral intervention program: one, if the programs act as a deterrent to special education referral (Del’Homme, Kasari, Forness, & Bagley, 1996) and two, the analysis of recorded student outcomes (Lane, Pierson, Robertson, & Little, 2004).

Studies suggest that referral to prereferral intervention teams is often a precursor to referral for special education eligibility (Eidle, Truscott, Meters, & Boyd, 1998). On the other hand, the literature also demonstrates the inherent potential of prereferral intervention teams to assist students to be successful in the general education classroom and to not be referred to special education for testing. A review of the literature by Del’Homme et al. (1996, p. 272) found “that up to half or more students undergoing prereferral services have not required referral to special education.” The results of one study by Kovaleski and McCloskey in 1998 (Kovaleski et al., 1999) were even more promising. They examined students receiving prereferral services in Pennsylvania and determined that 85% of more than 47,000 students who were served during one year were not referred for special education eligibility.

When students receive intervention services, students benefit more from services delivered by stronger versus weaker or less active prereferral intervention programs, according to the analysis of teacher reports by Kovalski et al. (1999). Lane, Pierson, Robertson, and Little (2004) stress the importance of data in measuring the effectiveness of intervention teams. They recommend that data be collected on an on-going basis to determine treatment integrity such as the delivery of team prescribed interventions, and to exhibit actual student outcomes. Data that can be used for this purpose may be derived from checklists, observations, and rating scales (Lane et al., 2004).

Overall, McNamara and Hollinger (2003) suggest that prereferral intervention teams will be more effective if they adopt a comprehensive and a more conceptual approach. McNamara and Hollinger (2003) further recommend that teams work together collaboratively and follow a “systematic problem-solving sequence” (p. 186). On a continuous basis, this involves the collection of data that relate to the effectiveness of implemented interventions for individual students and revising those interventions as needed. Taking a theoretical approach, McNamara and Hollinger (2003) specifically suggest that intervention teams should “define their missions in terms of desired outcomes..... and the procedures to be followed to reach those outcomes” (p. 186), which may include the training and coaching of those responsible for directly providing interventions.

Composition of Prereferral Intervention Teams

Without states setting forth uniform guidelines for the implementation of prereferral intervention programs, it is not surprising to see great variation in the leadership and composition of prereferral intervention teams. Buck et al. (2003) found

that the prereferral process comes under the purview of general education services and prereferral intervention teams are often led by general education teachers or guidance counselors (Buck et al., 2003).

The intervention assistance team model often utilized by prereferral intervention teams, according to Safran and Safran (1996), is suited to informal teacher to teacher interaction and empowers teachers in the process. This model is designed to include school administrators and school service coordinators in secondary rather than primary roles and only on an as needed basis (Safran & Safran, 1996). Rafoth and Foriska (2006) further suggest that too much involvement of school personnel who are recognized as school leaders may serve to lessen the confidence of other participants and undermine the collaborative process. Nevertheless, the participation of administrators on intervention teams or the visible but non-participatory support of administrators has been linked with intervention team success (Rafoth & Foriska, 2006).

Even though the model for prereferral intervention teams downplays the importance of the participation of administrators (Safran & Safran, 1996), teams are generally comprised of administrators as well as general education teachers, parents and experts such as guidance counselors, special education teachers and school psychologists (Lane et al., 2004). Truscott et al. (2005) conducted a study of the prereferral intervention teams at the elementary level. They found that pre-referral intervention teams ranged in participants from 2 to 14 with an average of 9 members. Although this appeared as a significant allocation of school resources, the absence of remedial teachers on teams appeared to be of some concern to the researchers since the majority of referrals to the team were of an academic nature. This survey of elementary schools by Truscott et

al. (2005) also found that the parents of students being considered were members of only 28% of the intervention teams. The researchers did not offer an explanation for the lack of participation of parents, but parent work schedules may have been one factor.

For students who are referred for behavioral or emotional issues, there are sometimes additional members on intervention teams (Eidle et al., 1998). Prereferral intervention teams may include community social workers and mental health professionals (Eidle et al., 1998) who may recommend interventions outside of the school setting that “integrate services between the school and community” (p. 204).

Types of Interventions

From a survey of elementary school teachers, Lane et al. (2004) found that most students are referred for prereferral intervention because of academic concerns, more specifically weaknesses in reading and writing, and to a lesser degree for behavioral reasons, namely attention. The results of a national survey of state education directors by Buck et al. (2003) illustrate the diversity of interventions that are commonly recommended by intervention teams. From more frequently to less frequently, recommended interventions include modifications to the curriculum, behavioral management plans, counseling, placement change and tutoring. The national survey of elementary schools by Truscott et al. (2005) revealed that interventions by approximately four-to-one dealt with academic concerns as compared to behavioral issues.

Truscott et al. (2005) divided interventions recommended by prereferral intervention teams into four categories with commonly recommended interventions associated with each. The four categories are as follows: teacher-implemented, student-focused/teacher implemented, treatment oriented/out-of-classroom programs, and peer

implemented. For teacher implemented interventions, the curriculum modification of decreasing the amount of work was most frequently recommended followed by providing one on one instruction and an unnamed curriculum change. The most commonly recommended student focused/teacher implemented interventions were changing the structure of the classroom, such as changing the child's seat and the developing behavior plans. Treatment oriented/out-of-classroom interventions recommended by approximately half of the survey teams included individual or group counseling and remedial instruction. Also, according to the survey, informal peer-implemented interventions were common but unspecified. Conspicuously absent was the use of a structured peer-tutoring program. Finally, the survey indicated that parents were not designated as key players for implementing interventions that were recommended. Their participation was required for approximately 9% of the recommended interventions (Truscott et al., 2005).

Discussion

Although almost three out of every four states are either requiring or recommending prereferral intervention programs (Buck et al., 2003), there appears to be a lack of uniformity and consistency in the implementation of these programs. According to the literature on prereferral interventions, there are a number of factors that may contribute to this.

First, the fact that not all states are requiring prereferral programs may undermine any overall efforts to promote uniformity. Second, historically states as a whole have not provided sufficient training and guidelines to local divisions on how to establish prereferral intervention programs and how they should function (Buck et al., 2003;

Truscott et al., 2005). Third, even though a model for the processes of prereferral intervention programs exists and is generally accepted (Buck et al., 2003), there is no comprehensive set of guidelines that incorporates best practices available to direct the actions of prereferral intervention teams.

With the renewed emphasis that the most recent reauthorization of IDEA has placed on prereferral intervention, states may become more involved in the establishment of uniform programs that follow consistent procedures. Developments in the field of education such as the manual for guiding prereferral intervention teams by Buck et al (in press) should aid in this effort.

References

- Buck, G. H., Polloway, E. A., Fad, K., Patton, J. R., & Williams, K. (In press). *Prereferral interventions resource guide*. Austin, TX: Pro-Ed.
- Buck, G. H., Polloway, E. A., Smith-Thomas, A., & Cook, K. W. (2003). Prereferral intervention processes: survey of state practices. *Exceptional Children, 69*, 349-360. Retrieved September 16, 2006 from ERIC database.
- Carter, J., & Sugai, G. (1989). Survey on prereferral practices: Responses from the state departments of education. *Exceptional Children, 55*, 298-302.
- Del’Homme, M., Kasari, C., Forness, S. R., & Bagley, R., (1996). Prereferral intervention and students at-risk for emotional or behavioral disorders. *Education and Treatment of Children, 19*, 272-285. Retrieved September 16, 2006 from ERIC database.
- Eidle, K. A., Truscott, S. D., Meyers, J., & Boyd, T. (1998). The role of prereferral intervention teams in early intervention and prevention of mental health problems. *The School Psychology Review, 27*, 204-216. Retrieved September 16, 2006 from ERIC database.
- Garcia, S. B., Ortiz, A. A. (2006). Preventing disproportionate representation: Culturally and linguistically responsive prereferral interventions. *Teaching Exceptional Children, 38*, 64-68. Retrieved September 16, 2006 from ERIC database.
- Kovaleski, J. F., Gickling, E. E., Morrow, H., & Swank, P. R. (1999). High versus low implementation of instructional support teams: A case for maintaining program

- fidelity. *Remedial and Special Education*, 20, 170-183. Retrieved September 16, 2006 from ERIC database.
- Lane, K. L., Mahdavi, J. N., & Borthwick-Duffy, S. (2003). Teacher perceptions of the prereferral intervention process: A call for assistance with school-based interventions. *Preventing School Failure*, 47, 148-155. Retrieved September 16, 2006 from ERIC database.
- Lane, K. L., Pierson, M. R., Robertson, E. J., & Little, A. (2004). Teachers' views of prereferral interventions: Perceptions and recommendations for implementation and support. *Education and Treatment of Children*, 27, 420-439. Retrieved September 16, 2006 from ERIC database.
- McNamara, K., & Hollinger, C. (2003). Intervention-based assessment: Evaluation rates and eligibility findings. *Exceptional Children*, 69, 181-193. Retrieved September 16, 2006 from ERIC database.
- Rafoth, M. A., & Foriska, T. (2006). Administrator participation in promoting effective problem-solving teams. *Remedial and Special Education*, 27, 130-150. Retrieved September 16, 2006 from ERIC database.
- Virginia Department of Education. (2002). *Regulations governing special education programs for children with disabilities*. Richmond, VA: Author.
- Safran, S. P., & Safran, J. S. (1996). Intervention assistance and prereferral teams: directions for the twenty-first century. *Remedial and Special Education*, 17, 363-369. Retrieved September 16, 2006 from ERIC database.
- Truscott, S. D., Cohen, C. E., Sams, D. P., Sanborn, K. J., & Frank, A. J. (2005). The current state(s) of prereferral intervention teams: A report from two national

surveys. *Remedial and Special Education*, 26, 130-140. Retrieved September 16, 2006 from ERIC database.