The Eligibility Practices For The Category Of Specific Learning Disability In A Rural Special Education Cooperative In Illinois

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The Eligibility Practices for the Category of Specific Learning Disability in a Rural Special Education Cooperative in Illinois

by

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Abstract

This study investigated the trends in assessment for specific learning disability in a rural special education cooperative in Illinois. The sample included assessment records for 135 students who graduated from high school with special education services under the category of specific learning disability. The assessment procedures were recorded and compared to trends in practice at the time. Results revealed that the use of traditional assessment practices, such as the IQ-achievement discrepancy, was less likely to be used once the alternative Flexible Service Delivery Model was initiated. To further investigate the impact of the Flexible Service Delivery Model, data were gathered regarding the percentage of students in special education to determine if the new model served to decrease numbers of students made eligible. When compared to the state as a whole, the rural county that initiated the Flexible Service Delivery Model experienced a decrease in the number of students that were eligible for specific learning disability. However, this did not appear to impact the number of special education students overall.
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Introduction

From its first mention in federal legislation in 1969 the category of Specific Learning Disability (SLD) has been difficult to define. Although numerous definitions have been developed and proposed, the definition included in the Individuals with Disabilities Education Act (IDEA, PL 94-142) remained unchanged from 1977 to 2004. In 2004 the idea of Response to Intervention was introduced as an alternative method of eligibility determination. Throughout the history of SLD (also termed LD), states have been given very little direction or guidance from the federal government as to how the disability should be identified. The original definition stated that a “severe discrepancy” should be present, but there was no operational definition of a severe discrepancy included. The operational criteria were added in 1977, but there was still no guidance as to what measures to use or how large the difference between IQ and achievement had to be before it was considered severe. Noticing some of these shortcomings, some states opted to explore alternative methods of evaluation and identification of SLD. Following Iowa’s lead, Illinois adopted the Flexible Service Delivery System (FSDS) in 1995. This FSDS used the problem-solving model to provide support to students before, during, and after the evaluation process. The problem-solving model offered a structured way to operationalize the problem, determine what interventions should be put in place, and measure growth in performance with the use of progress monitoring. The vast differences between this approach and the severe discrepancy model necessitated a
change in the training, procedures, and practices of practitioners identifying learning disabilities. The problem-solving process used during this time became the forerunner for the Response to Intervention movement that was recognized by IDEA in 2004. The purpose of this study is to explore how one special education cooperative in Illinois coped with the changes in practice over time.

**History of Specific Learning Disabilities**

The special education category of Specific Learning Disability (SLD) was acknowledged by the federal government in 1969 with the amendment of Title V of the Elementary and Secondary Education Act (PL 91-230). However, the history of SLD began with researchers in the 19th century (Kaufman & Kaufman, 2001). Physicians examined patients with brain injury and saw evidence that brain trauma can cause the loss of very specific skills without affecting the person’s general intellectual functioning (Kaufman & Kaufman, 2001). In the early 1800’s, Franz Joseph Gall discovered that damage to the brain corresponded to changes in brain function. Through his work with brain-injured soldiers, he recognized an association between the area of the brain that was damaged and the subsequent loss of functioning (Bradely, Danielson, & Hallahan, 2002). Pierre Paul Broca and Carl Wernicke also discovered that certain regions of the brain are linked to particular functions (Bradely, Danielson, & Hallahan, 2002; McNamara, 2007). These findings suggested that specific areas of the brain are linked to specific skills. Therefore, when these brain structures were altered, the skills linked to that area were also altered, impacting a person’s behavior.

German physician Adolph Kassmaul was also conducting research with brain-injured patients during the 1800’s. He discussed the concept of word blindness and
partial word blindness after working with children and adults with brain injury. “Word blindness” was thought to be an inability to read due to a neurological disorder whereas “partial word blindness” was the ability to recognize letters and read only certain words (Hagw & Silver, 1990). Following this work, John Hinshelwood studied the concept of congenital word blindness in his patients suffering from brain injury (Hinshelwood, 1917). From his research, he concluded that patients suffering from lesions to the left angular gyrus were unable to store and retain visual memories for letters and words (Kaufman & Kaufman, 2001). He then noticed that children without known brain injury were struggling with reading just like his patients with brain injury. The concept of SLD began with Hinshelwood’s conclusion that these children must be suffering from some unknown form of brain trauma (McNamara, 2007). He published a work on this topic called Congenital Word Blindness (1917), which depicted children without brain injury who were struggling with reading.

Samuel Orton, an American physician, is known for his work with children who experienced extreme difficulty in acquiring reading, writing, spelling, or speech skills. Through his work with brain injured adults, he knew that trauma to the left hemisphere produced difficulties similar to those that he observed in these children. Since they did not exhibit other handicaps or display evidence of brain injury, Orton concluded that their deficits were due to a failure of the left hemisphere to associate visual words with their spoken form. He referred to this disorder as strephosymbolia (twisted symbols) because many of these children tended to reverse letters or transpose their order when writing and reading. He published a book detailing his research with children experiencing reading difficulties entitled Reading, Writing, and Speech Problems in Children (Orton, 1937).
Based on this theory, Anna Gillingham, a colleague of Orton's, developed a method of teaching that she called the Orton-Gillingham method. This multisensory approach provided a systematic way to teach the phonetic patterns of the English language in an instructional sequence. The format relies on repetition to teach individual phonemes with their sound, name, and cursive formation. Phoneme drill cards, phonetically regular word cards, syllable concept cards, little stories, and a detailed manual are included in the instructional materials for this method (Gillingham & Stillman, 1968). This technique is still used by special education teachers and has been found to demonstrate significantly higher reading recognition and comprehension skills than the control group which received reading instruction as normally provided in their schools (Oakland, Black, Stanford, Nussbaum, & Balise, 1998).

While the work of Hinshelwood and Orton focused on deficits in specific skills that were associated with particular brain functions, researchers such as Alfred Strauss and Heinz Werner focused on the global deficits experienced by patients who had mental retardation (MR) due to brain injury (Kaufman & Kaufman, 2001). They studied the differences between patients that were born with MR and those that acquired it through brain injury (Strauss & Werner, 1943). They found that these two groups did not exhibit the same behaviors and did not respond the same way to treatment (Strauss & Werner, 1943). This led to the conclusion that children with MR that was caused by brain injury may benefit from special education in a different way than those with MR from birth (Kaufman & Kaufman, 2001).

Alfred Strauss and other colleagues continued this work with children who had no signs of brain damage, but displayed many of the behavioral characteristics that were
seen in children with brain damage. They concluded that these children suffered from LD due to minimal brain injury. Minimal brain injury was thought to exist without observable or standard clinical signs (Strauss & Kephart, 1955). In 1947 Strauss partnered with Laura Lehtinen to write the book *Psychopathology and Education of the Brain-Injured Child*. This book served as a guide for the instruction of students with minimal brain injury. The idea that children struggling to learn had an unobservable brain injury was very popular for many years. Private schools were established to correct these learning and behavior problems (Kaufman & Kaufman, 2001). Some states even classified these students as “brain injured” or “neurologically impaired.” Although current research suggests that this was not effective, programming for these children focused on teaching skills related to attention, perception, and perceptual-motor processes.

**Theories Behind the Development of Specific Learning Disabilities**

Throughout the diverse history of LD, numerous theories regarding its cause have emerged. Not unlike the original suppositions, many of the circulating theories have focused on problems intrinsic to the child. These theories suggest that genetic factors and cognitive abilities are the primary contributors to learning disabilities.

Some researchers believe that there is a genetic component to the development of a learning disability. The results of twin studies suggest that there are effect sizes of .32-.45 for the heritability of mathematical ability, with only an effect size of .07-.23 for shared environment alone (Kovas, Haworth, Petrill, & Plomin, 2007). Other researchers have found significant correlations between identical twins in regard to reading and listening comprehension skills. Correlations of $r = .64$ for reading comprehension and $r$
.69 for listening comprehension were found for identical twins, while correlations for fraternal twins (.45 and .38, respectively) were much lower (Keenan, Betjemann, Wadsworth, Defries, & Olson, 2006). Another study found a moderate influence of genetics on math performance, but the association was predicted more by individual factors rather than shared environment (Kovas, et al., 2007).

Many researchers have also pointed to cognitive explanations for why children develop learning disabilities (Simos, Flethcer, Sarkari, Billingsley-Marshall, Denton, & Papanicolaou, 2007). One of these theories is the psychological processing theory. This perspective suggests that there is an internal problem that is causing learning difficulties (Bender, 1999). Deficits in visual-motor, language, and neurological processing have been explained using the psychological processing theory. These deficits exist, according to this theory, because there is a malfunction or problem in the brain that causes the learning deficit.

Another proposed theory asserts that deficits in metacognition are the cause of learning disabilities. This theory states that the disability results from a delay in the ability to self-instruct and self-regulate (Bender, 1999). Metacognitive theorists believe that this delay in development prevents students from being able to solve problems required of school tasks. According to many researchers, these deficits occur more often in children with learning disabilities than for children without learning disabilities (Bender, 1999).

More recently, neurologists have been able to gather information about the brain activity of students with and without learning disabilities using functional brain imaging methods (Simos et al., 2007). This research has shown different patterns of brain activity
in students with disabilities compared to students that read fluently. Specific areas such as the temporo-occipital region, located in the left hemisphere, have shown these patterns. Researchers have also found that memory skills and executive functioning are associated with mathematic performance (Mazzocco & Kover, 2007). This study’s results served as evidence that there is a relationship between specific brain function and academic performance.

**Definitions of Specific Learning Disabilities**

Professionals, researchers, and government agencies have been attempting to develop a valid and widely acceptable definition of specific learning disability for decades (Hammill, 1990). As Socrates noted, true knowledge can only come after an absolute definition has been established. Therefore, if one cannot define a construct, then one can never understand the construct (Stone, 1988).

The category of specific learning disability (SLD) was acknowledged by the federal government as a special education category in 1969. With the amendment of Title V of the Elementary and Secondary Education Act (PL 91-230), federal funds for children with LD was authorized (Kaufman & Kaufman, 2001). The definition of learning disabilities that was included in Title V has remained fundamentally the same for the last 40 years. The definition is as follows:

A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, speak, read, write, spell, or do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The
term does not apply to children who have learning problems which are primarily
the result of visual, hearing, or motor disabilities, of mental retardation, or
emotional disturbance, or of environmental, cultural, or economic disadvantage.
(USOE, 1977 p. 65083)

This definition was also used when LD was included in the Right to Education for All
Handicapped Children's Act (PL 94-142) in 1975. Now known as the Individuals with
Disabilities Education Act (IDEA), PL 94-142 also included criteria for identifying LD.
Before the criteria were included, professionals were to use the definition of SLD alone
as the guidelines for identifying students to be served as LD (Kaufman & Kaufman,
2001). The law states that a multidisciplinary assessment team could diagnose LD if:

(1) The child does not achieve commensurate with his or her age and ability when
provided with appropriate educational experiences, and (2) the child has a severe
discrepancy between achievement and intellectual ability in one or more of seven
areas related to communication skills and mathematics abilities. (Federal Register
42, 1977 p. 65083)

The seven categories that were referred to in the criteria are oral expression, listening
comprehension, basic reading skill, reading comprehension, mathematical calculation,
and mathematical reasoning.

The definition that was adopted for federal legislation was influenced by earlier
non-legal definitions for LD. The first formal definition of LD was written by Samuel
Kirk (1962) in Educating Exceptional Children. In this definition, he included the long
standing idea that LD was caused by a brain dysfunction. In addition, he included the
possibility that emotional or behavioral disturbances may interfere with learning. Kirk
was the first to introduce the idea that psychological processes could affect the acquisition of academic skills (Kavale & Forness, 2000). His definition is as follows:

A learning disability refers to a retardation, disorder, or delayed development in one or more of the processes of speech, language, reading, writing, arithmetic, or other school subjects resulting from a psychological handicap caused by a possible cerebral dysfunction and/or emotional or behavioral disturbances. It is not the result of mental retardation, sensory deprivation, or cultural and instructional factors. (Kirk, 1962, p. 263)

Bateman, whose definition followed Kirk's in 1965, was the first to introduce the idea of aptitude-achievement discrepancy in the definition of LD (Hammill, 1990). The definition is as follows:

Children who have learning disorders are those who manifest an educationally significant discrepancy between their estimated intellectual potential and actual level of performance related to basic disorders in the learning process, which may or may not be accompanied by demonstrable central nervous system dysfunction, and which are not secondary to generalized mental retardation, educational or cultural deprivation, severe emotional disturbance, or sensory loss. (1965, p. 220)

The definitions of Kirk and Bateman greatly influenced the definition of LD that is currently in the federal legislation. These definitions established that LD (1) was related to a process deficit, (2) was unexpected learning failure, and (3) was not caused by certain factors such as mental retardation (Bateman, 1965).

The National Advisory Committee on handicapped Children (NACHC), chaired by Kirk, provided a definition for the Title V legislation in 1968 (Kavale & Forness,
2000). This definition emphasized the specific nature of LD. The NACHC specified that a diagnosis of LD must be based on a discrete number of deficits, rather than a generalized problem like MR (Kavale & Forness, 2000). The definition was presented as follows:

Children with special learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken and written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems that are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance, or to environmental disadvantage. (NACHC, 1968, p. 34)

This definition differed from Kirk’s original definition by removing emotional disturbance as a cause for learning disabilities. It also restricted the condition to children and added thinking disorders as further examples of specific learning disability (Hammill, 1990). The NACHC definition also highlighted the importance of spoken and written language by mentioning those processes as foundational for the skills that might be affected. The exclusionary criteria were still included, which established them as essential for the definition of LD (Kavale & Forness, 2000).

In an attempt to enhance the definition provided by the NACHC, the U.S. Office of Education funded an Institute for Advanced Study at Northwestern University to provide definition with a clearer educational focus (Hammill, 1990). This definition was
the first to specifically mention a discrepancy between expected and actual achievement as indicating LD (Kavale & Forness, 2000). In 1969, the following definition was reported by Kass and Myklebust in an article in the *Journal of Learning Disabilities*:

Learning disability refers to one or more significant deficits in essential learning processes requiring special education techniques for remediation. Children with learning disability generally demonstrate a discrepancy between expected and actual achievement in one or more areas such as spoken, read, or written language, mathematics, and spatial orientation. The learning disability referred to is not primarily the result of sensory, motor, intellectual, or emotional handicap, or lack of opportunity to learn. Significant deficits are defined in terms of accepted diagnostic procedures in education and psychology. Essential learning processes are those currently referred to in behavioral science as involving perception, integration, and expression, either verbal or nonverbal. Special education techniques for remediation refers to educational planning based on the diagnostic procedures and results. (1969, p. 378-379)

The goal of making this definition more education-focused was met by stating that special education techniques were necessary for the enhancement of performance. Since the focus was on education and not etiology, there was no mention of brain injury or dysfunction as a cause of LD. This began the move away from a focus on origin to a focus on remediation (Kavale & Forness, 2000). The additions of adjectives such as “essential” and “significant” were the committee’s attempt at reducing the vagueness in the previous definition. However, these descriptors were used with the assumption that current information in behavioral science would provide information that would make
diagnosis more clear. The information available, however, did not provide the clarity that the committee intended (Kavale & Forness, 2000). Without clear and consistent guidelines, diagnosis of LD was problematic.

The concern that the definition included too many diverse types of learning failure led to the National Project on the Classification of Exceptional Children proposing a new definition:

Specific learning disability, as defined here, refers to those children of any age who demonstrate a substantial deficiency in a particular aspect of academic achievement because of perceptual or perceptual-motor handicaps, regardless of etiology or other contributing factors. The term perceptual as used here relates to those mental (neurological) processes through which the child acquires his basic alphabets of sounds and forms. (Wepman, Cruickshank, Deutsch, Morency, & Strother, 1975, p. 306)

This definition limited learning disabilities to perceptual process-based academic problems (Hammill, 1990). It also eliminated the exclusionary criteria and etiological considerations that had been included in previous definitions. This definition received limited acceptance because, as Adelman and Taylor (1983) pointed out, restricting the label to those that present perceptual functioning difficulties would be extremely limiting.

In 1976, the U.S. Office of Education attempted to improve the NACHC definition by adding operational diagnostic criteria (Hammill, 1990).

A specific learning disability may be found if a child has a severe discrepancy between achievement and intellectual ability in one or more of several areas: oral expression, written expression, listening comprehension or reading
comprehension, basic reading skills, mathematics calculation, mathematics reasoning, or spelling. A “severe discrepancy” is defined to exist when achievement in one or more of the area falls at or below 50% of the child’s expected achievement level, when age and previous educational experiences are taken into consideration. (USOE, 1976, p 52405)

This definition led to the development of a formula for calculating a severe discrepancy (Hammill, 1990). The USOE deleted this formula in its 1977 definition due to the heated opposition that arose. The revision in 1977, along with operational criteria, was added to the Federal Register to guide efforts to identify students with learning disabilities.

The term “specific learning disability” means disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, speak, read, write, spell, or do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not apply to children who have learning problems which are primarily the result of visual, hearing, or motor disabilities, of mental retardation, or emotional disturbance, or of environmental, cultural, or economic disadvantage. (USOE, 1977 p. 65083)

Concern arose because of the vague language used in the definition. The Bureau of Education for the Handicapped attempted to clarify precisely how children were to be identified. Unfortunately, this extensive effort did not lead to a consensus (Hammill, 1990).
The National Joint Committee of Learning Disabilities (NJCLD) is a national committee with more than 350,000 members from 13 different organizations that are committed to the education and welfare of individuals with learning disabilities. This committee believed that the federal definition could be improved by acknowledging that LD can exist at all ages, excluding the notion of ‘basic psychological processes’, removing spelling as a specific disorder, eliminating the list of analogous conditions, and indicating that LD can coexist with other conditions (Kavale & Forness, 2000). The committee produced the following definition:

Learning disabilities is a generic term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual and presumed to be due to central nervous system dysfunction. Even though a learning disability may occur concomitantly with other handicapping conditions (e.g., sensory impairment, mental retardation, social and emotional disturbance) or environmental influences (e.g., cultural differences, insufficient or inappropriate instruction, psychogenic factors), it is not the direct result of those conditions or influences. (NJCLD, 1981, p. 108)

This definition was revised in 1988 to include information to distinguish between LD and nonverbal disabilities (Hammill, 1990). The addition was, “Problems in self-regulatory behaviors, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability” (NJCLD, 1988, p. 1) The 1988 definition was revised slightly in 1990 to include a statement about the disorder occurring
across the life span of the individual. This definition became the official NJCLD
definition and is known as one of the most widely accepted definitions of LD to date.

The Learning Disabilities Association of America (formerly the Association for
Children with Learning Disabilities [ACLD]) rejected the NJCLD definition. However,
it's definition is in agreement with the NJCLD definition in most aspects.

Specific Learning Disabilities is a chronic condition of presumed neurological
origin which selectively interferes with the development, integration, and/or
demonstration of verbal and/or nonverbal abilities. Specific Learning Disabilities
exist as a distinct handicapping condition and varies in its manifestations and in
degree of severity. Throughout life, the condition can affect self esteem,
education, vocation, socialization, and/or daily living activities. (ACLD, 1986, p.
15)

The primary changes to the ACLD definition are two-fold (Hammill, 1990). First, it does
not give specific examples of problems that can be classified as learning disabilities.
Instead, it provides a general mention of verbal and/or nonverbal abilities. Second, this
definition does not mention exclusionary criteria. It is unclear whether the authors
recognized that LD could occur with other disabilities or considered it a distinct
diagnosis. The vague wording makes this definition difficult to use when determining
eligibility for LD.

An effort to improve the NJCLD definition was made by the Interagency
Committee on Learning Disabilities (ICLD). This committee, made up of representatives
from 12 government agencies, believed that the NJCLD definition would be improved
with the addition of social skills as a possible learning disability (Hammill, 1990).
Although the merit of adding social skills has been debated for years, the definition was not endorsed by the NJCLD and the U.S. Department of Education (USDOE) (Kavale & Forness, 2000). The USDOE believed that addition of social skills to the definition would require a change in IDEA, increase confusion concerning eligibility, and increase the number of students classified as LD (Gresham & Elliott, 1989).

According to Kavale and Forness (2000), the evolution of LD definitions has led to some common ideas about LD. The definitions suggest that LD is a heterogeneous condition that persists across of a life span. It may result from a dysfunction within the central nervous system and it involves psychological processes. The definitions agree that it is associated with underachievement and it can impact spoken language, academic skills, or thinking ability, but it is not the result of other conditions or impairments. However, this consensus has not created an exact definition of LD. The vague picture of LD continues to lead to inconsistent eligibility determinations and interpretation of assessment results.

Laws and Practice Prior to 2004

Although there have been numerous definitions proposed by the aforementioned organizations, the definition included in IDEA has been virtually unchanged since its adoption in 1977. This definition has provided little guidance for how to identify children with SLD. In 1977, the only information pertaining to identification stated that a multidisciplinary team of professionals must determine if there is a severe discrepancy between achievement and intellectual ability (U.S. Office of Education, 1977, p. 65085). Since the law did not contain specific instructions for determining if a child showed a
“severe discrepancy,” states were left with the responsibility to establish eligibility criteria.

Mercer and colleagues have published a number of surveys of state definitions and eligibility criteria for specific learning disability since the category was added to federal legislation in 1969 (i.e., Mercer, Forgnone, & Wolking, 1976; Mercer, Hughes, & Mercer, 1985; Mercer, King-Sears, & Mercer, 1990; Mercer, Jordan, Allsopp & Mercer, 1996). The most recent of these studies included data from each state and the District of Columbia from 1994. The report looked at the percentage of states that used the 1977 definition exactly, a slight variation of the 1977 definition, or a different definition entirely (Mercer et al., 1996). The results of this study showed that 47% of states use the exact 1977 definition, 24% provide a slight variation, and 29% use a different definition. This finding may suggest a movement toward consensus among the states, but eligibility practices still differ greatly.

The report also broke down each of the six components present in the 1977 definition (intelligence, process, academic, exclusion, neurological, and discrepancy) to see which states included these elements in their definitions (Mercer et al., 1996). The definitions of 47% of the states were identical to the federal definition, while the other 53% differed slightly. Illinois was among the 24 states that used the 1977 definition. However, the state criteria differed slightly because it did not include spelling as an academic area, and it did not include neurological impairment as a possible cause of SLD. The state criteria also stated that a student must have average or above average intelligence to be considered for SLD, while the federal definition only stated that there must be a significant discrepancy between ability and achievement (Mercer et al., 1996).
The concept of severe discrepancy was operationalized in Illinois by the use of standard scores, standard deviations, and regression formula. The study was not specific as to the way that these components were used to determine eligibility in Illinois, just that they were included in the state criteria.

Shortly after the publication of the aforementioned study, IDEA was reauthorized in 1997. Although the definition of SLD has been a source of great debate, the federal definition of SLD remained the same. At that time, lawmakers were concerned with the increasing number of LD students that were being instructed outside the general education classroom. This reauthorization emphasized the importance of providing access to the general curriculum (Schaeffer, 2008). It was not until 2002 that another study survey was distributed to determine the state identification policies and practices for SLD (Reschly & Hosp, 2004). This study reported data similar to the studies conducted by Mercer and colleagues. The results of this study showed that 66% of states used the exact 1977 definition, 16% provided a slight variation, and 20% used a different definition.

The state definition and criteria remained unchanged in Illinois between 1994 and 2002. The method for determining eligibility changed in some way for 68% of states, but Illinois remained the same. According to Bradley, Danielson, and Hallahan (2002), the majority of states reported using the discrepancy model to make eligibility decisions in the 1990s. This model examines the difference between student's scores on measures of intellectual ability and measures of academic achievement. The discrepancy model was founded on the theory that children with learning disabilities experience unexpected
under-achievement; that is to say that their achievement is lower than expected based on their level of intellectual abilities.

Since the federal government provided no guidance, the states were left to choose the method used to determine a "severe discrepancy". The concept of discrepancy was operationalized in a variety of ways across the United States. According to Mercer, Jordan, and Mercer, (1996) there were 16 states that chose not to include an operationalized definition of discrepancy in their state’s criteria in 1994. Of the 35 states that did include some guidance in their criteria, there were four main methods for determining a severe discrepancy (1996). The four common procedures for determining a discrepancy were deviation from grade level, expectancy formulas, regression analysis, and standard score comparisons (Mercer et al., 1996, Cone & Wilson, 1981; Berninger & Abbott, 1994). In a survey of state practices in 1991, Frakenberger & Fronzaglio found that standard score comparison was the most common approach used, followed closely by regression analysis.

Finding the deviation from grade level was one approach used in three states (Mercer et al., 1996). There are two variations of this approach: consistent deviation and graduated deviation. With the consistent deviation method, the student is thought to have a learning disability if his/her achievement is several years (often two or more) below grade level. The graduated deviation method is similar, but it takes current grade level into account. It is based on the premise that the gap between the student and his/her peers should be larger for older students. A gap of one year is considered more significant for a 2nd grader than an 8th grader. Although this method is easy to administer, it tends to over identify slow learners and numerous problems have been identified with grade
equivalents (Chalfant, 1985; Reynolds, 1985). Numerous problems exist regarding grade-level scores, including that grade equivalents may vary markedly from test to test and from subtest to subtest with the same battery (Berk, 1982).

The expectancy formula is another way to determine ability-achievement discrepancy. For this method, ability and achievement scores are converted into age or grade equivalents and compared to determine if a discrepancy exists. There are numerous formulas that have been used to compare age or grade equivalents on ability and achievement tests. When Forness, Sinclair, and Guthrie (1983) compared eight of these formulas, they found prevalence rates that ranged from 10.9% to 39% when applied to a sample of students. As previously mentioned, grade and age equivalent scores can be inadequate or misleading due to inconsistency (Reynolds, 1985). Expectancy formulas were not recommended and a strong statement was made by the Council of Learning Disabilities Board of Trustees (1986) against the use of expectancy formulas for identifying students with learning disabilities. Other researchers also supported this position against the use of expectancy formulas due to the inconsistent nature of age and grade equivalents (Berk, 1984; Chalfant, 1985; Cone & Wilson, 1981; Forness et al., 1983; Reynolds, 1985).

Another way to determine an ability-achievement discrepancy is by using the regression analysis method. This procedure corrects for the tendency of scores to regress toward the mean by considering the error of measurement (Reynolds, 1985). A regression-based model provides an estimated expected achievement score based on the child’s IQ score. The expected achievement score is then subtracted from the actual achievement score and divided by the standard error of estimate, which is based on the
correlation between the IQ and achievement scores. This method requires large ability-achievement score differences to be considered severe because of the correction for regression, especially for students with an above average IQ (Schuerholz et al., 1995). Kavale (2002) found that the regression-based model served to reduce the number of problems experienced when testing for LD because it reduced the accumulation of measurement error.

Using standard scores to determine if there is a discrepancy between ability and achievement is also used. There is not a formula for determining if the discrepancy is severe, but there are two conditions that must be met (Reynolds, 1985). First, the difference must be large enough that it cannot be attributed to measurement error. Second, the difference must be rare or unlikely to occur for students without learning disabilities. Since the scores are converted to standard scores, the ability and achievement test results can be easily compared without the issues presented for the expectancy formula. This is considered by many researchers to be the best method for determining a severe discrepancy (Berk, 1984; Chalfant, 1985; Cone & Wilson, 1981; Reynolds, 1992). However, others disagree because the method does not account for the natural tendency for scores to regress toward the mean over time (Reynolds, 1985; Mercer, 1996; Kavale, 2002).

Although eligibility practices have necessitated the use of standardized measures to determine a severe discrepancy, the use of these tests has been a source of controversy (Turnbull, Turnbull, Shank, & Smith, 2004). There are many arguments against using intelligence testing in an assessment for determining a learning disability. Some argue that students with low socioeconomic status are less likely to qualify because they are
more likely to perform poorly on measures of intelligence (Danielson & Baurer, 1978). Furthermore, researchers have found that African Americans tend to score one standard deviation lower than Caucasians on traditional IQ tests which may reduce their chances of receiving special education services (Warner, Dede, Garvan, & Conway, 2002). Conversely, McDermott (2006) found that socioeconomic and racial factors could be neutralized with the regression-based approach to severe discrepancy. However, when identification was based on low achievement alone, students with low socioeconomic status, including racial minorities, were more likely to be classified as learning disabled (McDermott, 2006).

The use of the discrepancy method and IQ tests has also been under harsh scrutiny throughout the last fifteen years (Warner, et al., 2002). A survey was published by the Project Forum at the National Association of State Directors of Special Education that outlined some of the common problems identified with the discrepancy formula. The project forum concluded the discrepancy method is problematic because it does not focus on how the child is performing in the general curriculum nor does it provide information on possible interventions for the child (McNamara, 2007). Many researchers agree with this conclusion, stating that a severe discrepancy should be used in conjunction with examinations of how the child is performing in the classroom by examining their grades and other curriculum based measures (Dombroski, Kampahaus, & Reynolds, 2004). Other researchers have documented the instability of severe discrepancies showing that severe discrepancies are often present at one testing session and not at another (Kavale, 2002). Similarly, Francis, Fletcher, & Stuebing (2005) documented that using strict
cutoff points for determining severe discrepancies were unstable over time and led to high levels of group movement.

Some studies have shown that students with severe discrepancies do not respond differently to intervention. For example, Wise, Ring, and Olson (2000) described a study in which IQ-achievement discrepancy had no effect on the success of students during reading interventions. In addition, many researchers have found no significant differences between discrepant and non-discrepant readers who have difficulty with phonological awareness, orthographic coding, short-term memory, and word retrieval (Bradely, Danielson, and Hallahan, 2003).

**Alternative Service Delivery Models**

In the 1980's, researchers began developing alternative educational service delivery models (Deno, 1985; Graden, Zins, and Curtis, 1988; Shinn, 1989, 1995). These models served as a basis for the “response to intervention” model that began circulating in 1993 (Ikeda, Tilly, Stumme, Volmer, & Alison, 1996). The alternative service delivery systems were based on the problem-solving approach, which provides a systematic way to define, observe, and measure student performance. This model contrasts greatly with the widely utilized “refer-test-place” system that was in use at the time. In the “refer-test-place” system a teacher referral would initiate assessment for special education and, regardless of the problem; a similar testing battery would be administered. This battery often included measures of aptitude, achievement, and adaptive functioning in addition to a social and medical history (Ikeda, Rahn-Blakeslee, Niebling, Gustafson, Allison, & Stumme, 2007). Some states, recognizing the shortfalls
of this model, attempted to implement alternative or “needs-based” systems for special education identification and service delivery (Ikeda et al., 2007).

There were several influential reform efforts and practices that influenced the development of a “needs-based” system. The Regular Education Initiative (Will, 1986) discussed the segregation between special education and general education services and proposed that strides be made to bridge the gap. The importance of including families in decisions about programming and providing programs that would impact students’ quality of life were also discussed (Meyer & Evans, 1989; Browder, 1991). The alternative service delivery systems included “concepts such as (a) linking assessment and intervention (Fuchs & Fuchs, 1986), (b) focusing on measureable behaviors with lower levels of inference (Lentz & Shapiro, 1986), and (c) investing in consultation (Kratochwill & Bergan, 1990)” (Ikeda et al., 2007, pp. 257).

Among the first to employ the use of a “needs-based” system was Heartland Area Education Agency 11 in Iowa. In 1985, a three-year project was initiated and served as a time to consult with professionals and train school staff. It wasn’t until the early 1990s that the new service delivery model, the problem-solving approach, was initially piloted in ten of Heartland’s school districts (Ikeda et al., 2007). This approach attempted to match the student’s problem with the resources available in the school. The implementation plan in 1985 discussed the integration of resources from general and special education and increased flexibility in the role and function of general and special education staff. Additional intervention options and a system that provides a continuum of services to all students were also considered among the fundamental principles. Parent
involvement and a commitment to training and professional development for all staff were also key elements of the plan (Ikeda et al., 2007).

In 1993, Heartland’s problem solving teams followed a problem solving model with four levels. In the first level, the general education teacher attempted to solve the problem with resources already available in the regular classroom. If this did not work, the teacher would ask for assistance from other teachers or from the building assistance team to develop and implement strategies to help the student. In the third step, Heartland staff would consult with teachers to solve the problem. If all of these efforts failed, the student was referred to the fourth level which was evaluation and entitlement for special education (Ikeda et al., 2007). The problem solving approach utilized the problem solving process at each level to help staff make decisions. The team was required to define the problem, create hypotheses about why the problem was occurring, design an intervention based on the student’s area(s) of weakness, and implement and evaluate the intervention to determine student progress (Ikeda et al., 2007).

To help insure that the system was implemented successfully, the leadership at the Iowa Department of Education and the area education agencies (the agencies responsible for the local school districts) worked together to develop a belief system capable of withstanding changes in practices. Training in how to link assessment data to the development of goals for the individual education plan (IEP) was also provided (Ikeda et al., 2007). In an effort to accomplish these goals, professional development was provided to increase the use of direct and functional assessment methods, develop appropriate strategies to support teachers, monitor student performance through frequent and direct
assessment of skills, and establish a perspective based on student outcomes and performance rather than on identifying students as having disabilities (Ikeda et al., 2007).

During the 1996-1997 school year, The Northern Suburban Special Education District (NSSED) in Illinois developed a proposal to initiate an alternate service delivery model that was similar to the model used by Heartland Area Education Agency in Iowa. The Flexible Service Delivery System (FSDS), as it was called in Illinois, was implemented in select schools across the state. In an effort to develop a more flexible and responsive system of service delivery for students, the FSDS was conceived in 1994 (NSSED, 2005). This model was developed based partially on the underlying assumption that students are impacted by the instructional environment. This assumption would suggest that the cause of school difficulties does not solely lie within the child (Peterson, Prasse, Shinn, & Swerdlik, 2007). The basic principles and components of the Illinois’ FSDS are similar to those found in other alternative service delivery models. Like Heartland, the FSDS used a multi-tiered model that merged all of the resources in the school to provide preventative and intervention support for all students (Peterson et al., 2007). The model was approved by the Illinois State Board of Education (ISBE) in 1995. With this approval, NSSED began a series of planning and training activities to help schools within the special education cooperative to implement the new model (Peterson et al., 2007).

Other districts and cooperatives within the state were then able to submit proposals to use the FSDS. To support participating schools, ISBE developed a mini-grant program to support professional development for school personnel at the FSDS sites. In 1995 there were six approved FSDS sites in Illinois. By 2005, almost 90 of
Illinois’ 883 school districts were using the FSDS as a way to provide services for students. To ensure successful implementation, the ISBE required each of these districts to develop and implement professional development activities (Peterson et al., 2007). Professional development was only one of the four essential structural elements that helped sustain the FSDS in Illinois. The commitment and involvement of the entire building, including the school principal, was essential as schools were selected to participate in FSDS. A statewide FSDS consortium that was made up of participants from several regions was developed as a communication and learning network. This and other consortiums, including the Illinois State Personnel Development Grant called I-ASPIRE (Alliance for School-Based Problem-Solving and Intervention Resources in Education) that was developed in 2006, were created to promote collaboration between schools and districts as they attempted to implement FSDS. The forth key element was the statewide evaluation initiative. Developing methods to evaluate the effectiveness of an intervention was important in determining whether the students had responded (Peterson et al., 2007).

**Laws and Practice Since 2004**

The most current reauthorization of IDEA was signed on December 3, 2004, but the U.S. Department of Education did not publish the regulations until August 14, 2006 (Yell & Drasgow, 2007). Now called IDEIA, this law contained numerous changes related to the identification and instruction of students with learning disabilities. These changes were made based on the work conducted by the President’s Commission on Excellence in Special Education. This commission held public hearings throughout the nation to discuss how to improve special education. The Commission found, among
other things, that the eligibility process was overly complex and the methods being used to instruct students lacked validity (Yell & Drasgow, 2007). In response to these findings, the Commission proposed that the IDEA reauthorization provide a simplified identification process and require research based interventions and progress monitoring through response to intervention (RtI). The Commission concluded that “IQ tests are not reliable for distinguishing children with LD from children who are low achievers and they are unrelated to intervention” (2007). Instead, they determined that assessment should measure actual learning and behavior in the classroom. Since IQ tests were no longer required, the eligibility criteria could no longer require an ability-achievement discrepancy. The law now states that “States must permit school districts to use a process based on a student’s response to scientific, research-based intervention (i.e., response to intervention (RTI)” (IDEA, 20 U.S.C. 1414(b)(6)(B)). Another problem identified by the Commission is that many children who are made eligible for special education services are “essentially instructional casualties and not students with disabilities” (President’s Commission on Excellence in Special Education, 2001). The RTI model was designed to match research-based instruction to the needs of students through screening and progress monitoring. This process will increase the likelihood that each student is exposed to research-based curricula before, during, and after becoming eligible for special education support. IDEIA requires teams to provide data-based documentation outlining the research-based strategies or interventions that are used and the student’s response to those interventions before they can be made eligible under the category of specific learning disability (Yell & Drasgow, 2007).
In response to this addition to IDEIA, the Learning Disabilities Association of America (LDA) authored a paper disputing the changes made to SLD eligibility practices (2010). The LDA surveyed an expert panel of researchers that have been recognized by their peers as scholars with professional investments in the law and practices surrounding SLD. The purpose of this panel was to consider the arguments made in IDEIA and to examine the evidence that supported or refuted the information presented in the law. The panel came to five conclusions, suggesting that "severe discrepancy" and "RTI" are not sufficient for SLD identification, but should be used in conjunction with one another. They proposed that RTI be used to provide support to the student prior to referral and severe discrepancy should continue to be used during assessments (LDA, 2010).

Since the 2004 reauthorization of IDEA, states have been making changes to SLD definitions and criteria. In a 2010 review, Zirkel and Thomas explored the impact that this law had on state practices. They surveyed states to see which were permitting RTI (as the federal legislation suggests), permitting severe discrepancy, or providing another research-based alternative. They discovered that 12 states had adopted RTI as a method for identifying SLD. Five of these 12 states specifically prohibit the use of severe discrepancy, four allow a combination of discrepancy and RTI, and three have permitted either discrepancy or RTI (Zirkel & Thomas, 2010). Illinois is among the states that have permitted a combination of discrepancy and RTI. However, the state regulations state that severe discrepancy will only be permitted until September 1, 2010 (Zirkel & Thomas, 2010).

With so many conflicting ideas about how to define and assess SLD, it may be difficult for schools to determine the best process to follow when determining eligibility.
for special education. Some states, such as Illinois, are mandating that procedures move from a traditional assessment model that relies on standardized testing to an alternative assessment model that uses the problem-solving model to develop and implement targeted interventions for students before gathering data for an assessment. Given that many schools are being asked to make this change, more research is needed to help determine the impact of such a shift in practice. Exploring the practices of one special education cooperative may help clarify this process for schools that are moving to an alternative assessment model. The present study examined the trends in eligibility practices before and after an alternative assessment model was introduced into a special education cooperative. For this special education cooperative, traditional assessment included the use of standardizes intelligence and achievement measures to determine if the student displayed a severe discrepancy between academic achievement and intelligence. The alternative model that was introduced, the Flexible Service Delivery System (FSDS), focused on providing interventions for students using the problem-solving model. If the interventions were not successful, classroom performance and curriculum-based measures were used to compare the target student to average peers to determine eligibility. This is similar to the RTI process that the state of Illinois is mandating in 2010. The study also examines the percentages of students in this county that were made eligible for special education services under the category of SLD before and after the model was initiated. The purpose of this study was to determine if the use of an alternate service delivery system was preferred by county schools, which were served by a single special education cooperative, when both traditional and alternative
methods were allowed by the state and if the changes in practice impacted the number of students made eligible for special education services.

Specifically, the purpose of this study was to determine the answers to the following three research questions:

1. Was there a shift in SLD identification practices in the county after the Flexible Service Delivery System (FSDS) was initiated?

2. Did the change to the Flexible Service Delivery System (FSDS) influence the numbers of students made eligible for special education services under the category of Specific Learning Disability (SLD)?

3. How do prevalence figures from the special education cooperative compare to the state figures?

**Method**

**Participants**

Special education assessment records for all students from a rural Midwestern special education cooperative who graduated from one of the six county high schools with the eligibility of learning disability from 2006-2009 were included in this study. In 2008, the cooperative's population included 93% White/Caucasian, 5% Black/African American, 2% Other (including Hispanic/Latino). The districts within the county vary in terms of economic status with 2%-41% low income students depending on the district. The total enrollment of the school districts that belonged to the cooperative in 2008 was 7,216.
A total of 172 student records were collected. From that group, 135 students met the requirements of this study: they were assessed and classified as Learning Disabled after an initial evaluation and graduated from high school with that eligibility. Ninety-one of the students were male (67%) and forty-four students were female (33%). There were no significant differences in ethnic make-up between the sample and the county.

**Instruments**

Data were obtained from special education records. The method of eligibility determination, along with information relevant to the decision making process were anonymously recorded. Tests used during the evaluation process included the Wechsler Intelligence Scale for Children-Third Edition (WISC-III; Wechsler, 1991), Wechsler Intelligence Scale for Children-Fourth Edition (WISC- IV; Wechsler, 2003), Wechsler Individual Achievement Test (WIAT), Wechsler Individual Achievement Test- Second Edition (WIAT-II; Wechsler, 2001), Woodcock-Johnson Revised Tests of Achievement (WJ-R), and the Woodcock-Johnson Tests of Achievement-Third Edition (WJ-III). For students made eligible for SLD without the use of standardized tests, summaries of the observations made by the assessors were recorded.

**Procedure**

To obtain data for this study, records from the special education files of those students who graduated from high school with the eligibility of “specific learning disability” were reviewed. Permission to access this information was granted by the Special Education Coordinator after a meeting was scheduled outlining what student information would be collected and for what purpose (Appendix A).
Relevant information from special education records of those students tested for learning disabilities was recorded on a paper form (Appendix B). Demographic information and relevant evaluation data were recorded from the special education files onto a paper form which included student date of birth, date of initial evaluation, chronological age, gender, ethnicity, disability, cognitive test used, cognitive test composites, cognitive subtest scores, achievement tests used, achievement composite scores, achievement subtest scores, and pertinent information about student skills made by the assessor in the report.

Information pertaining to the assessment practices used were entered into a spreadsheet where traditional assessment was coded as a “1” and alternative assessment was coded as a “2.” The data were then used to determine the percentages of students who were made eligible with each model. To keep student information confidential, names and birth dates were not included.

To obtain information about SLD prevalence rates in the county versus the state, data were collected from the Illinois State Board of Education. After a written request was made, data pertaining to the state and the county were gained via Microsoft Excel files. Three numbers were extracted from the state and county data: the number of students that were made eligible under the category of specific learning disability, the number of total special education students, and the number of students enrolled (general and special education). These numbers were used to determine the percentage of special education students that were made eligible under the category of specific learning disability and the percentage of students in the entire population that were given special education services.
Results

1. Was there a shift in SLD identification practices in the county after the Flexible Service Delivery System (FSDS) was initiated?

To answer this question, information about initial assessment procedures was gathered from student files. The assessment procedures during initial evaluation for SLD were recorded and classified by type of evaluation procedure. Table 1 presents these data by year.

Table 1

<table>
<thead>
<tr>
<th>Year</th>
<th>Traditional</th>
<th>FSDS</th>
<th>Total</th>
<th>% Traditional</th>
<th>% FSDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td>6</td>
<td>0</td>
<td>6</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>1995</td>
<td>14</td>
<td>0</td>
<td>14</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>1996</td>
<td>16</td>
<td>0</td>
<td>16</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>1997</td>
<td>16</td>
<td>4</td>
<td>20</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>1998</td>
<td>9</td>
<td>22</td>
<td>31</td>
<td>29.03%</td>
<td>70.97%</td>
</tr>
<tr>
<td>1999</td>
<td>4</td>
<td>16</td>
<td>20</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>2000</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>66.67%</td>
<td>33.33%</td>
</tr>
<tr>
<td>2001</td>
<td>1</td>
<td>12</td>
<td>13</td>
<td>7.69%</td>
<td>92.31%</td>
</tr>
<tr>
<td>2002</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>2003</td>
<td>0</td>
<td>5</td>
<td>5</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>2004</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
<td>65</td>
<td>135</td>
<td>51.85%</td>
<td>48.15%</td>
</tr>
</tbody>
</table>

When the special education cooperative initiated the Flexible Service Delivery System (FSDS) in 1997, only a small number of the 11 member districts participated in the implementation of the new model. Over time, other member districts joined the initiative until all member districts were implementing FSDS to some degree in 2002.
The data show that the percentages of traditional evaluations decreased while alternative evaluation practices increased.

2. Did the change to the Flexible Service Delivery System (FSDS) influence the numbers of students made eligible for special education services under the category of Specific Learning Disability (SLD)?

To answer this question, data were requested and received from the Illinois State Board of Education. These data consisted of the number of total students enrolled, the number of special education students, and the number of students receiving services under the category of specific learning disability. These numbers were collected for the county from 1994 through 2008. Table 2 displays the percentages students with the eligibility of specific learning disability.

Table 2

*Specific Learning Disability Prevalence Rates in the Cooperative*

<table>
<thead>
<tr>
<th>Year</th>
<th>% SLD in special education population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td>46.10%</td>
</tr>
<tr>
<td>1995</td>
<td>43.17%</td>
</tr>
<tr>
<td>1996</td>
<td>39.89%</td>
</tr>
<tr>
<td>1997</td>
<td>41.55%</td>
</tr>
<tr>
<td>1998</td>
<td>43.35%</td>
</tr>
<tr>
<td>1999</td>
<td>44.69%</td>
</tr>
<tr>
<td>2000</td>
<td>47.15%</td>
</tr>
<tr>
<td>2001</td>
<td>48.55%</td>
</tr>
<tr>
<td>2002</td>
<td>46.17%</td>
</tr>
<tr>
<td>2003</td>
<td>44.06%</td>
</tr>
<tr>
<td>2004</td>
<td>43.48%</td>
</tr>
<tr>
<td>2005</td>
<td>41.46%</td>
</tr>
<tr>
<td>2006</td>
<td>38.97%</td>
</tr>
<tr>
<td>2007</td>
<td>36.13%</td>
</tr>
<tr>
<td>2008</td>
<td>35.74%</td>
</tr>
</tbody>
</table>
The data show that the percentage of students made eligible for a specific learning disability decreased steadily after 2001 (48.55%-35.74%). Because the Flexible Service Delivery System (FSDS) was implemented in all of the special education cooperative's districts before or during 2002, this may indicate that the use of FSDS decreased the percentage of students made eligible for specific learning disability.

3. How do prevalence figures from the special education cooperative compare to the state figures?

To answer this question, prevalence rates for the state of Illinois were collected from the Illinois State Board of Education. The data collected consisted of the number of total students enrolled, the number of special education students, and the number of students receiving services under the category of specific learning disability. These numbers were collected for the state of Illinois and the target county from 1994 through 2008. Table 3 displays the percentages of special education students and the percentage of students with the eligibility of specific learning disability.
Table 3

Special Education and Specific Learning Disability Prevalence Rates for the State and the Cooperative.

<table>
<thead>
<tr>
<th>Year</th>
<th>County: % special education in total population</th>
<th>State: % special education in total population</th>
<th>County: % SLD in special education population</th>
<th>State: % SLD in special education population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td>13.66%</td>
<td>12.36%</td>
<td>46.10%</td>
<td>48.20%</td>
</tr>
<tr>
<td>1995</td>
<td>14.81%</td>
<td>12.24%</td>
<td>43.17%</td>
<td>48.89%</td>
</tr>
<tr>
<td>1996</td>
<td>14.47%</td>
<td>12.10%</td>
<td>39.89%</td>
<td>52.18%</td>
</tr>
<tr>
<td>1997</td>
<td>14.02%</td>
<td>12.00%</td>
<td>41.55%</td>
<td>50.24%</td>
</tr>
<tr>
<td>1998</td>
<td>14.39%</td>
<td>11.94%</td>
<td>43.35%</td>
<td>53.10%</td>
</tr>
<tr>
<td>1999</td>
<td>14.86%</td>
<td>11.93%</td>
<td>44.69%</td>
<td>54.24%</td>
</tr>
<tr>
<td>2000</td>
<td>14.64%</td>
<td>11.79%</td>
<td>47.15%</td>
<td>55.40%</td>
</tr>
<tr>
<td>2001</td>
<td>14.90%</td>
<td>11.72%</td>
<td>48.55%</td>
<td>56.85%</td>
</tr>
<tr>
<td>2002</td>
<td>16.06%</td>
<td>12.09%</td>
<td>46.17%</td>
<td>56.81%</td>
</tr>
<tr>
<td>2003</td>
<td>16.63%</td>
<td>11.67%</td>
<td>44.06%</td>
<td>57.50%</td>
</tr>
<tr>
<td>2004</td>
<td>17.53%</td>
<td>11.77%</td>
<td>43.48%</td>
<td>57.18%</td>
</tr>
<tr>
<td>2005</td>
<td>17.55%</td>
<td>11.73%</td>
<td>41.46%</td>
<td>56.68%</td>
</tr>
<tr>
<td>2006</td>
<td>18.10%</td>
<td>11.78%</td>
<td>38.97%</td>
<td>56.29%</td>
</tr>
<tr>
<td>2007</td>
<td>17.41%</td>
<td>11.81%</td>
<td>36.13%</td>
<td>54.29%</td>
</tr>
<tr>
<td>2008</td>
<td>18.67%</td>
<td>11.79%</td>
<td>35.74%</td>
<td>52.02%</td>
</tr>
</tbody>
</table>

These data show that from 1994-2008, the percentage of students receiving special education services was higher in the county (13.66-18.67%) than the state (12.36-11.79%). However, the percentage of students made eligible under the category of specific learning disability was lower in the county (45.55-35.74%) than the state (57.50-48.20%). When investigating the percentage of students made eligible for SLD at the county level after the Flexible Service Delivery System was initiated in 1997, it appears that the numbers of students with this eligibility increased from 1997-2001 (41.55-48.55%), but slowly decreased after 2001 (48.55-35.74%). This trend can also be
observed in the state; showing an increase until 2003 and a slow decline after that time (57.50-52.02%). Although the decrease in specific learning disability eligibility can be seen in the county and the state, the decrease in the county is striking. The percentage in 2008 (35.74%) was the lowest percentage during the 15 years included in this study. The state percentage in 2008 (52.02%), while lower than the percentage in 2003 (57.50%), was still higher than the percentage in 1994 (48.20%).

When comparing the percentages of students who received special education services, the data show that the county increased (13.66-18.67%) while the state remained relatively stable (12.36-11.69%) during the same years. This, in conjunction with the decrease in specific learning disability eligibilities, suggests that the county was utilizing other special education categories to provide services for students.

**Discussion**

Throughout the history of Specific Learning Disability there has been much debate about how to assess and identify students for this category. The purpose of this study was to explore the practices and procedures of a rural Midwestern special education cooperative. The present study used archival student records to determine if traditional or alternative assessment practices were utilized once the alternative Flexible Service Delivery System (FSDS) was piloted in some of the member districts. In addition, data regarding the prevalence rates of specific learning disability were collected from the Illinois State Board of Education. These data were used to determine if FSDS served to decrease the numbers of students made eligible for special education services under the category of specific learning disability.
The first question addressed the assessment practices that were used after the alternative service delivery model was available for use. The data collected in this study suggest that practitioners were increasingly more likely to use the alternative model than the traditional model over time. By 2002, all of the member districts had begun implementing FSDS to some degree. However, some of the school districts had just begun implementing the model and may not have been able to utilize it for the purposes of eligibility determination. The degree of implementation may account for the variability in the percents of assessments that utilized the traditional model to determine eligibility for specific learning disability.

One of the proposed purposes of alternative assessment models such as FSDS was to lower the number of students made eligible for services under the category of specific learning disability. Through the use of the problem solving model, students were to receive interventions prior to evaluation. It was thought that providing interventions would improve the skills of some of the students that would have previously been evaluated for special services, thus lowering the number of evaluations and eligibility determinations. To investigate this idea, data regarding the number of students that received specialized services under the category of specific learning disability were collected. These data showed that the number of students made eligible for SLD decreased in the county, but not in the state, from 2001 to 2003. In 2003, the state also began showing a steady decline in the percentage of SLD students.

From 1997, when FSDS was initiated, to 2001, the county showed an increase in SLD eligibilities. Since many of the member districts were not included in the initial implementation of FSDS, it is unclear whether this increase was due to the new model.
By 2002, all of the member districts had begun using the FSDS to some degree. In schools that had just begun using FSDS, this model may not have been utilized for special education eligibility. Since all assessments were not done using FSDS, it is difficult to determine whether the alternative assessment model was responsible for the decline in specific learning disability eligibilities in the county.

Another observation provided by the data is that, while the percentage of students made eligible under the category of specific learning disability decreased, the percentage of students receiving special education increased during the years included in this study. This increase was not observed in the state as a whole. This suggests that other eligibility categories were utilized to provide services for students. Information detailing the percentages of students made eligible other categories should be collected to determine where the increase occurred.

The results of this study are inconclusive. One can speculate that the use of alternative assessment methods contributed to a decrease in specific learning disability eligibilities; however, it did not decrease the total number of students receiving special education services. More research needs to be conducted to answer the questions posed by the present study. Furthermore, replication of this study in other schools or counties that used alternative assessment methods is recommended. Additional exploration on the topic may also be warranted to help understand the impact of alternative assessment methods on special education eligibility.

Weaknesses and Limitations of the Study
The results of this study have several limitations. One of the most important limitations of this study pertains to the sample from which the data were obtained. Since all of the data were obtained from a predominantly Caucasian, rural, Midwestern special education cooperative, it is unknown if these results would be replicated with another sample.

In addition, the data were limited because the files were gathered from archival records. At the time of data collection, the archival records included students that were born from 1987-1990. Students born after 1990 had not been included in the archival records at the time of data collection. The students in the sample were evaluated for special education services between 1994 and 2004, however, these were not the only evaluations conducted during those years. Any number of students grades K-12 may have been evaluated for special education services during those years. Without reviewing all of the active special education files, it is impossible to definitively determine how many students were assessed using the traditional or alternative assessment models. To truly understand the assessment practices during a particular year, all of the students that were evaluated during that year should be included. Ongoing data should be collected as files transition into the archives for a clearer picture of the trends in practice that this cooperative experienced during the transition to the Flexible Service Delivery System (FSDS).

Furthermore, the sample was limited by the stipulation that students graduate from high school with the label of specific learning disability (SLD) to be included in the study. There were numerous subjects excluded from the sample due to the high mobility and drop-out rates in the county. This study also did not include students that were
discontinued from services before graduation. Including the assessment procedures used for students that were discontinued from services or left the county schools before graduation may also increase the clarity of these results.

In addition to the limitations of the sample, the eligibility practices themselves may have been a weakness in this study. The lack of consistency in eligibility practices for SLD has been a long-standing concern in special education research and practice. Due to this concern, it is difficult to determine if the criteria for eligibility were constantly applied within the county. Variations may have existed among the districts within the cooperative or even the buildings within each district. Not only does this weakness confound the results within the county, but the state percentages may have been impacted as well. Comparing the percentages of students with the eligibility of SLD in the county to the state becomes difficult in light of this concern. Researchers should continue endeavors to develop a consistent definition and operationalized criteria for SLD in order to reduce the impact of this variable.
References


A Case Study: SLD Eligibility Practices


August 16, 2010

To Whom It May Concern:

Jennifer Turnbow, who is our intern as a School Psychologist Intern for this school year, does have permission to review the archival special education files for former students. My understanding is that she needs to review them in order to complete her thesis.

If there are any questions or concerns, please contact me at 815-844-7115. We are very pleased to have Jennifer with us again this year.

Sincerely,

Dawn E. Conway, Director

DEC/sp
Appendix B

Gender:

Date of Birth:

Ethnicity:

Date of Initial Evaluation:

Age at Evaluation:

Grade at Evaluation:

Method of Assessment:

Scores and other Relevant Information: