Referral Biases in the Schools

Camela P. Hayes

Eastern Illinois University

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Date
Referral Biases in the Schools

(TITLE)

BY

Camela P. Hayes

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
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YEAR

I HEREBY RECOMMEND THIS THESIS BE ACCEPTED AS FULFILLING
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Referral Biases in the Schools

Camela Hayes

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Abstract

Biases influencing teachers' referral decisions for special education services were examined. Specific biases identified and addressed pertained to students' type of problem behavior, gender and socio-economic status (SES). Subjects included 120 regular elementary school teachers from the western Chicagoland area. A total of 8 vignettes describing a child with varying behavior difficulties, gender and SES, along with 2 questionnaires were utilized. An Analysis of Variance revealed that teachers are less tolerant of students who are disruptive and are more apt to refer them than students with emotional difficulties less overt in their manifestation. The effects of SES on referral decisions approached significance, but gender as well as the interaction among the variables did not sway teachers' perceptions. Results suggest that teachers are frequently unaware of the legal and emotional necessity to refer children suffering from anxiety or depression.
Acknowledgments

Special thanks to my committee members, Dr. J. Michael Havey, Dr. Christine McCormick and Dr. Ronan Bernas. I greatly appreciate their cooperation and patience.

Special thanks is also extended to the participating teachers and school administrators who supported this study.

Finally, Chris, Luna and Wiley are deserving of much gratitude for their constant assistance and sanity-saving good humor.
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Referral Biases in the Schools

Elementary school-aged children are frequently referred to school psychologists by their teachers for various assessment purposes. Behavior deficits and excesses are common explanations as to why referral is necessary. Interestingly, students who are referred for such evaluations tend to share similar extraneous characteristics. Typically they are males who come from families that are low in socio-economic status (SES) and display problems that are externalizing, or disruptive in nature (Brophy & Good, 1974; Gregory, 1977; Podell & Soodak, 1993; Ritter 1989; Safran & Safran 1987).

It seems unlikely that children with the described attributes require the resources of a school psychologist and specialized classes more than their classmates based on the above characteristics alone. However, teachers' referrals almost invariably lead to placement (Algozzine, Christensen, & Ysseldyke, 1982).

There is some question as to whether teacher bias and school psychologists' tendency to concur with educators is partially responsible for commonalities among referred students and their consequent special education placement.
As with most aspects of psychology there is room for error in assessment techniques commonly utilized allowing biases to affect results and eventual decisions. Thus, some children are placed into special education classes unnecessarily. Furthermore female students, children from families that are financially stable and students with internalizing or depression problems maybe overlooked due to the focus that is placed upon males, low SES individuals and externalizing behaviors (Brophy & Good, 1974; Gregory, 1977; Podell & Soodak, 1993; Ritter, 1989; Safran & Safran, 1987).

By law, all students meeting the criteria for special education or school psychology resources are entitled to them, regardless of gender, SES or whether the problem behavior is internalized or externalized in nature. It is important that research be done to determine the degree to which some children are being unfairly targeted, and others are being ignored.

There have been several studies focusing upon the referral rates for children of particular genders and SES's, as well as those exhibiting different types of disordered behaviors. However, they tend to be outdated. That is, most research was performed in the 1970's. In the last twenty to
twenty-five years much has changed, and it is again time to determine teachers' tolerance of specific behaviors identified in children of various backgrounds and attributes. Furthermore, past studies that have investigated referral rates examined the students' gender, SES and displayed behaviors in isolation. That is, no one has combined the three variables and determined teachers' tolerance. In an effort to make research on this topic more realistic, the variables must be combined to discover how their interaction affects potential referral decisions.

This study analyzes the interaction effects of gender, SES and distinct student behaviors on referral rates. The goal of the study was to determine teachers' consideration of such characteristics when deciding to refer a student for a case study evaluation.

Literature Review

In the last decade, special education enrollment has skyrocketed (Gelzheiser, 1990; Ysseldyke, Algozzine, & Thurlow, 1992). Though enrollment is up, resources for children in need continue to be limited. Clearly then, it is important that only those children who cannot learn without assistance be eligible. Thus, there is a great need
to re-examine the referral-to-placement process.

Research demonstrates that the best predictor of special education class placement is teachers' reasons for referral (Algozzine, Christensen, & Ysseldyke, 1982). That is, teachers' perceptions of children correlate almost perfectly with child placement.

Psychologists have offered two alternative explanations for this connection, other than that teachers are typically correct in their judgements of their students. The first is that teacher expectations often presuppose child behavior (Seaver, 1973). That is, a teacher's presumptions and resulting demands on a child are often a precursor to a child's consequential behavior. Although one is likely to argue that a child's behavior should lead to teachers' attitudes, some research has demonstrated the reverse to be true. Thus, the manner in which a teacher treats a child can become a cause of a child's behavior, which can lead to a child's placement into special education courses (Seaver, 1973).

Another explanation as to why a teacher's reason for referral is so closely linked to child placement practices is that psychologists tend to seek out and ultimately find
reasons to substantiate teacher referral decisions (Darley & Gross, 1983; O'Reilly, Northcraft, & Sabers, 1989).

Commonly, this substantiation is termed the "confirmation bias". Psychologists' preconceptions expedite the assessment process, but increase the opportunity for bias interference. Thus, school psychologists confirm the flawed judgments of teachers, which consequently result in children's unnecessary placement into special education courses.

Clearly these factors strongly affecting a child's placement are unsatisfactory. A child's education should transcend teacher biases and school psychologists' confirmatory tendencies. Thus, in scrutinizing the referral-to-placement process, the characteristics by which teachers base their biases of children must be examined, as such prejudices are so powerfully pivotal in placement decisions.

According to previous research, teachers have the least amount of tolerance for students exhibiting externalizing behavior difficulties, resulting in conduct problems being the most common reason for referral (Ritter, 1989; Safran & Safran, 1987). Externalizing behaviors are present when one
acts in an aggressive or disruptive manner. This often includes lying, stealing and/or an impulsive demeanor. In other words, behaviors that are externalized illustrate an under-control of one's inclinations (Achenbach, 1993; Ritter, 1989; Short & Shapiro, 1993). Conduct Disorder as well as Oppositional Defiant Disorder are extreme manifestations of externalizing problems (Achenbach, 1993). With such overt deportment, it is not surprising that most teachers have little tolerance for children whose behaviors are externalizing in nature. Many teachers argue that they have a duty to remove such students from their classrooms, as their pattern of disruptiveness interrupts the educating of their classmates (Safran & Safran, 1987). They claim that the disruptive aspect of externalizing behaviors serves to be the most deleterious and thus inappropriate component for the regular classroom. However, such behaviors often lie outside the clinical range, and are simply annoying. By law, children whose actions are merely annoying are not eligible for special education (Public Law 94-192).

While teachers' arguments for the targeting of children who act out and affect the education of other students may seem somewhat rational, they may be overlooking other
individuals whose needs for special education are just as
great; yet, their behaviors are more internalized (Reynolds,
1990A; Ritter, 1989; Safran & Safran, 1987). Internalizing
difficulties reflect an over-control of one's inclinations
(Achenbach, 1993). That is, children who internalize tend
to be withdrawn and so caught up in their own thoughts that
they fear expressing themselves. Depression and anxiety
disorders are the most common manifestations of
internalizing difficulties (Achenbach, 1993; Reynolds,
1990A; Reynolds, 1990B). Certainly children suffering from
this sort of inwardness may require the aid of special
education teachers and resources as much as those
individuals who externalize. Yet, they are typically not
noticed as their demeanor is marked by quietness and
passivity (Reynolds, 1990A; Reynolds, 1990B). Teachers
frequently appreciate psychologically internal students for
their controllability. They do not realize the daily
struggle these children endure, and thus do not understand
the importance of referring them (Reynolds, 1990A, Reynolds,
1990b). Unless one is overt in his/her problem conduct,
teachers are often unaware that a psychological problem
exists.
Educators' responses to gender parallels that of the externalizing/internalizing issue. Regular classroom teachers tend to provide more attention to their male students, as they are less tolerant of male misbehavior than the behavior of their female counterparts (Gregory, 1977; Ritter, 1989). Female school-aged children are often overlooked, regardless of how overt their actions may be. In fact, a study that assessed the referral rates for males and females with five different types of functioning difficulties, revealed that in four out of five of the cases, males are more likely to be referred than females (Gregory, 1977). Areas of difficulty that reached significance were aggressiveness, withdrawn characteristics, giftedness with mild behavior problems, and arithmetic disability. The only type of functioning difficulty that did not affect male referral rates more than females' was when a reading disability was present. Clearly many teachers are misguided in their reluctance to comprehend the equal severity with which boys and girls endure emotional quandaries.

Still, it is not just behavior types and gender biases that are notable in referral practices. SES is another
variable that contributes to teachers' inferences about their students. Individuals who are raised within low income families are often targeted for special education placement (Brophy & Good, 1974; Podell & Soodak, 1993). Such children are readily noticed, as their appearance is frequently not as fastidious as their classmates from more financially stable families. Furthermore, teachers often claim that they have difficulty understanding these children (Brophy & Good, 1974). That is, low SES students commonly have extremely different backgrounds and family lives than other children or their teachers; thus, they are misunderstood and are targeted for referral. In addition, high and middle SES children may go unnoticed, even when behavior/emotional problems exist. It's possible teachers assume the parents have or will take responsibility, as they are more apt to have the required resources for solving such difficulties. Obviously, this is not always the case, and simply perpetuates a stereotype.

The targeting of some children and ignoring of others is an unethical practice utilized in our educational system. If previously researched referral trends and biases continue to exist today, they must be identified and addressed.
However, it is essential that current data be made available to determine if there is any longer a need for concern.

The following study examines the extent to which a student's gender, SES and type of disordered behavior (separately as well as combined) presently help shape teacher biases and influence referral decisions. Prior research suggests males from low SES families exhibiting externalizing conduct would more likely be referred. Furthermore, it seems probable that females from high SES families displaying internalizing difficulties would be less likely referred. However, predictions beyond this point were not easy to hypothesize as such projections would be based on pure speculation. Past studies had not examined the interaction of gender, SES and problem type variables, provoking an interest in where teacher perceptions lie when variables are combined.

Method

Participants

Participants included 120 regular elementary school educators working in the western Chicagoland area, including one school in west Chicago, another in Des Plaines and the entire South Berwyn School District. All three locations
Referral Biases

are typically considered to have middle class/blue collar
and ethnically diverse populations. Subjects taught 1st,
2nd, 3rd, 4th, or 5th grade regular education classes. No
other constraints were required for participation. Upon
receiving permission from school principals, this
experimenter recruited teachers at faculty meetings. Eight
completely randomized groups (one for each variable
combination) consisting of 15 teachers each were created.

Materials

Eight vignettes were developed by this experimenter
(one for each variable combination or subject group). Each
described a child eight years of age who was having
difficulties in the regular classroom setting. However,
each vignette portrayed different specifics regarding the
gender, SES, and type of disordered behavior exhibited by
the student. The child was characterized in the following
manner:

Vignette 1-- male, low SES, externalizing behaviors
Vignette 2-- female, low SES, externalizing behaviors
Vignette 3-- male, high SES, externalizing behaviors
Vignette 4-- female, high SES, externalizing behaviors
Vignette 5-- male, low SES, internalizing behaviors
Vignette 6-- female, low SES, internalizing behaviors
Vignette 7-- male, high SES, internalizing behaviors
Vignette 8-- female, high SES, internalizing behaviors

(For examples of vignettes see Appendix A).

Gender was made clear via the names given to the child in the vignette. The names "Bob" and "Susan" were unambiguous in determining gender. SES was indicated by describing a child who "attended Head Start and is given free lunch" or "comes from what appears to be a financially stable and middle class family". Externalizing and internalizing behaviors portrayed were taken from descriptors on the appropriate scales of the Child Behavior Checklist (CBCL) (Achenbach, 1982). The CBCL is widely known for its excellent validity and reliability in determining the existence of externalizing and internalizing behaviors (McConaughy, 1985). A t-score of 70 obtained on the CBCL is indicative of clinically significant problem behavior, yet is just above the borderline range. Thus, the conduct of the child described equals that of a t-score of 70 on the CBCL. Characteristics necessary for reaching clinical range are as follows:
Externalizing

1. argues a lot
2. bragging, boasting
3. cruelty, bullying
4. demands a lot of attention
5. destroys things belonging to others
6. disobedient at school
7. gets in many fights
8. showing off
9. stubborn or irritable
10. sudden changes in mood or feelings
11. talks too much
12. teases a lot
13. temper tantrums or hot temper
14. unusually loud

Internalizing

1. refuses to talk
2. secretive, keeps things to self
3. shy or timid
4. stares blankly
5. self conscious, easily embarrassed
6. nervous, high strung or tense
7. feels he/she has to be perfect
8. feels too guilty

Each of the above attributes was discussed in the appropriate vignettes. Other than problem type, gender and SES, all other aspects of the eight vignettes remained identical.

Each teacher received one vignette and one questionnaire consisting of five questions, where answers were expressed via a rating on a Likert-type five point scale. A complete list of the questions asked of the teachers are as follows:

1. To what degree do you believe Bob's/Susan's behavior is age inappropriate?
2. To what degree do you believe Bob's/Susan's behavior problems are severe?
3. To what degree do you believe that further intervention is warranted?
4. To what degree do you believe Bob/Susan should be referred for a comprehensive case study
evaluation?

5. To what degree do you believe that Bob/Susan should be placed in special education courses?

Questions 1, 2, 3 and 5 were used as fillers to avoid any guessing of the hypothesis by teachers. Only question number 4 was used for the purposes of this study and served as the dependent variable. A high score indicated one’s extreme likelihood to begin the referral process. A low score reflected a teacher’s extreme unlikeliness to refer the child.

A follow-up questionnaire, serving as a reliability check, was administered consisting of open ended questions. They are as follows:

1. What inferences did you draw about Bob/Susan based on the information provided in the vignette?

2. What traits, attitudes or behaviors exhibited by Bob/Susan concerned you the greatest?

3. If Bob/Susan were currently in your classroom, what actions would you take?

(For examples of question forms see Appendix B).
Procedure

Initially a pilot study was conducted on 30 teachers recruited at an elementary school faculty meeting. Its purpose was to determine the effectiveness of the vignettes as well as the questions. Responses to the pilot study indicated that the independent variables were stated with satisfactory strength. That is, the results demonstrated that the type of behavior exhibited by the described child (internalizing or externalizing) significantly affected the teachers’ referral decisions, and that gender and SES variables were showing a pattern approaching significance. It was believed that with a greater number of subjects gender and SES would have a significant impact on teachers' perceptions.

Following the pilot study, 120 teachers received vignettes and completed the two question forms (the questionnaire and follow up) at faculty meetings. Consistency between teacher's responses on question number 4 of the first question form (inquiring one's likelihood to refer the child for a case study evaluation) and responses to the open ended questions were assessed for consistency. Ratings from question number 4 on the first questionnaire
were tallied and a 2 X 2 X 2 Analysis of Variance was performed. The results revealed the degree to which teachers were likely to refer children based on gender, SES and problem behavior types.

Results

Responses on the two question forms were fairly consistent, increasing the study's reliability. Out of the 84.2% of subjects who answered the open-ended questions, 96% gave written responses that were consistent with their choice on question number 4 of the rating form.

Results of a 2 x 2 x 2 ANOVA examining the main and interaction effects of behavior type, gender and SES on teacher referral decisions, indicate students' type of behavior significantly influences teachers' likelihood to make referrals for special services or a psychological assessment ($F = 12.618, p < .001$). That is, teachers are more likely to refer a child who is exhibiting externalizing or acting out behaviors than a student who suffers from internalizing difficulties or withdrawal. This is consistent with previous research assessing teachers' tolerance of students with overt conduct problems (Ritter, 1989; Safran & Safran, 1987). However, an examination of
the mean scores for the likelihood of teacher referral of externalizing ($M = 3.60$) and internalizing students ($M = 3.27$) suggests that the difference is not all that meaningful.

Gender and SES do not have a significant impact on referral practices, although SES demonstrates a pattern approaching significance at the .05 level ($F=3.894, p < .051$). Still, this study could not replicate previous studies' results, confidently indicating that teacher perceptions of children and their biases are shaped by students' SES (Brophy & Good, 1974; Podell & Soodak, 1993). Also, it does not substantiate claims that teachers display less tolerance for male misbehavior than female (Gregory, 1977; Ritter, 1989). Furthermore, SES and gender do not have an interaction effect when combined with the behavior variable.

Discussion

The inconsistencies between this study and previous work may be the result of enlightened teachers whose perceptions are no longer influenced by the gender and SES of their students. It is also possible that teachers working in western Chicago are more tolerant of these
attributes than teachers elsewhere due to the extreme diversity of the area. Perhaps educators working in a more homogenous area would have responded differently, suggesting that the sample in this study did not represent the population at large, was too small and limited in its coverage. Thus, it may be inappropriate to generalize the results of this study to locations outside of western Chicago.

Another possibility for the discrepancy between this study's results and previous examinations may be due to this study's lack of established reliability in its measures. However, this is unlikely. Responses on the two question forms were fairly consistent, increasing the study's reliability.

Although the independent variables could have been stated more strongly, as the pilot study suggested; it is unlikely that congruency between this and previous studies' findings would have resulted. Any greater emphasis or explicit description of the child's gender and SES would have read awkwardly to teachers and given them insight into the study's hypotheses.

Informal observations and discussions with the subjects
following their participation suggest that the greatest weakness of the study and explanation for its inconsistent results with past studies relates to the teachers' inability to personalize the vignettes and treat them as real situations. That is, the teachers did not necessarily answer the questions similarly to the way they would respond if they actually knew the child. Rather, the subjects tended to answer the questions the way they thought they should respond. In short, the study measured teachers' knowledge of bias interference, instead of assessing their actual biases. It is possible that video taped vignettes or a direct observational method would have increased the realism of the situations for teachers and safeguarded against this problem.

While it is pleasing to know that teachers are aware that it is unethical to allow a child's gender and SES to contribute to biases, it is unfortunate that so many are misinformed about the necessity to refer students with internalizing difficulties. That is, children with problems that are internalized frequently need special services as much as those children who act out. However, without formal exploration, a discussion of teacher's knowledge and
awareness of internalizing/externalizing issues is premature and based only on speculation.

Future studies may want to research this topic, but in the interim educators should be made aware of the importance of identifying and referring students with internalizing difficulties.
References


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Albany: State University of New York Press.


Appendix A

Vignette Sample 1

Bob is an eight year old student at Roosevelt Elementary School. Though he can be attentive and gentle one moment, he is throwing a temper tantrum the next. Bob requires a great deal of attention from his teacher and frequently speaks out loudly, disrupting the classroom learning environment. He is very argumentative and disobeys his teacher's requests to quiet his voice or to stop talking. Bob's teacher has tried to reason with him, but he's easily irritated and quite stubborn. At recess Bob often brags of breaking children's pencils and teases the girls. Sometimes he becomes physical and pushes other children if they do not share their jump ropes and balls. Though little information about Bob's home life is available, it is known that he attended Head Start and is given free lunch. Bob's teacher is uncertain of the proper course of action, but knows that something must be done.
Vignette Sample 2

Susan is an eight year old student at Roosevelt Elementary School. She is very shy and secretive. Sometimes she refuses to talk when asked questions. She responds by either staring blankly or becoming extremely embarrassed. Susan works hard at her school work, but insists that it be perfect. When others around her are disciplined she becomes very nervous and tense. When asked about her nervousness she explains that she feels guilty when her classmates get in trouble. Though little information about Susan's home life is available, she comes from what appears to be a financially stable and middle class family. Susan's teacher is uncertain about the proper course of action, but knows something must be done.
Vignette Sample 3

Susan is an eight year old student at Roosevelt Elementary School. Though she can be attentive and gentle one moment, she is throwing a temper tantrum the next. Susan requires a great deal of attention from her teacher and frequently speaks out loudly, disrupting the classroom learning environment. She is very argumentative and disobeys her teacher's requests to quiet her voice or to stop talking. Susan's teacher has tried to reason with her, but she's easily irritated and quite stubborn. At recess Susan often brags of breaking children's pencils and teases the boys. Sometimes she becomes physical and pushes other children if they do not share their jump ropes and balls.

Though little information about Susan's home life is available, it is known that she attended Head Start and is given free lunch. Susan's teacher is uncertain of the proper course of action, but knows that something must be done.
Vignette Sample 4

Bob is an eight year old student at Roosevelt Elementary School. Though he can be attentive and gentle one moment, he is throwing a temper tantrum the next. Bob requires a great deal of attention from his teacher and frequently speaks out loudly, disrupting the classroom learning environment. He is very argumentative and disobeys his teacher's requests to quiet his voice or to stop talking. Bob's teacher has tried to reason with him, but he's easily irritated and quite stubborn. At recess Bob often brags of breaking children's pencils and teases the girls. Sometimes he becomes physical and pushes other children if they do not share their jump ropes and balls. Though little information about Bob's home life is available, he comes from what appears to be a financially stable and middle class family. Bob's teacher is uncertain of the proper course of action, but knows that something must be done.
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Vignette Sample 6

Susan is an eight year old student at Roosevelt Elementary School. She is very shy and secretive. Sometimes she refuses to talk when asked questions. She responds by either staring blankly or becoming extremely embarrassed. Susan works hard at her school work, but insists that it be perfect. When others around her are disciplined she becomes very nervous and tense. When asked about her nervousness she explains that she feels guilty when her classmates get in trouble. Though little information about Susan's home life is available, it is known that she attended Head Start and is given free lunch. Susan's teacher is uncertain about the proper course of action, but knows something must be done.
Vignette Sample 7

Bob is an eight year old student at Roosevelt Elementary School. He is very shy and secretive. Sometimes he refuses to talk when asked questions. He responds by either staring blankly or becoming extremely embarrassed. Bob works hard at his school work, but insists that it be perfect. When others around him are disciplined he becomes very nervous and tense. When asked about his nervousness he explains that he feels guilty when his classmates get in trouble. Though little information about Bob's home life is available, it is known that he attended Head Start and is given free lunch. Bob's teacher is uncertain about the proper course of action, but knows something must be done.
Vignette Sample 8

Bob is an eight year old student at Roosevelt Elementary School. He is very shy and secretive. Sometimes he refuses to talk when asked questions. He responds by either staring blankly or becoming extremely embarrassed. Bob works hard at his school work, but insists that it be perfect. When others around him are disciplined he becomes very nervous and tense. When asked about his nervousness he explains that he feels guilty when his classmates get in trouble. Though little information about Bob's home life is available, he comes from what appears to be a financially stable and middle class family. Bob's teacher is uncertain about the proper course of action, but knows something must be done.
Appendix B

Please answer the questions using the following scale:

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<td>Possibly</td>
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1. To what degree do you believe Bob's behavior is age inappropriate?  ____

2. To what degree do you believe Bob's behavior problems are severe?  ____

3. To what degree do you believe that further intervention is warranted?  ____

4. To what degree do you believe Bob should be referred for a comprehensive case study evaluation?  ____

5. To what degree do you believe that Bob should be placed in special education courses?  ____
Please write a brief answer to the following question:

1. What inferences did you draw about Bob based on the information provided in the vignette?

2. What traits, attitudes or behaviors exhibited by Bob concerned you the greatest?

3. If Bob were currently in your classroom, what actions would you take?

Thank you for your participation.
Please answer the questions using the following scale:

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1. What inferences did you draw about Susan based on the information provided in the vignette?

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