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The University of San Francisco

AN EXPLORATION OF PRIMARY LEVEL (K-2)
SPECIAL EDUCATION PRACTICES
IN THE CATHOLIC ELEMENTARY SCHOOL

A Dissertation
Presented to
The Faculty of the School of Education
Department of Leadership Studies
Catholic Educational Leadership Program

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Education

by
Anna Teruel McDonald
San Francisco
December 2008

This dissertation, written under the direction of the candidate's dissertation committee and approved by the members of the committee, has been presented to and accepted by the Faculty of the School of Education in partial fulfillment of the requirement for the degree of Doctor of Education. The content and research methodologies presented in this dissertation represent the work of the candidate alone.

Anna Teruel McDonald, Candidate

Date

Dissertation Committee

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Date

Brother Raymond J. Vercruysse, CFC, Ed.D.

Date

Lanna Andrews, Ph.D.

Date

DEDICATION

I dedicate this dissertation

to my family,

Robert, Isabel, and Charlie McDonald

and to all students who struggle
with learning disabilities and special needs
who have inspired in me a love of learning,
the passion to work hard,
and a curiosity to know.

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It is with profound gratitude and love that I express my appreciation to all who have accompanied me on this doctoral journey. This dissertation has been a labor of love and is inspired by my beautiful family, faithful friends, supportive colleagues, and my incredible students. The wisdom and insights I have gained as a result of these years of study reach far beyond me as an individual; rather, they are shared by the many remarkable people who have loved, nurtured, assisted, and challenged me along the way.

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I hope that this dissertation and subsequent gifts to the ministry of education, will provide a good return on the personal, professional, and financial investments made in me by so many people throughout this doctoral journey. With love in my heart and my sincere gratitude I say, "Thank you," for giving me the opportunity to learn, to grow, and serve.

TABLE OF CONTENTS

LIST OF TABLES.....	iv
LIST OF FIGURES.....	vi
CHAPTER I: RESEARCH PROBLEM.....	1
Statement of the Problem.....	1
Purpose of the Study.....	4
Background and Need.....	4
Conceptual Model.....	8
Research Questions.....	10
Limitations.....	11
Significance.....	14
Definition of Terms.....	17
CHAPTER II: REVIEW OF THE LITERATURE.....	20
Restatement of the Problem.....	20
Overview.....	21
The Complex Nature of Learning Disabilities (LD).....	21
Academic Implications of Learning Disabilities (LD).....	29
Critical Perspectives in the Field.....	32
Summary.....	34
Inclusion as an Academic Intervention and Educational Support.....	35
Early Intervention and Early Childhood Special Education.....	38
Response-to-Intervention.....	45
Summary.....	49
Preparation of Special Education Teachers for Catholic Education.....	50
Summary.....	55
Special Education and the Catholic School.....	55
Summary.....	63
CHAPTER III: METHODOLOGY.....	65
Restatement of the Problem.....	65
Research Design.....	65
Population.....	67
Instrumentation.....	71
Validity.....	73
Reliability.....	75
Data Collection.....	77

Data Analysis.....	78
Qualifications of the Researcher.....	81
CHAPTER IV: RESULTS.....	82
Restatement of the Problem.....	82
Findings of the Survey.....	82
Demographics.....	82
Survey Sections 1 Through 5.....	86
CHAPTER V: CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS.....	109
Restatement of the Problem.....	109
Overview of the Study.....	110
Major Findings and Conclusions.....	112
Demographics.....	112
Research Questions 1 Through 5.....	112
Implications.....	118
Recommendations for Future Research.....	122
Recommendations for Practice.....	124
Diocesan Education Offices.....	124
Catholic Institutions of Higher Institutions.....	125
Elementary Catholic School Principals.....	126
Elementary Catholic School Faculty and Staff.....	127
Other Related Groups.....	128
Closing Remarks.....	128
REFERENCES.....	130
APPENDICES.....	141
APPENDIX A	
Summary of Research Findings.....	142
APPENDIX B	
Survey Instrument.....	145
APPENDIX C	
Permission from IRBPHS.....	153
APPENDIX D	
Permission from Superintendent.....	155

APPENDIX E	
E-mail Communication to Principals.....	157
APPENDIX F	
Cover Letter to Principals.....	159
APPENDIX G	
Student Successful Form 2007.....	161
APPENDIX H	
Validity Panel Matrix.....	163
APPENDIX I	
E-mail Communication to Validity Panel Members.....	165
APPENDIX J	
Cover Letter to Validity Panel Members.....	167
APPENDIX K	
Validity Evaluation Form.....	169
APPENDIX L	
Validity Panel Checklist.....	175
APPENDIX M	
E-mail Communication to Reliability Participants.....	177
APPENDIX N	
Cover Letter to Reliability Participants.....	179
APPENDIX O	
Cover Letter to Reliability Participants Retest Phase.....	181
APPENDIX P	
Permission from Study Participants.....	183
APPENDIX Q	
Participant Bill of Rights.....	186
APPENDIX R	
Letter of Encouragement to Participants.....	188
APPENDIX S	
Table of Means and Standard Deviations.....	190

LIST OF TABLES

1	Major Findings from Research Programs Supported by the National Institute of Child Health and Human Development (NICHD).....	28
2	Percentage of Students Age 6 Through 21 With Disabilities Served in Different Educational Environments 1999-2000.....	33
3	A Summary of the Benefits and Limitations of Response-to-Intervention by the National Center for Learning Disabilities (NCLD).....	48
4	A Summary of the Individuals with Disabilities Education Act (IDEA) 2000 Applied to Catholic Schools.....	62
5	Correlation of Categories Found Between Research Questions and Survey Items.....	66
6	Percentage of Agreement Broken Down by Survey Subsections and Reported as Range of Percentages and Median Percentage.....	77
7	Demographic Characteristics of Teacher Participants.....	83
8	Frequencies of Identified, Suspected or Diagnosed LD for Total Participants....	88
9	Identification of Suspected or Diagnosed LDs by Kindergarten Teachers.....	90
10	Identification of Suspected or Diagnosed LDs by First Grade Teachers.....	91
11	Identification of Suspected or Diagnosed LDs by Second Grade Teachers.....	92
12	Identification of Suspected or Diagnosed LDs by Specialists and Support Personnel	93
13	Frequency of Types of Ed. Support Programs by Total Teacher Group.....	95
14	Frequency of Types of Educational Support Programs by Grade Level.....	96
15	Frequency of Types of Educational Support Programs by Specialists.....	97
16	Mean Scores of Academic Interventions Items #22-38.....	99
17	Mean Scores of Academic Interventions Items #39-43.....	99

18	Mean Scores of Academic Interventions Items #44-60.....	100
19	Mean Scores of Academic Interventions Items #61-70.....	100
20	Implemented Special Education Interventions According to Grade Level.....	102
21	Perceptions of Preparedness for Teacher Roles for the Total Teacher Group ...	104
22	Perceptions of Preparedness Based on Type of Preparation Completed.....	106
23	Frequency of Teacher Positions and Credentials for the Total Teacher Group...	107

LIST OF FIGURES

1	Number of preschoolers receiving services under IDEA during the 1992-93, 1996-97, and 200-01 school years.....	43
2	Percentage of participating diocesan schools according to county.....	85

CHAPTER I

THE RESEARCH PROBLEM

Statement of the Problem

Special education is a field that has evolved and rapidly grown over the last 40 years. The December, 2004, reauthorization of the Individuals with Disabilities Education Act (IDEA) of 1975, now known as the Individuals with Disabilities Education Improvement Act (IDEIA), has impelled many in Catholic education to direct their focus on special education (Council for American Private Education, 2004; DeFiore, 2006; Long & Shuttloffer, 2006; United States Catholic Conference of Bishops [USCCB], 2004). In 1975, IDEA (also known as PL94-142) specified that all children, including those with disabilities formerly excluded from school, were entitled to a free and appropriate public education (commonly known as FAPE). This law surpassed any previous legislation in specifying that students with disabilities were to be educated to the greatest extent possible in the general education classroom. Since the passage of IDEA, considerable progress has been made toward meeting major national goals for developing and implementing effective programs and services for early intervention, special education, and related services. Today, early intervention programs and services are provided to almost 200,000 eligible infants and toddlers and their families (Coleman, Buysse, & Neitzel, 2006; Fuchs & Fuchs, 2006) while nearly six million school-age children receive special education and related services to meet their individual academic needs (Fuchs & Fuchs, 2006; USCCB, 2002, Vaughn & Fuchs, 2003).

IDEIA goes even further and establishes a highly specific and qualified standard for special education in all schools. For students with special needs or learning

disabilities (LD), who are enrolled in Catholic schools, neither IDEA nor IDEIA guarantee funds, resources, services, or academic support. Therein lies the dilemma for Catholic education. Legally, such Catholic school children are entitled to their share of IDEIA funds as a group, through services provided by the public schools. However, one caveat remains: there are no individual entitlements. DeFiore (2006) noted, “Parents of such children are confronted with a hard choice: enroll in a Catholic school and possibly forego essential rights and services for their child or enroll in a public school and retain those rights and services” (pp. 462-463). Consequently, the increased demand for special education services continues to exceed the resources available in Catholic elementary schools.

Learning disabilities (LD) is an umbrella term coined by Samuel Kirk in 1963. Today, it is often used to describe a collection of learning problems or to refer to a group of individuals with average or above average intelligence who, nonetheless, have difficulties with academic tasks such as reading, writing, processing information, oral language, written language and logic or problem solving (Mastropieri & Scruggs, 2004). In other words, there is an occurrence of unexpected underachievement. Students with learning disabilities are highly represented in general education classes, as LD is the largest single disability area. A recent study by the USCCB (2002) found that 7% (approximately 185,000) of the nearly 2.6 million students enrolled in Catholic schools have learning disabilities.

Clearly, it is essential that children with learning disabilities are properly identified. Likewise, it is imperative that measures be taken to ensure that these children have the proper health care and educational interventions and resources at the earliest point for

intervention, specifically in the primary grades. Few studies have investigated special education at the primary level and even less have focused on Catholic education (DeFiore, 2006; Dudek, 2000; Long & Shuttloffel, 2006; Weaver & Landers, 2002).

While the challenges for public schools in special education are substantial, those facing Catholic educators have additional dimensions. With limited federal funding, resources or support, Catholic elementary schools face these issues in a very unique manner. For example, most Catholic schools have large class sizes, limited specialized training for teachers (Brown & Celeste, 2006) and very limited resources. The seminal work of Dudek (1998) revealed that many Catholic school educators feel deficient when they themselves cannot help a child or group of children who have special education needs. In Catholic elementary schools, very few teachers who are assigned special education or resource classes have had formal preparation to teach special education. Even fewer hold specialized degrees or credentials in special education (Long & Shuttloffel, 2006; USCCB, 2002). Lyon and Fletcher (2001) suggested that the present mode of preparing teachers of special education is limited in scope and must be revamped. “A large body of evidence shows that teachers get weak training in individual learning differences and learning disabilities” (p. 29).

The need for special education personnel has grown, and is recognized as a national area of need (Brown & Celeste, 2006). All of these issues further exacerbate the situation and make it especially difficult to serve students with learning differences, special needs, and other health impairments, in the regular classroom setting of the Catholic elementary school (DeFiore, 2006; Dudek, 2000; Long & Shuttloffel, 2006, Weaver & Landers, 2002).

Purpose Statement

The purpose of this study sought to investigate the types of learning disabilities identified in primary level (K-2) students and the interventions that are implemented for the students of Catholic elementary schools located in an urban diocese in northern California. In addition, this study explored the extent to which Catholic elementary schools provide support programs and implement academic interventions for students with learning disabilities at the primary level (K-2). This study explored the roles of the primary level classroom teacher, the resource specialist, and other support personnel working in Catholic elementary schools of an urban diocese located in northern California, relative to the implementation of educational support for primary level students with suspected or diagnosed learning disabilities. Finally, the extent and types of teacher preparation in the area of special education were examined.

Background and Need

Approximately 5% of all school-age children are classified as having learning disabilities (United States Department of Education, 2000). This percentage represents close to half of all students requiring special education services in schools, which constitutes a 22% increase from a quarter century ago. Today, LD is the most frequently identified class of disabilities (Lyon et al., 2001; USDE, 2000). Other students who receive special education services and were categorized in the same group, include the physically handicapped, the mentally challenged, and those with other more severe health impairments. Lyon and Fletcher (2001) reported that since Congress first mandated in 1976 that all public schools document children with learning disabilities, the percentage of students identified with learning disabilities has risen from 1.8% to 5.2%. Indeed, LD

remains one of the least understood and the most debated disabling conditions affecting school-age children today. Disagreements remain about the definition and categorization of LD, the diagnostic criteria and assessment practices used for identification of LD, the instructional interventions and strategies utilized, and the policies and legal requirements surrounding the identification and education of students with LD (Lyon, et al., 2001, Kavale & Forness, 2000a).

Research reveals that by the year 2000, Catholic schools were serving students with special needs in all disability categories (USCCB, 2002). Today, approximately 7% of all students enrolled in Catholic schools “have been diagnosed by a qualified, licensed, trained professional as having a disability” (p. 4). Of these children, less than 1% “receive services funded by IDEA” (p. 4). The majority of the cost for providing special education services in Catholic schools is provided by parents. Thirty-four percent of all services provided to such students is supported by tuition; only 13% is funded by federal funds, while state and local governments fund the remaining costs (USCCB, 2002). Such statistics make a strong case for continued research in the field of special education and learning disabilities, and particularly in the Catholic school.

Following the broader political trends toward equity in secular society, individuals with special needs now seek full participation in Catholic educational institutions and programs. While the research of Long and Schuttloffel (2006) noted that some practical barriers may exist for the comprehensive implementation of the inclusion model in Catholic elementary schools, their study presented a rationale for augmenting educational opportunities for students with special needs within Catholic schools.

In the spirit of Jesus Christ, parochial schools are committed to serving students with special needs. Over the past 100 years, American Catholic Bishops have published many documents to clarify and strengthen the Church's position on social justice issues. Several of these documents specifically address issues of disability (National Conference of Catholic Bishops [NCCB] 1998; USCC, 1978; USCCB, 2002). The pastoral statement of the American Catholic Bishops on people with disabilities (USCC, 1978) called upon the laity to "reexamine their attitudes toward their handicapped brothers and sisters and promote their well-being, acting with the sense of justice and compassion that the Lord so clearly desires" (p. 267). In addition, the American Catholic Bishops reiterated their continued support in this area:

We the bishops now designate ministry to people with disabilities as a special focus for the National Conference of Catholic Bishops...This represents mandate to each office and secretariat, as it develops its plans and programs, to address the concerns of individuals with disabilities. (p. 32)

This commitment is part of the educational ministry of the Church (NCCB, 1972; USCCB, 2002). More recently, the bishops applauded "the increasing number of our [Catholic] school administrators and teachers who have taken steps to welcome these children [with disabilities] and others with special needs into our Catholic schools" (USCCB, 2005, p. 7). Hence, the Catholic educational tradition offers a powerful rationale for the inclusion model in Catholic elementary schools (Schuttloffel, 2006).

Readings on Jesus' life's work yield valuable insights into fundamental Roman Catholic doctrine and provide a focus for this study. Jesus, the ultimate teacher, exemplified in his own ministry the responsibility of people to serve those who are

marginalized by society. Schurter (1994) wrote that Jesus never turned away people in need and, often, sought them out. This point clearly speaks to the mission of Catholic education. It is evident that Catholic schools must provide full participation and opportunities for students with learning disabilities. Consequently, special efforts must be made to serve students with learning disabilities in Catholic elementary schools.

While learning disabled students represent a significant population in Catholic elementary schools, research on current special education services reveal some concerns. The most common special education interventions employed by parochial schools are pull-out resource programs, tutoring, and small group instruction (USCCB, 2002). Although some students will respond to these types of interventions, these interventions are very generic in nature and may not adequately meet the needs of students with different learning disabilities. According to Long and Schuttloffel (2006), while Catholic educators recognize the presence of students with special needs in Catholic schools, special education practices and, in particular, the inclusion of students with learning disabilities within the regular classroom setting continues to be problematic. In Brown and Celeste's 2006 study of special education personnel preparation programs in institutions of Catholic higher education (ICHE) respondents noted that special education positions were generally not offered in Catholic schools, often leading special education graduates to seek public school placement. Each of these issues punctuates the growing problem facing Catholic elementary schools and underscores the need for further research on the topic.

Although there is a vast amount of research regarding special education, there is very little research that is specific to Catholic elementary schools. Further, research

regarding the relationship between early intervention in the primary grades and students with special needs in the Catholic school has been limited. This study intends to examine these issues through the exploration of the current practices of special education in 59 elementary schools of one urban diocese located in Northern California. This particular diocese is comprised of 63 elementary schools. However, three schools have been excluded from the study because they only serve students at the middle-school level. One school has been excluded because the researcher is a faculty member. Findings of this study may provide important knowledge that will add to the scholarly research and the current body of literature on special education in Catholic schools. In addition, this study may offer valuable insights to both public and private educators and administrators.

Conceptual Model

The conceptual model for this study relied on the premise that pre-referral, early intervention is essential to the academic success of students with learning disabilities in the Catholic school. Recent research suggests strongly that early intervention impacts positively on student achievement (Coleman et al., 2006; Fuchs & Fuchs, 2006; Fuchs et al., 2007; Mellard, Deschler, & Barth, 2004). This concept of pre-referral, early intervention is the underlying theory for Coleman, Buysse, and Neitzel's (2006) framework designed to assist schools in early identification and intervention for young children at-risk for learning disabilities. Their program, known as Response to Intervention (RTI), is nationally recognized and was developed in coordination with research from the National Center for Learning Disabilities (NCLD) and the National Association for the Education of Young Children. RTI posits that early intervention is crucial for the success of students with special needs. The RTI framework has utility for

an early intervention approach for students with learning disabilities and provided this researcher a sound context for the concepts explored in this study. In addition, the diocese where the research was conducted recently adopted the RTI protocol for all resource and special education support programs in all 63 of its elementary schools. Only 59 of the 63 total schools were included in the study because three schools did not have primary level students and the researcher is a faculty member of one school.

According to the literature that will be reviewed in the following chapter, one of the catalysts of the profound shift in the identification of learning disabilities is the recognition of early intervention as a best practice (Coleman, Buysse, & Neitzel, 2006; Fletcher, et al., 2002; Johnson, Mellard, Fuchs, & McKnight, 2006; Lyon et al., 2001, Vaughn & Fuchs, 2003). RTI was developed in response to the call for a reconceptualization of how learning disabilities were assessed and identified. Before RTI, the Child Find process, which compared discrepancies in students' intelligence quotients (IQ) with measured academic achievement, was the predominant method used to identify learning disabilities (Bagnato & Neisworth, 1993; Coleman et al., 2006; Fuchs, 2002; Mastropieri & Scruggs, 2004; Meyen, 1996). Lyon et al. (2001) suggested that no definitional element of identification has been so controversial and misapplied. Furthermore, "when employed as the primary criterion for identification of LD, it may well harm more children than it helps" (p. 266). In contrast, the RTI model proposes a pre-referral, early intervention approach.

The major premise of RTI stated that early intervention can prevent serious academic problems for many students who experience learning difficulties and can determine which students actually have learning disabilities, as distinct from those whose

underachievement can be attributed to other factors, such as inadequate instruction or excessive absence. RTI can be distinguished from traditional methods of identifying learning disabilities in that it allows early and intensive interventions based on specified learning characteristics and does not wait for children to fail before providing the necessary services and supports. Findings from the USCCB (2002a) study asserted that the Child Find process called for in IDEA is inconsistent and difficult to access for parents of children in Catholic schools. Even when properly identified, the diagnostic outcomes, evident in the public schools, appear seriously flawed and unreliable. Further, Catholic school children are less likely to be diagnosed with a disability unless parents seek a private evaluation.

This research built upon the framework of the RTI early intervention model and focuses on primary level classrooms (K-2) in Catholic elementary schools. Research in the field (Bagnato & Neisworth, 1993; Odom & McLean, 1996; Shaywitz, 2003; Vanderheyden, 2005) has shown that early intervention has successfully demonstrated to have beneficial results for students with special needs.

Research Questions

The following research questions were investigated in order to examine special education practices at the primary level (K-2) in 59 elementary schools of a large urban diocese located in northern California.

1. What types of suspected or diagnosed learning disabilities emerge among primary level students (K-2) of Catholic elementary schools of the diocese?

2. What educational support programs are offered to support primary level (K-2) students with suspected or diagnosed learning disabilities in Catholic elementary schools of the diocese?
3. What types of academic interventions do teachers of the diocese implement for primary level students (K-2) with suspected or diagnosed learning disabilities?
4. What are the roles of the primary level classroom teacher, the resource specialist and other support personnel of Catholic elementary schools relative to the educational support for K-2 students with suspected or diagnosed learning disabilities?
5. In what ways are teachers of primary level students (K-2) in Catholic elementary schools prepared to teach students with suspected or diagnosed learning disabilities in the regular classroom?

Limitations

The generalizability of this study was limited in scope to K-2 teachers and support personnel of students with learning disabilities (LD). The target population for this study consisted of all faculty and support personnel who have worked with or are presently working with students with LD at the primary level (K-2). To participate in this study, both general and special education teachers needed to have experience with LD students at the primary level. Catholic elementary schools have been inconsistent and have most often utilized the Child Find process, or the discrepancy model, for the identification of students with special needs. Others have set a benchmark age and grade level limit, to initiate academic interventions and/or formal assessment for special needs and learning disabilities (Durow, 2007; United States Conference of Catholic Bishops

[USCCB], 2002).

As the Special Needs/Resource Program of the diocese has undergone major changes, it is likely that at the time of this study, the schools within the diocese were still practicing traditional methods of identifying and serving the learning disabled. Further, there remains no specific data or unifying document kept by the diocese about this population of teachers and their practices. While many schools had well-established Special Needs/Resource Programs, some offered very little, and others nothing at all. Additionally, a great deal of variation existed within the diocese in terms of governance, daily application, and policy and these factors posed limitations for the study. The academic year of 2007-2008, when the study took place was the first year of the updated diocesan-wide Special Needs Program, and additionally was the first adoption year for the three-tiered RTI Protocol. While the Superintendent had trained the Special Needs/Resource teachers in the new protocols, it was improbable to expect all schools, teachers, and support personnel to have initiated all of the changes and be ready to participate. Changes in faculty and teacher assignments may have posed a limitation.

The diversity found within the diocese, was likely to produce great variation between schools, grade levels, and among teacher's perceptions and experiences. Demographic factors of the schools may have influenced the outcomes of the study. For example, schools in more urban, inner-city areas (Title I schools) were likely to produce data that is quite different from data gleaned from more affluent areas or suburban areas. The socioeconomic status of the school community, the allocation of resources, and the unique governance structures (such as the Alliance Schools) might have impacted responses.

The study was limited in scope by the use of the survey instrument. Responses were restricted to the paper and pencil method, allowing neither in-depth responses nor insights into the respondents' motivations. As such, questions for further clarification were not included in the data and no follow-up interviews will take place. The lack of face-to-face contact were a limitation for this study. It is uncertain that the responses reflected actual teacher practices. Because this methodology calls for self-reported data, the rationale behind the responses was unknown.

Responses may have reflected personal convictions over what was actually practiced in the school. Furthermore, because respondents were both special and general education teachers, inconsistency in special education practices was expected. Though confidentiality of responses was guaranteed, respondents may have been hesitant to answer honestly about their school program. Responses were time-bound because they were based on the perceptions of the teachers at the time of their replies. Additionally, the replies may have been affected by the respondent's cultural, economic, or personal backgrounds.

The researcher is a Special Needs/Resource Specialist of a school that is part of the diocese. The researcher has also been a primary level classroom teacher and an elementary school administrator. These factors may have contributed to bias because the researcher has strong positive opinions regarding the inclusion of special education practices and early interventions. Despite the limitations of this methodology, the responses were able to supply data to illuminate the current realities and special education practices in Catholic elementary schools at the primary level (K-2).

Significance

Although an abundance of research in the fields of learning disabilities (LD), Catholic education, and early intervention exists, very little research focuses on LD within Catholic elementary schools. Even less is specific to LD in Catholic elementary schools at the primary level. Because this topic has been largely under-examined in within the field of Catholic education, this study helped to quantify the extent to which Catholic special and general educators perceived that special education practices were integrated into the curriculum and daily practices of their respective schools.

This study adds to the body of research about elementary Catholic schools, special education in Catholic schools, and early intervention in Catholic settings. While debates about inclusive education for students with special needs continue to challenge Catholic educators and parochial schools, an increasing number of students with LD are enrolled in Catholic schools. Schuttloffel (2006) found that “even though Catholic educators recognize that students with special needs have always been present in our schools, often Catholic educators are not participants in special education debates” (p. 441). This study hoped to bridge that gap.

In *Renewing Our Commitment to Catholic Elementary and Secondary Schools in the New Millennium*, the United States Catholic Conference of Bishops (2005) challenged educators to develop a rationale consistent with Catholic theology and the Church’s teaching and applauded the increasing number of [Catholic] school administrators and teachers who have made progress towards the full inclusion of special needs and learning disabled students in their schools. However, Schuttloffel (2006) found that “even though

Catholic educators recognize that students with special needs have always been present in our schools, often Catholic educators are not participants in special education debates” (p. 441). This study endeavored to examine special education practices so that Catholic educators might become more aware and more participants in the current discourse. This research may have provided important knowledge to add to scholarly research and the current body of literature on LD as it affects the education of students with special needs in Catholic schools.

Findings from this investigation could inform educators, parents, and advocates of methods and strategies regarding modification of instruction, and successful interventions that serve LD students within the regular classroom setting of the Catholic elementary school. The study results may aid both special and general educators. In addition, this investigation may be helpful to Catholic school administrators in understanding the extent of the knowledge base of special education of their faculties and support personnel. For the participants in this study, the survey methodology may have helped to draw attention to their best practices and intervention strategies for students with learning disabilities. The results of this study, may provide useful data to Catholic school administrators, school boards, teachers, parents, and advocates so that they might more knowledgeably minister to the special needs of their exceptional students.

In particular, this study assisted the diocese and Superintendent of Catholic Schools because it gathered perceptions from active practitioners in the field. It helped to bring attention to the Special Needs/Resource Program, the current implementation of the new RTI protocol, and early intervention practices of elementary schools within the diocese. The extent to which elementary schools are providing special education services at the

primary level were measured. Therefore, the study provided unifying information and may glean valuable data for both the diocese and the participating schools so that each might more proficiently address the needs of their struggling students.

The next section presents the definition of terms referred to in this study. These definitions include, but are not limited to, special education law and legal statutes, and other terms found in the researcher's review of the literature in the fields of special education, learning disabilities, Catholic education, and early intervention.

Definition of Terms

Adaptation: an adjustment to the delivery of instruction or materials used, rather than modification of the specific content or subject matter. One example is when the classroom environment is adapted to meet the unique learning needs of the student (Dudek, 1998).

ADD/ADHD: “a developmentally inappropriate attention and/or hyperactivity and impulsivity so pervasive and persistent as to significantly interfere with a child’s daily life” (American Academy of Pediatrics, 2004, p.10).

Categorical: a reference to a specific type of special needs or exceptional child – for example, a child that is autistic, blind, hearing impaired, or a behavior disorder such as ADHD (Meyen, 1996).

Child Find: a joint effort organized between individual schools or school districts and other child service agencies to identify children with disabilities or special needs from birth to age 5 (United States Department of Education, 2006).

Differentiation: a form of specialized instruction, in order to meet the diverse needs of students. Differentiation is based on specific student characteristics (Meyen, 1996).

Disabilities: any objective, measurable lack of function or form including both mental and physical applications (Mastropieri & Scruggs, 2004).

Early Intervention (EI): the approach in which comprehensive services are provided to infants and toddlers who are disabled or are at risk of developing a disability. EI is used to establish, identify, and refine current practices with a goal of implementing practices that represent the highest quality or most current research (Odom, 2000). For the purposes of this study, the term early intervention refers to pre-referral intervention, such as RTI, before a student is referred to special education.

Education for All Handicapped Children Act (EHA): also known as PL94-142. A federal law enacted in 1975 to provide all children with disabilities a free and appropriate education in the least restrictive environment; including provisions for definitions, priorities, and procedures (United States Department of Education, 2006).

Free and appropriate education (FAPE): as specified in PL94-142. A requirement, that states in order to receive federal funding, state governments must develop and implement policies that guarantee a free appropriate public education (FAPE) to all children with disabilities (Guarlnick, 2000).

Inclusion: the integration of students with mild, moderate, and severe learning disabilities into the general education classroom. Students are given supplementary

support and additional services to provide individualized or differentiated instruction (Meyen, 1996).

Inclusive education/inclusive classroom: the education of each child, to the maximum extent appropriate, in the school and classroom he or she would attend (Mastropieri & Scruggs, 2004).

Individual With Disabilities Education Act (IDEA): a revision of EHA known as PL101-476 mandated by Congress in 1990. The Education of All Handicapped Children Act, now codified as IDEA (Individuals with Disabilities Education Act) stated states must assure FAPE to all children with disabilities; IDEA includes civil rights provisions previously given to other minority groups (United States Department of Education, 2002).

Individuals with Disabilities Education Improvement Act (IDEIA): also known as PL108-446 mandated by the 108th Congress of the United States in 2004. This is the recent reauthorization of IDEA or the Education of All Handicapped Children Act (United States Department of Education, 2002).

Interventions: any modifications made to the current curriculum, teaching style, and/or classroom environment that take into consideration the special needs and/or specific learning style of a student (Odom & McLean, 1996).

Learning disability (LD): “The term specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, speak, read, write, spell, or to do mathematical calculations” (United States Department of Education, 2006). For the purpose of this dissertation learning disabilities will include those that are suspected or diagnosed.

Least restrictive environment (LRE): as embedded in PL 94-142 is the most appropriate educational placement of a student, which is the closest to the mainstream or regular/general education (Meyen, 1996).

Mainstreaming: the maximum integration of students with special needs or learning disabilities into the regular classroom, with their non-disabled peers. Often coupled with assistance for general education teachers or some pull-out individualized instruction. It can also refer to instructional and social integration (Dudek, 1998).

Mild-to-Moderate: a classification or distinction that describes the severity of a learning disability. This range of severity is the type most often identified and supported in Catholic elementary schools (Durow, 2007.)

No Child Left Behind Act (NCLBA): also known as PL 107-110 as mandated by the 107th Congress in 2001. This law reauthorizes the Elementary and Secondary Education Act (ESEA) in order to “close the achievement gap with accountability,

flexibility, and choice, so that no child is left behind" (United States Department of Education, 2006).

Pull-out: an educational placement option for students with disabilities where specialized instruction takes place in a separate location and or specific period of time. Specialized instruction will often take place on campus in locations commonly referred to the resource room, tutoring room or learning center (Dudek, 2000).

Push-in: an educational placement option for students with disabilities where specialized instruction takes place in the general education classroom. The resource teacher/learning specialist or an instructional aide / paraeducator work collaboratively with the classroom teacher in the regular classroom setting. This placement may also be referred to as mainstreaming or inclusion (Dudek, 2000).

Resource room: an educational placement option for students with disabilities where specialized instruction takes place in a separate location, for a specific period, depending on students' needs (most of the day is spent in the regular classroom); specialized education supports the regular class instruction. The resource teacher collaborates with and supports the classroom teacher (Dudek, 1998).

Regular classroom: a self-contained, multiple-subject classroom for grades K-5 and a departmentalized program for grades 6-8, where students are given the standard-based, age and grade level appropriate curriculum and students are performing at grade-level ability (Mastropieri & Scruggs, 2004).

Special education: any instructional program that is specially or specifically designed to meet the unique educational needs of a student with special needs, learning disabilities, or learning differences (Meyen, 1996).

The terms defined in this section were incorporated in the chapters that follow. In particular, these terms provided a framework and guiding point for the concepts explored more deeply in the next chapter, the literature review.

CHAPTER II

REVIEW OF THE LITERATURE

Restatement of the Problem

A 2002 study by the United States Conference of Catholic Bishops (USCCB) found that 7% (approximately 185,000) of the nearly 2.6 million students enrolled in Catholic schools have learning disabilities (LD). Findings such as this demonstrate it is essential that measures be taken to ensure that these children have the proper educational interventions and resources at the earliest point for intervention, specifically in the primary grades. Few studies have investigated special education at the primary level and even less have focused on Catholic education (DeFiore, 2006; Dudek, 2000; Long & Shuttloffel, 2006; Weaver & Landers, 2002). While the challenges for public schools in special education are substantial, those facing Catholic educators have additional dimensions such as limited federal funding, resources, and support programs.

This study examined special education practices in Catholic elementary schools for students with learning disabilities at the primary level (K-2) in one urban diocese located in northern California. It investigated the types of suspected and diagnosed learning disabilities (LD) found in primary level students and measured the extent to which Catholic elementary schools provide support programs and implement academic interventions. This study explored the roles of the primary level classroom teacher, the resource specialist, and other support personnel relative to the implementation of educational support for primary level students with learning disabilities. Finally, the extent and types of teacher preparation in the area of special education were examined.

Overview

This review of the literature was designed to provide the reader with the research on special education and learning disabilities, interventions for students with learning disabilities, pre-referral early intervention for students with learning disabilities, and in particular the Response to Intervention (RTI) model, and special education within Catholic elementary schools of an urban diocese located in northern California. Although this study was limited to special education practices at the primary level (K-2), the literature review encompasses special education research related to school age children at the elementary level (K-8). In addition, this review examined teacher preparation in relation to special education and special education practices. The focal points explored in this review of the literature are (a) learning disabilities (LD); (b) academic interventions and educational support for students with LD; (c) early intervention; (d) preparation of special education teachers for Catholic education; and, (e) special education in the Catholic school setting. All of these topics provided a conceptual basis and framework for this research.

The Complex Nature of Learning Disabilities (LD)

Professionals and laypersons have struggled for many years to understand the plight of children who have continuous academic problems, as today, the field of learning disabilities (LD) continues to be a primary concern in educational discourse. This area in education has historically been surrounded by intense debate, misconception and often, misunderstanding. Since Samuel Kirk first coined the term learning disabilities (LD) in 1963, the field of LD has grown almost exponentially. For example, studies have shown that in the last two decades, more students were identified as having LD than any other

type of disability (Lyon, et al. 2001; Torgesen, 2002; Vaughn & Fuchs, 2003). In the year 2000, the United States Office of Special Education Programs (OSEP) reported that 1.2 million children were identified as having LD for the year 1979-1980. Other OSEP accounts revealed that the incidence of LD had more than doubled to 2.8 million for the years of 1998-1999, noting a 30.3% increase in the number of children with disabilities receiving special education services.

Where the federal government first designated LD under the umbrella term “a handicapping condition” in 1968, more recent research in the field of special education has been dedicated specifically to LD (Fletcher, Lyon, Fuchs & Barnes, 2007; Lyon et al., 2001; Lyon, 1996; Torgesen, 2002; Vaughn & Fuchs, 2003). LD has grown into its own specialized field. This shift in concentration has led to a more detailed and further developed focus on the specific issues surrounding LD.

While this reconceptualization of LD has taken place, many additional concerns have been brought to light. For example, the dramatic proportion of children identified with LD has intensified the debate. Durow (2007) indicated that study respondents estimated a range of 1%-25% of the total school population, with a mean percentage of 9%, of Catholic elementary school students with special needs were being served in diocesan schools. Schools were admitting children with documented and undocumented disabilities. Durow found several significant barriers to improving Catholic special education. In particular he noted, “inadequate funding, insufficient teacher preparation and confidence, inaccessible buildings, and inconsistent commitment from parishes and boards” (p. 487). In Catholic elementary schools across the nation, “68 percent of all students currently receiving special needs services receive those services in resource

rooms or pullout programs,” (USCCB, 2002, p. 18) while 28% are served in the general education classroom with accommodations (USCCB, 2002.) Statistics have shown that in the last ten years, the number of school age students identified under IDEA has increased by 38% (Lyon et al., 2001; Vaughn & Fuchs, 2003). In accordance with this surge, many changes in federal policy and educational practice involving LD have occurred. For example, the new bill (IDEIA, 2004) permits the development of new approaches to determine whether students have specific learning disabilities by clarifying that schools are not limited to using the IQ-achievement discrepancy model. To prevent over-identification and misidentification of children, the new legislation provides funding for the training of school personnel in effective teaching strategies and positive behavioral interventions. In addition, it requires districts to utilize pre-referral early intervention programs that work to reduce over-identification.

While these changes have directly affected the public schools, they have certainly had indirect effects on Catholic elementary schools. For example, the role of the collaborative and consultative special educator is in greater demand (Long, Brown & Nagy-Rado, 2007). Because of NCLB (2001) students in Grades 3 through 8 are required to be assessed annually and must meet federally mandated benchmarks. Special needs and learning disabled students must also meet this same criteria, but may be given accommodations based on their Individualized Education Program (IEP). The reauthorization of IDEA (2004) clearly provided a stronger link between public and private schools, affirming a number of new regulations pertaining to children with disabilities in private schools. Although many in the field have incorporated similar elements in their conceptions of LD, there continues to be much debate, no common

framework for the classification, identification, and best educational practices for LD. Furthermore, some studies have revealed that current research is not used to inform daily practice, while teachers and other practitioners hold onto outdated models of application (Stanovich, 2005; Vaughn & Fuchs, 2003).

Therefore, when considering LD in the context of education and contemporary schools, it is important to understand its current federal definition:

LD is not a single disability, rather it is a general category of special education composed of disabilities in any one or a combination of seven skill domains: (1) listening; (2) speaking; (3) basic reading; (4) reading comprehension; (5) arithmetic calculation; (6) mathematics reasoning; and (7) written expression. (Lyon et al., 2001, p. 264)

Historically, special education definitions, regulations, and applications, have waxed and waned, as new research has usurped previous findings. As such, educators (both special and general) need to be kept abreast of current special education law and the legal ramifications.

The literature has revealed that experts agree that LD is commonly defined by its exclusions (Fletcher et al., 2007; Lyon et al., 2001) in that LD is not the primary result of another condition, such as mental retardation, emotional disturbance, cultural differences or disadvantage, that can obstruct the learning process (Fletcher et al., 2007; Lyon, 2002; Mastropiere & Scruggs, 2004). An example of LD's exclusionary language is an unexpected underachievement, when students of average intelligence have been given adequate opportunity to learn and appropriate instruction (Fletcher et al., 2007; Meyen, 1996). The publication of the National Information Center for Children and Youth with Disabilities (NICCYD) adapted below, illustrates the definition of LD as defined in

IDEA (FS7, April 2002). Our nation's special education law, the Individuals with Disabilities Education Act (IDEA), defined a specific learning disability as:

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, think, speak, read, write, spell, or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. However, learning disabilities do not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage. (34 Code of Federal Regulations [CFR]§300.7[c][10])

While legal statutes, governing agencies, and much research in the field of special education exists, experts have suggested that much of the disagreement over LD has centered around the following five areas: (1) definition and categorization; (2) diagnosis and assessment; (3) the identification process; (4) the content, intensity, and duration of instructional practices employed both for intervention and remediation; and (5) the policies and mandates that often drive the identification and education of students with learning disabilities (Fletcher, et al., 2007; Fuchs & Fuchs, 2006; Lyon, 1996; Lyon et al., 2001; Vaughn & Fuchs, 2003).

Findings have suggested that the greatest dispute has centered on the continued utilization of the IQ discrepancy model or Child Find process for the primary method of identification for students. These techniques invite much controversy because they most often utilize a “waiting to fail” approach before any intervention is attempted.

Traditionally, each pose several disadvantages, including: late identification, imprecise screening, false negatives such as unidentified students, and use of identification methods not linked to direct instruction (Vaughn & Fuchs, 2003).

Vaughn and Fuchs (2003) contended, “Few cognitive or affective characteristics differentiate poor readers with discrepancies from those without discrepancies” (p. 138). Stanovich (2005) boldly asserted that “the persistence of the discrepancy concept in LD signals that the field is not ready to put itself on a scientific footing and that it will continue to operate on the borders of pseudoscience” (p. 103). Vaughn and Fuchs (2003) responded that although learning disabled individuals have always been part of the educational system, recognition and identification of the special learning needs of an individual with LD is a more recent phenomenon. These keen insights underscore the need for a more specialized study of learning disability, such as this one.

Countless research studies have been conducted and a wide range of articles have been written about LD. Yet, questions remain. While the literature found that many are united in their views, it revealed that the field of LD continues to be full of complexity, particularly in the areas of identification and classification. Recent federal legislation (IDEIA, 2004) has been enacted which speaks directly to the issue of LD identification. To address the compelling need to establish a valid classification system for LD, Congress first passed the Health Research Extension Act of 1985 (Public Law 99-158). This act called for the development of an Interagency Committee on Learning Disabilities (ICLD), under the direction of the National Institute of Child Health and Human Development (NICHD), to identify critical research needs and issues relevant to LD, with a focus on classification and identification. The federal sources of legal authority for special education are the United States Constitution [20 U.S.C. 1221e-3; 1401(30); 1414(b)(6)] and the Code of Federal Regulations [34 CFR§ 300.307], presented in the order of supremacy. The current federal requirements (IDEIA 2004) for identification of

LD incorporated within the IDEA regulations are illustrated below in an adaptation of the federal code. These requirements present the most current and common identification criteria found in the literature for LD.

Adds procedures for identifying children with specific learning disabilities. A State must adopt, consistent with 34 CFR§300.309, criteria for determining whether a child has a specific learning disability as defined in 34 CFR§300.8(c)(10)

a In addition, the criteria adopted by the State: Must not require the use of a severe discrepancy between intellectual ability and achievement for determining whether a child has a specific learning disability, as defined in 34 CFR §300.8(c)(10); Must permit the use of a process based on the child's response to scientific, research-based intervention; and May permit the use of other alternative research-based procedures for determining whether a child has a specific learning disability, as defined in 34 CFR §300.8(c)(10). A public agency must use the State criteria adopted pursuant to 34 CFR §300.307(a) in determining whether a child has a specific learning disability. (United States Department of Education, Office of Special Education Programs [OSEP], 2000)

In 2004, these regulations were reauthorized and promulgated to clinicians, educators, practitioners, researchers and the public at large. While these federal regulations provided a unifying framework for the construct of LD identification, school districts and other local agencies have been left to determine the application and governance of special education, the training of practitioners, and the funding of special education programs. A great deal of variance in application exists among states, districts, schools, and individual practitioners.

The literature reveals the complexity of LD as illustrated in Table 1. There are by and large many different forms, characteristics, and certainly multiple dimensions of LD. As such, students with LD will have varying characteristics, learning styles, and educational needs.

Table 1

Major Findings from Research Programs Supported by the National Institute of Child Health and Human Development (NICHD)

Research Domain	Findings	Research Group(s)
Definitions of LD	Definitions that use the IQ discrepancy model do not adequately identify LD, particularly in the area of basic reading skills.	Yale Ontario
Reading processes	Disabled readers with and without a discrepancy in IQ-achievement show similar information processing, genetic, and neurophysiological profiles. This indicates that the existence of a discrepancy is not a valid indicator of LD in and of itself.	Colorado Bowman Gray Yale Ontario
Reading processes	Reading disabilities reflect a persistent deficit, rather than a developmental lag. Longitudinal studies show that approximately 74% of students that are reading disabled in third grade, continue to read significantly below grade level in ninth grade.	Yale Ontario
Reading processes	Children with reading disability differ from one another and from other readers along a continuous distribution. They do not aggregate together to form any distinct separations.	Yale Bowman Gray Colorado Ontario
Attention	Attention disorders exacerbate the severity of disabilities in reading.	Bowman Gray Miami
Genetics	Evidence for a genetic basis for reading disability exists, with deficits in phonological awareness reflecting the greatest degree of heritability.	Colorado Bowman Gray
Intervention	Disabled readers do not readily acquire the alphabetic code because of deficits in phonological processing. Thus, disabled readers must be provided highly structured programs that explicitly teach application of phonological rules to print.	Bowman Gray Florida Houston
Intervention	Longitudinal data indicate that systematic phonics instruction results in more favorable outcomes for disabled readers than does a context-emphasis (whole language) approach.	Bowman Gray Florida Houston

Note. Adapted from *Learning Disabilities* by G.R. Lyon, 1996, pp.64-65

*See Appendix A for a detailed description of research groups.

Lyon et al. (2001) added insight to the conversation, “Although current definitions ensure that an expansive diagnostic net can be cast around a wide range of learning difficulties, heterogeneity within and across each academic domain renders diagnostic precision impossible” (p. 264). In fact, it was estimated by Lyon et al. that the number of children identified as learning disabled, who are presently served either through special education or compensatory programs, could be reduced by up to 70% through sound prevention programs and early identification. The research suggested that sufficient data exist to guide the development and implementation of early identification and intervention programs for children at-risk for LD (Coleman, Buysse, & Neitzel, 2006; Fletcher et al., 2002; Fuchs et al., 2007; Lyon et al., 2001; Vaughn & Fuchs, 2003). In the report *Rethinking Learning Disabilities* Lyon et al. maintained that “prevention programs will prove more effective than remedial education programs.” In closure they added, “given what is now known about LD, it is irresponsible to continue current policies that dictate inadequate identification practices” (p. 259). These examples, in the current body of literature, clearly make a strong case for an early intervention study, such as the proposed study.

Academic Implications of Learning Disabilities (LD)

For decades the field of learning disabilities (LD) has been driven by three fundamental questions: What is a learning disability? Who are the learning disabled? What type of instruction will help these children to learn? (Shaywitz, 2003). The following section will explore the literature that addresses the third question and will examine the academic implications of LD. While this study was limited to special education practices at the primary level (K-2) for one urban Catholic diocese located in

northern California, the review incorporates literature relating to all school age children at the elementary level (K-8).

The complex nature of LD, described in the previous section, can generate many concerns in the area of learning and academics. Three main categories of LD: dyslexia, dysgraphia, and dyscalculia are frequently identified in the literature and are often discussed in correspondence with the general academic subjects of reading, writing, and mathematics. The literature reveals that within the realm of LD, dyslexia has historically been the most studied and most identified, and is still the primary concern for many educators. Several studies reported that 80% of all students identified with LD exhibit severe deficits in the academic area of reading (Lyon et al., 2001; Scruggs, 2003; Vaughn & Fuchs, 2003). Since the ability to read is foundational to all other content areas in school, researchers have agreed that reading disability poses the greatest concern. Shaywitz (2003) found that the prevalence of dyslexia, as represented by federal statistics, might not reflect the most accurate findings. She noted that alternative, large-scale surveys such as the 1998 National Assessment of Educational Progress (NAEP), Reading Report Card for the Nation painted a very different picture, which deserved further study. Shaywitz cited, in particular, that NAEP acts an arm of the United States Department of Education (USDE) and reports data through the National Center for Educational Statistics (NCES), illustrating the many layers of government and bureaucracy that are often involved with special education.

In a 1998 NAEP survey, 69 percent of fourth graders and 67 percent of eighth graders were reading below proficiency levels. Moreover, according to NAEP data, as many as 38 percent of fourth graders had not achieved even basic or rudimentary skills in reading. (pp. 29-30)

In the Connecticut Longitudinal Study, Shaywitz et al., (1990) posed a critical

question regarding the relationship between good and poor readers: Do they form a continuum, or are they two distinct groups? Their study found that dyslexic readers were not naturally separated, and could not be categorically separated from good readers, demonstrating that reading difficulties, in fact, occurred along a continuum. This important finding brought forth many educational implications. Shaywitz maintained,

...the notion of dyslexia as a discrete entity has provided the basis for a special-education policy that provides services only to those who satisfy what are seen as specific, unvarying criteria ... Children who do not meet these arbitrarily imposed criteria may still require and benefit from special help. (p. 28)

Levine (2003) contended that, in fact, many students who falter academically do so because they have specialized minds or “brains exquisitely wired to perform certain kinds of tasks masterfully, but decidedly miswired when it comes to meeting other expectations” (p. 13). Thus, many in the field have concurred that an understanding of LD must stem from classificational roots (Fletcher et al., 2007; Lyon et al., 2001; Vaughn & Fuchs, 2003). Classification must precede more specific, individualized definitions of LD and more specified methods for identification that are aligned with student needs. “Based on the classification, specific LDs can be identified according to their core academic deficits, providing the capacity for systematically studying the neurobiological and environmental factors that interact to produce an LD” (Fletcher et al., 2007 p. vii). While considerable progress has been made in this regard, this same team of researchers found serious academic implications for LD in these core areas. Fletcher and his associates reported that “today, many students with LD continue to suffer dramatic deficits in reading, writing and math” (p. 261).

Critical Perspectives in the Field

Some experts offered alternative views towards special education and learning disabilities. The main criticisms found in the literature included over-identification and stigmatization of students, misdiagnosis and inflation of incidence, soaring enrollment and costs, inadequate teacher preparation, and politicization of, and ineffectiveness of, special education practices (Coles, 1987; Kavale & Forness, 2000a; McDermott, Goldman & Varenne, 2006; Wang, & Walberg, 1988; Wang, Reynolds, & Walberg, 1995). While critics held strong in their beliefs about the current special education system, there was an overwhelming consensus that need for special education and serving students with special needs and learning disabilities was vital. Conceptions of how to best educate students with learning disabilities have changed over time.

In one critical article, Kaufmann, McGee, & Brigham (2004), proposed that the current trend in LD has been “a shift towards one of two extremities: denying that disabilities exist or accommodating them to the extent that there is no expectation of student progress toward realistic goals” (p. 613). Furthermore, Kaufmann et al. held that “both attitudes defeat the primary educational aim of helping all students achieve their highest potential” (p. 613). They argued that special education systemically suffers because of the polarizing nature that full inclusion versus full accommodation presents. In contemporary classrooms, an all or nothing approach is commonly found. Table 2 presents a listing of disabilities of students being served through pull-out accommodation methods ranging from 21% of the total day to full accommodation.

Table 2
Percentage of Students Age 6 Through 21 With Disabilities Served in Different Educational Environments 1999-2000

Disabilities	All students with disability	<21% of the day	21-60% of the day	>60% of the day	Public separate facility
Specific learning disabilities	50.4	48.3	67.4	39.2	9.9
Speech or language disability	19.2	35.5	4.6	5.0	2.5
Mental retardation	10.8	3.2	11.3	26.9	23.3
Emotional disturbance	8.2	4.5	6.8	13.3	32.9
Multiple disabilities	2.1	0.5	1.4	4.5	16.8
Hearing impairments	1.3	1.1	0.9	1.5	3.6
Orthopedic impairment	1.3	1.2	1.0	1.7	2.3
Other health impairments	4.5	4.2	5.2	3.8	2.1
Visual impairments	0.5	0.5	0.3	0.4	1.1
Autism	1.2	0.5	0.6	2.9	4.9
Deaf-blindness	0.02	0.01	0.01	0.05	0.2
Traumatic brain injury	0.2	0.2	0.2	0.4	0.3

Source: U.S. Department of Education (2000) Office of Special Education Programs, Data Analysis System (DANS).

Wang and Walberg (1988) made the contention that leaders in the special education field are more interested in empire building than effective teaching. As advocates of the Regular Education Initiative (REI) they presented a rationale claiming that more identified students would eventually lead to a need for more special education teachers, which in turn would necessitate more specialized programs, more funds, and more political power for special education. Further, Wang, Reynolds and Walberg (1995) proposed that this cycle of need inherent in special education has led to an entire “second system,” replete with its own teachers, administrators, credentialing process, programs and skyrocketing budgets.

A study by Chambers, Parrish and Harr (2002) reported that growth in identification for special education has become a major concern for educators and policy makers largely because special education services costs far exceed general education costs, at nearly twice the per pupil expenditure. While critical perspectives such as these are not unique to the field, a study of special education practices, reflecting the perspectives of primary level practitioners might add unique insights to the conversation.

Summary

This section of the review of the literature examined the field of learning disabilities (LD) and presented its background, historical context, and legal and academic implications. In addition, the critical perspectives in the field were investigated, illustrating a long-standing divergence in thinking of practitioners, scholars, researchers and others in the LD field.

The literature revealed that although considerable progress has been made towards the understanding of LD and children affected by this condition, LD remains quite complex. The disagreement surrounding these complexities seems to persist, despite the gains achieved in the field. The literature has traced the historical circumstances and the legal shifts in definition, classification and identification of LD. Following a model of classification (Lyon et al., 2001; Vaughn & Fuchs, 2003), leading to a common definition and best practices based on clinical research, experts have asserted that LD can be demystified and unpackaged for greater understanding. The next section of the review investigates the literature on academic interventions and educational support as they relate to the special education of students with learning disabilities. The model of inclusion is examined, as interventions and support are engrained in this model.

Inclusion as an Academic Intervention and Educational Support

The tradition of including students with learning disabilities (LD) in general education or mainstream classrooms has been gaining momentum for more than 15 years (Andrews et al., 2000; Meyen, 1996; United States Department of Education [USDE], 2000). During this period, many complex philosophical, legal, and educational issues, relating to special education, have been raised for and by schools, courts, and the general society. A combination of factors including the persistent academic difficulties of students with learning disabilities, the increased demands for civil rights and social equity, the dramatic rise of students requiring special services, and the swelling costs of special education, prompted a paradigm shift in the delivery system of special education in the mid-1980s (Kavale & Forness, 2000). During this period, a model of inclusion, which called for the integration of students with mild, moderate, and severe learning disabilities into the general education classroom had fast become the norm in elementary schools (Meyen, 1996). In inclusive settings, today's students are being given supplementary support and additional services to provide individualized or differentiated instruction. The recent reauthorization of IDEA (2004) has pushed the inclusion envelope, mandating that students should be educated to the greatest extent possible in the general education classroom. This shift in thinking, has coincided with increased numbers of students with learning disabilities have been educated within the context of general education. This has impacted Catholic schools. (Durow, 2007; Long et al., 2007; USDE, 2000).

While a wide range of academic interventions are currently practiced in educational settings, and educational support is presented in numerous forms, for the purposes of this

study, the researcher limited this section of the review of the literature specifically to the inclusion model. The researcher focused on inclusion because it is most widely practiced model of intervention and educational support within the Catholic elementary school system (Buenaflor, 2007; Dudek, 2000; Durow, 2007). While there is strong evidence that inclusion has a positive impact on children with disabilities (Guralnick, 2000; Stahmer & Carter, 2005), issues associated with the best method of providing inclusive services remain unresolved (Guralnick, 2000). In particular, the integration or collaboration between inclusion programs and early intervention/early childhood special education (EI/ECSE) programs remains a concern (Purcell, Horn, & Palmer, 2007) as governing agencies, policy makers, districts, and schools continue to search for the most cost effective resources and educational programs.

Odom, Parrish, and Hikido (2001) identified a variety of organizational contexts where children with learning disabilities are often enrolled including, but not limited to, private or non-district affiliated preschool and child-care programs, Head Start classes, and preschool classrooms run by the local public school district. They found that students were provided their special education services in three typical educational arrangements including, an early childhood special education teacher (ECSE) or ECSE tutor who provided individualized services, an ECSE who collaborated/team taught with general education teachers, and ECSE teachers who led inclusive classrooms or full inclusion programs.

Researchers Purcell et al. (2007) conducted a qualitative study of five such preschool inclusion programs in one Midwestern state. The literature revealed that the findings of their study were in alignment with previous studies on inclusion (Lieber et al.,

2000; Odom et al., 2001). However, Purcell et al. were able to expand the literature on inclusion having developed two additional themes from the discussions of their interviewees: collaborative relationships and family partnership. They maintained, “Rather than merely being concerned with the place where an instructional strategy or curriculum is used, inclusion involves young children belonging, being valued, and having choices” (p.86). They asserted that by giving access to the general curriculum, being located in the same place and following the same or similar programs, EI/ECSE inclusion programs ensure that students with disabilities are receiving the same instruction and interactive opportunities as their non-disabled peers. They noted that while EI/ECSE inclusion programs may alter and adapt materials and curricula to meet the specific needs of students with disabilities, the connected nature of inclusion promotes learning for all and supports learning disabled students in meaningful ways.

This section of the literature review featured an exploration of research on inclusion as a model for educational intervention and support. The literature revealed that while both federal law and current research in the field have affirmed and validated the model of inclusion in public elementary and secondary schools, questions remain regarding inclusion and, in particular, the mode of application of inclusive practices for early childhood programs. Further research has been recommended by several of the authors who were reviewed (Long, et al., 2007; Purcell, et al., 2007; Ysseldyke & Algozzine, 2006). In addition, at the time of this review, the researcher found little to no empirical studies on ECSE/inclusion that applied to Catholic elementary school programs. This research on special educational practices at the primary level (K-2) in one urban Catholic diocese located in northern California will add to the body of

literature in this regard. The following section examines the literature on early intervention and early childhood education in greater depth.

Early Intervention and Early Childhood Special Education

The concepts of early intervention/early childhood special education (EI/ECSE) have been researched and have evolved from primary innovations to common practice today. Meyen (1996) noted that the historical roots of early childhood special education could be traced to early philosophers such as Locke, Rousseau, and Pestalozzi, and more modern thinkers such as Bloom and White “who advocated the importance of experiences during early childhood” (p. 155). While early intervention has been of national interest, it has been a federal concern. In 1986, the Education of the Handicapped Act Amendments of 1986 (PL99-457) was authorized and led to an increased focus on early intervention programs and early childhood special education. Since 1986, the findings of several empirical studies on the effects of enriched environments and increased stimulation on development, precipitated by the research of Samuel Kirk (1958), have served as a catalyst in the field. For example, Caro and Derevensky (1991) evaluated the effectiveness of EI programs based on the family-focused intervention model as conceptualized by Bailey et al. (1985). They found that parents in their study perceived that by participating in an intervention program, significant progress was made in the ability to meet the challenges of living with a special needs child. Edgar, Heggelund, and Fischer (1988) studied 582 special education preschool graduates to determine whether placement in ECSE would lead to successful educational placements in the future. They found that because of initial placements in special education programs, 13% of graduates were placed in regular education settings

without special support. In addition, 19% of graduates were placed in regular education with support services and 64% of graduates were placed in either self-contained or resource room settings. Edgar et al. held that the because of initial EI/ECSE placement, the stability of future placement appeared to be very high. Edgar et al. noted that a total of 62% of children who made placement changes, moved to less restrictive educational settings.

A 10-year longitudinal study by Innocenti (1996) examined the treatment intensity, program differences, and cost effectiveness of EI/ECSE programs. The overall pattern that emerged from Innocenti's study was that more intense frequency of home early intervention had little to no effect, statistical significance, or impact on a child's developmental outcome. On measures of child development and adaptive behavior, more intensive intervention had mild immediate and longitudinal effects. Children with more severe disabilities benefited to a greater extent, from more intensive and frequent intervention than did their less disabled counterparts. Results did not support the hypothesis that more intense frequency of interventions would result in better outcomes for children and families. Innocenti contended that a few statistically significant benefits were gained from easily administered, relatively inexpensive EI/ECSE programs of a short duration. He found no evidence for significant cost benefits. Some immediate and conflicting findings were found following treatment, but were not maintained longitudinally. Much of this research in early intervention was precipitated by the research of Samuel Kirk (1958). Notably, Kirk is credited with coining the term learning disability in 1963.

Both EI and ECSE have been referred to in the literature separately, together, and in some cases interchangeably. For the purposes of this study, focused on students with learning disabilities at the primary level (K-2) in one urban Catholic diocese located in northern California, EI/ECSE will be examined as a unified construct. EI/ECSE refers to academic and/or behavioral accommodations, treatment, interventions, or support given to a child at a very early age, typically before the second grade or the age of eight (Meyen, 1996; Odom & McLean, 1996). While the typical evaluations and assessments have defined early childhood success as a child's cognitive gain, conventional measures of intelligence (IQ) and development (DQ) have poor predictive validity (Hauser-Cram, 1990). Thus, many EI/ECSE programs seek to affect a broad range of developmental domains such as functional skills, social competence, self-regulatory behaviors, motivation and curiosity.

Several of the researchers who have written about EI/ECSE have suggested a correlation between the prevention and/or treatment of learning difficulties, learning disabilities, and other academic issues to early intervention practices (Bagnato & Neisworth, 1993; Lyon & Fletcher, 2001; Odom & McLean, 1996; Odom, 2000; Vanderheyden, 2005). The work of Lyon and Fletcher (2001) expanded on this correlation, purporting that early intervention could almost certainly prevent reading disabilities.

They proposed three key criticisms of the current identification system used in schools. First, they held that after second grade, remediation is rarely effective. Second, they noted that current measurement practices work against identifying children with learning disabilities before second grade. Finally, they contended that federal policy

coupled with the institutionalized and bureaucratic nature of the educational system allow ineffective policies to continue unchecked. Ysseldyke and Algozzine (2006) proposed that three underlying themes have underscored the importance of early intervention for children who are at-risk or have one or more disabling conditions: 1) Intervention during a period of rapid development has potentially positive effect on the acquisition of more complex skills; 2) The entire family unit is affected by the presence of a handicapping condition or developmental delay; 3) Early intervention has long term benefits for both the economy and society.

In a meta-analysis of EI/ECSE programs, researchers Catso and Mastropiere (1986) found that EI/ECSE programs for learning disabled preschoolers did result in significant and immediate benefits to learning disabled populations. They noted that variables such as IQ, motor skill, language, and academic achievement illustrated the highest level of positive impact. More highly structured programs were associated with more effective outcomes and, within disadvantaged populations, program intensity and duration were not found to be related to intervention effectiveness. In addition, their analysis offered little data to support the theory that “earlier is better” for intervention.

Ysseldyke and Algozzine (2006) proposed an early intervention, inclusive model that identified four main categories of association: early intervention, planning for transition, family involvement, and community collaboration. Their work reflected an analysis of the federal laws and incentives that support EI and current programs and services provided. In addition, their research incorporated other student characteristics that considered the larger context of students’ lives, outside of the academic setting. They wrote, “This legislation [Education of the Handicapped Act, 1983] expanded

services to children with disabilities who are under age 5” (p. 12). Further they maintained that this particular law made special education for young children with disabilities compulsory, thereby empowering parents, as advocates for their children, to become more significant and recognized in the educational system. They held that while federal legislation has often provided an incentive to develop and support general preschool programs, the trend of providing more preschoolers with special education services must be continued. Figure 1 illustrates this trend and demonstrates a steady rise in the number of preschool students receiving special education services under IDEA.

In contrast, Innocenti’s (1996) 10-year research project studied the effects of alternative types of early intervention for children with disabilities. This longitudinal study was contracted by the United States Department of Education (USDE) and addressed the following variables: treatment intensity, most appropriate age for special services to begin, systematic program differences (such as a more intense family component versus a classroom-based program) and cost effectiveness. Results indicated that more intensive intervention had a mild immediate and longitudinal impact on child development outcomes and adaptive behaviors. Children with more severe disabilities benefited more from intensive intervention than children with less severe disabilities. As preschoolers, and at the baseline level of intensity, the EI group scored better than those in the delayed intervention group, but groups did not differ in development at earlier or older ages. In regard to health, results illustrated that while many of the children were developing within the normal range, a significant percentage (roughly 1/3) scored lower than one standard deviation from the mean and a number had later developed disabilities such as cerebral palsy, severe visual and hearing problems. Fifteen percent

qualified for special education services and approximately 25-30% presented ADHD symptoms.

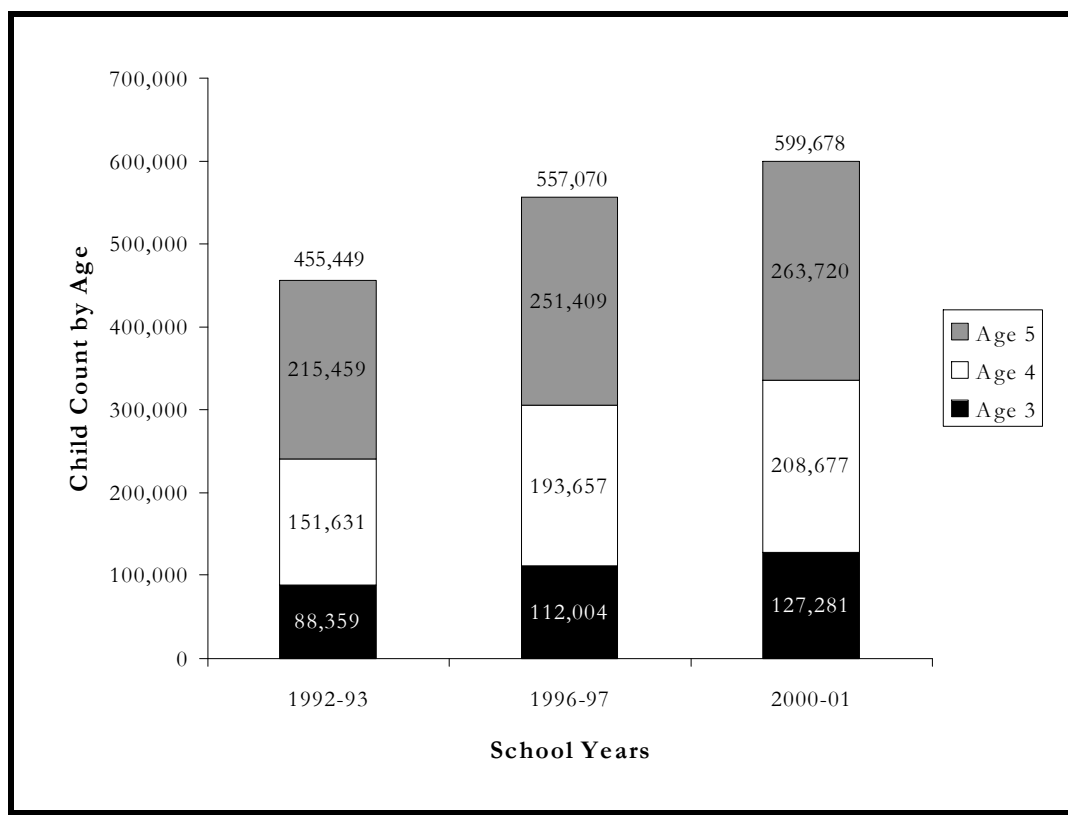


Figure 1. Number of preschoolers receiving services under IDEA during the 1992-93, 1996-97, and 200-01 school years.

Source: U.S. Department of Education, (2000) Office of Special Education Programs, Data Analysis System (DANS).

Mild longitudinal impacts were detected teacher perceptions of children's classroom behaviors for children of parents who received the parent involvement component. There was no evidence to support that increasing the amount of intervention, for the treatment group, from one to three times per week was more cost efficient or effective. In addition, he found that the children with more severe disabilities benefited from the more intensive treatment that their counterparts with less severe disabilities.

Researchers McLean and Cripe (1997) noted that early intervention for young children who were affected by a broad spectrum of communication disorders could be very effective in eliminating those disorders and at the very least could mitigate the impact on a child's later speech and language development. The literature suggested that best practices and common goals for EI/ECSE were based on empirical and professional literature, included individualized assessment, family-centered services, outcome-based services, normalized interventions, regular monitoring of progress, interdisciplinary integration and empirical basis for practice (Innocenti, 1996; Odom & McLean, 1996). Overall, there is agreement in the field that early intervention and early childhood special education are both effective and necessary.

Critics commented that a mismatch between the goals of intervention and the tools to measure the effects of intervention is common. Harris (1997) contended that the existing body of research offers little, if any support for treatment goals. He held that previous EI/ECSE studies relied solely on discriminative tests of motor milestones or specific measures of impairment. Harris suggested that future research should include outcomes that are more functional, clinically relevant, and responsive to change, and should evaluate the effects of intervention on the child's caregivers. In addition, Shonkoff (1993) recommended that rather than identifying predictors of poor outcomes, future research should identify sources of resilience and protective factors.

In sum, the effectiveness of EI/ECSE programs has been reliably observed in a number of methodologically sound studies and has been well documented in the literature. The mandates of the Education of the Handicapped Act Amendments of 1986 (PL99-457) have redirected the focus of EI/ECSE programs from a child-oriented model

to a more family-oriented model. Meyen (1996) asserted “this approach addresses the child’s needs in the context of the family. The need for intervention is individualized not just for the child, but for the family” (p. 165). A general consensus exists that the broad principles guiding the more successful EI/ECSE programs include programs that center on the needs of the child and family, are locally based, promote the integration of multiple disciplines, and have the capacity and resources to plan and coordinate supports and services from numerous agencies within a systems framework.

The literature revealed that many different approaches to early intervention and practices exist within the field and among individual programs and practitioners. According to Odom (2000), early intervention has proven to be more successful when stakeholders such as parents, child, school and support services are in communication and work in concert with one another. Researchers such as Meyen (2006), Odom, (2000), and Ysseldyke and Algozzine (2006) have contended that early intervention alone will not eliminate learning difficulties. Instead, they have asserted that early intervention needs to be coupled with scientifically based practices, that are consistently updated so that outcomes are clinically and ecologically relevant. EI/ECSE programs should emphasize such items as play skills, parent-infant interactions, family stress reduction, infant adaptive skills and the family’s functional capacity to adapt to their child. The literature underscored the point that outcomes resulting from EI/ECSE programs must be assessed in both the short and the long-term.

Response to Intervention (RTI)

In addition to the definitions and theories behind early intervention, and studies that have been conducted on early intervention, the definition and theory behind the

Response to Intervention (RTI) framework (referred to interchangeably in the literature as Response to Instruction or Responsiveness to Instruction [RTI]) informed this study and is therefore part of this review. The RTI approach is a multi-step process that provides services and interventions to students who struggle with learning and exhibit learning difficulties at increasing levels of intensity. The progress students make at each stage of intervention is documented and closely monitored. Results of this supervision are used to make decisions about the need for further research-based instructional practices and/or intervention in regular education, in special education or a combination of the two. The academic program of the individual student is adjusted and accommodated as necessary. RTI has gained momentum most recently, as controversy surrounding the procedures and criteria for determining students with learning disabilities remains (Bender & Shores, 2007; Coleman, Buysse & Neitzel, 2006; Kovalesski & Prasse, 2004; National Joint Committee on Learning Disabilities, 2005).

In a 2005 report prepared by the National Joint Committee on Learning Disabilities (NJCLD) representing 11 national and international organizations, three major developments concerning the education of students with continuous learning difficulties were brought forth that supported the RTI process. First, problems related to the inadequacies of the ability-achievement discrepancy criterion have emphasized the need to develop alternative methods for the identification of LD. At the Learning Disability Summit of August 2001, sponsored by the Office of Special Education Programs (OSEP), RTI was the alternative proposed by many in the field. Second, the RTI protocol requires that sound, appropriate instruction and intensified interventions are given in the regular classroom, thereby reducing and/or eliminating many unnecessary special education

referrals. Finally, findings of several studies on reading disability have demonstrated that well-designed instructional programs such as RTI result in significant improvements for the majority of students who exhibit early reading problems (Fletcher et al., 2002; Lyon et al, 2001; Vaughn, 2002; Vaughn & Fuchs, 2003).

On the affirmative side, studies have shown that RTI can potentially limit the amount of academic failure that any student experiences and can increase the accuracy of special education evaluations. Lyon et al. (2001) posited that a bi-product of RTI might be the reduction in the number of children misidentified as having learning disabilities (LD). It is believed that the RTI process can help to distinguish and rule-out true learning disability versus other possible contributing factors, such as, inadequate instruction, cultural differences, and poverty. Proponents of this movement have argued that RTI could effectively lead to earlier identification and fewer false positives for special education, and may ensure that all students receive appropriate instruction in the general education classroom. Critics, on the other hand, have expressed many concerns over the lack of validation studies and the relative newness of RTI in special education.

Although the literature has confirmed that both public and private schools are presently moving towards the full implementation of the RTI model, the movement is clearly in its beginning stages. Further research is needed to precipitate new developments. One document that addressed some of these common concerns is the 2006 Parent Advocacy Brief of the National Center for Learning Disabilities (NCLD). The brief delineated the benefits and limitations of RTI and is outlined in Table 3.

Table 3

A Summary of the Benefits and Limitations of Response-to-Intervention by the National Center for Learning Disabilities (NCLD)

Benefits of RTI	Limitations of RTI
Reduces the time a student waits before receiving additional academic assistance including special education, if needed.	Functions primarily as a school-wide prevention model, not specifically as an approach to identify LD students.
Reduces referrals to special education and increases the number of students who succeed in general education.	Tends to be focused on early elementary grades and limited to academic area of reading, with some focus on early math skills.
Provides critical information about the specific instructional needs of each student, which can be used to create effective educational interventions and programs.	Identifies the lowest performing students within a group; any high achieving students with LD would not be identified using RTI.
Limits the amount of unnecessary testing or interventions with no instructional relevance.	Does not satisfy the criteria, under IDEA for identification of a learning disability and cannot be used as a stand-alone method or treatment.
Ensures that students received appropriate instruction, prior to placement in special education.	

Note. Adapted from *A Parents Guide to Response-to-Intervention* by National Center for Learning Disabilities, 2006, p. 2

While the reauthorization of IDEA 2004 has prompted many educators to implement this model, some experts affirmed that, as an approach, RTI is not entirely new. Some proposed that RTI is, in fact, similar to various educational initiatives from the past two decades such as collaboration and consultation, teacher assistance teams, the regular education initiative (REI), pre-referral interventions and problem solving teams. The NJCLD report (2005) synthesized the relationship between RTI and IDEA 2004 in two ways.

First IDEA allows for the use of RTI data as part of an evaluation for special education to assist in the identification and determination of eligibility of students with LD, conceivably as an alternative use of the ability-achievement discrepancy

criterion. Second, IDEA creates the option of using up to 15% of categorical funds for “early intervening services... for students... who have not been identified as needing special education or related services but who need additional academic and behavioral support to succeed in a general education environment.” (NJCLD, 2005, p. 3)

Fuchs and Fuchs (2006) presented four case studies at the first grade level, set in a fictitious school to illustrate the different decisions made within an RTI framework. They held that while RTI appears to be a promising alternative to traditional methods of identification, such as the IQ discrepancy model, evaluation of the overall impact of the RTI approach was recommended at the local level, in clinical research, and through other educational support agencies. These current research trends punctuate the importance of finding alternative methods of identification of students with learning disabilities such as RTI. By including an exploration of how Catholic school teachers and support personnel incorporate RTI at the primary level, this study informed the literature on both early intervention and special education in the Catholic school setting.

Summary

This section of the review of the literature examined the field of early intervention (EI)/early childhood special education (ECSE) and presented the findings of several meta-analysis and empirical studies. The Response to Intervention (RTI) process and its relationship to early childhood intervention were explored in this section of the review. The literature revealed that while RTI is a relatively new process, it is gaining momentum not only in EI/ECSE circles, but in the fields of special and general education. Touted as both a time-saving, cost effective strategy, many school districts and school systems, are integrating some form of RTI in their programs. In addition, the diocese that participated in this study recently implemented the RTI protocol.

Many perspectives and applications exist for the intervention of young children with disabilities. This review highlighted a range of program elements, reflecting the context in which interventions occur, a diversity of program models, and a number of service delivery options and configurations within districts and schools that characterize the field of early intervention. In addition, the critical perspectives in the field were investigated, illustrating that diversity in thought and in practice in EI/ECSE still exists.

The literature revealed that although considerable progress has been made since 1986, and many EI/ECSE programs have been proven to be quite successful, the children and families of today remain dynamic and continue to manifest a variety of ever-changing needs. Therefore, continued research in the field, that measures both short and long-term outcomes, is imperative. The next section of the review investigates the literature on the preparation of special education teachers in the Catholic school setting as it relates education and students with learning disabilities at the primary level (K-2).

Preparation of Special Education Teachers for Catholic Education

This section of the literature review will explore the role of teacher preparation in the field of special education within the context of the Catholic school. It has been well documented that the incidence of children with disabilities is growing in both the public and private sectors (Brown & Celeste, 2006; Chambers, Parrish, & Harr, 2002; Crowley & Wall, 2007; DeFiore, 2006; Durow, 2007; USCCB, 2002). A consequence of this influx in Catholic elementary schools is an increasing need to provide inclusive settings, in which both special and general educators collaborate and provide instruction and support for learning disabled students within the context of the regular classroom. Given the belief in human dignity and the mission of social justice shared by those in Catholic

education, special education is a field that naturally invites Catholic educators. It calls them to be especially mindful, compassionate, inclusive and nurturing of children and youth with special learning needs and disabilities. This call has been clearly articulated in a number of Church Documents (USCC, 1978; USCC, 1995; USCCB 2002; USCCB, 2004; USCCB, 2005).

While Catholic schools are not legally required to admit learning disabled students of any kind, the practice of helping those most in need is consistent with Church teaching. In *Catholic Schools Still Make a Difference: Ten Years of Research 1991-2000* (Hunt, Joseph & Nuzzi, 2002), the National Catholic Educational Association (NCEA) highlighted the mission of Catholic schools to affirm the dignity of all students and educate a diverse population of students, including those with special needs. Brown and Celeste's (2006) journal article targeted Catholic educators:

“the essence of special education personnel preparation is to teach future [Catholic] teachers to learn to respond on an individual basis to children who have limitations in their learning capacity or significant variations in the manner in which they process information and retain knowledge and/or act upon the world.” (p. 474)

Clearly, special education is a major concern for Catholic elementary schools. The research has established it is imperative that highly qualified teachers and personnel should be available to students with learning disabilities on a daily basis (Lewis & Doorlag, 1984; Lyon, Vaasen, & Tommey, 1989; Meyen, Ramp, Harrod, & Bui, 2003). Additionally, research indicated that students with mild to moderate learning disabilities should be educated to the greatest extent possible, in the general education classroom. Interventions and accommodations should be made as needed. Yet some studies revealed that in Catholic elementary schools, such is not the case. Findings of the USCCB report

on Catholic school children with disabilities (2002) showed that typically, parochial schools have utilized the pull-out resource class as the primary method of instruction for students with special needs or LD. The study found that in-class accommodations were common practice, but inclusion of students with learning disabilities was relative to the specific school site and commonality and continuity in practice were not found.

A report sponsored by the National Center for Special Education Personnel and Related Service Providers indicated that only 30% of the teacher preparation programs that grant Bachelor's or Master's degrees for special education teachers prepare them to be collaborative and consultative special education teachers. Clearly, there appears to be a need for more personnel and preparation in the collaborative and consultative model of special education (Long, Brown & Nagy-Rado, 2007).

Research revealed that in order to achieve federal compliance, most states have developed categorical programs to serve children in public schools according to their disability. This fact holds many implications for Catholic schools. In a study of archdiocesan sponsored special education programs, Durow (2007) found that 15 of the 17 school systems surveyed absorbed the cost of special education using regular school funds to serve the learning disabled. In contrast, 12 school systems reported use of some federal and/or local public school district funds. Public schools provide a continuum of services for their special needs students, with general education classroom at one end of the spectrum and residential programs at the other.

Most Catholic special education programs fall somewhere in between, with a much wider range existing in the public sector. These facts suggest that there is no single approach or best practice that effectively serves this population of students. For Catholic

schools, this is very valid. While referring to Catholic schools, Dudek (1998) added, “Children with special needs and regular-classroom teachers often lacked the ancillary supports needed to help them achieve success” (p. 8), thereby, causing in her view, a failure of the mainstreaming movement.

Another concern for Catholic special education is that many teachers who work as resource teachers in Catholic settings do not have formal training in special education and even fewer hold the appropriate credentials or advanced degrees in special education (Durow, 2007; USCCB, 2002). Administrator-level respondents in Durow’s study indicated that a shortage of teacher candidates with special education certification existed within the Catholic school systems, even if the schools could afford to hire them. This point illustrates that while differences in salary often lure would-be professionals from teaching in Catholic schools, this is not always the case. Further, financial compensation, or the lack thereof cannot always be named the root of the problem. While a 2005 position paper of the Office of Special Education Programs (OSEP) traced the current personnel shortages that exist in special education and recognized them as a national area of need, Brown and Celeste’s (2006) examination of special education personnel preparation programs in the Institutions of Catholic Higher Education (ICHE) revealed a different story.

The ICHE study found that only 23.6% of ICHE graduates reported going on to teach in Catholic schools. Of the 88 ICHE respondents of university programs who took part in the survey, 41.6% reported that they required students to be dually certified in both general (multiple subject or single subject) and special education. This requirement

could pose a financial hardship that may limit or discourage the number of potential candidates.

The ICHE study reported that graduate students in special education programs consistently appeared to be high users of scholarship support and student loan programs. Discounted tuition rates or Catholic schools' agreements related to discounted tuition were common. The majority of respondents indicated that their special education practicum placements were in Catholic schools. However, one respondent commented that the lack of special education positions in Catholic schools was common, so that special education graduates were more likely to seek public school recommendations.

In a study of inner city Catholic elementary schools, O'Keefe (1997) reported that a mere 48 of 307 schools provided specific classes for students with learning disabilities. Longitudinal data gathered in this study revealed that for the years of 1994-1995, 2% of the student population withdrew from their respective Catholic elementary schools because special education services were available elsewhere. These statistics highlight and increased demand of student needs versus a shortage of special education teacher availability prominent in Catholic schools.

With limited funding, support and increasing demands, Catholic special educators face a challenging road ahead. Brown and Celeste (2006) made this final recommendation that punctuates many of the issues revealed in this section of the review:

It would be helpful if education departments had data readily available related to the numbers of special education teacher candidates as well as others who move into teaching positions in Catholic schools. This baseline information could be useful for devising steps that might be undertaken to increase the numbers of special education graduates who choose this [Catholic] path or are able to find jobs in Catholic schools. (p. 493)

Summary

This section of the review of the literature explored teacher preparation roles in special education, within the field of Catholic education. The review examined the findings of the study on Institutes of Catholic Higher Education (ICHE) that illustrated a national shortage of qualified and credentialed teachers in the field of Catholic special education. The circumstances of special educators in Catholic schools were investigated, revealing that special education preparation for teachers is not only a national issue, but for Catholic schools in particular, it is an area that must be addressed. While several studies have investigated the role of teacher preparation for special education in Catholic schools, the researcher found no studies that focused on special education at the primary level (K-2). Thus, this study will inform the literature. The next and final section of the review focuses on the literature surrounding special education found within the context of Catholic education.

Special Education and the Catholic School

Catholic schools serve students with disabilities in considerable numbers. A 2002 study sponsored by the USCCB found that 7% of children attending Catholic schools have been identified as having a disability. Yet, less than 1% of children with disabilities in Catholic schools receive services under IDEA. Further, because of the limitations of IDEA funding, funds are often marked for students requiring less intervention or a lower level of services. Eighty-eight percent of IDEA services to children with disabilities in Catholic schools are provided to children with speech/language disorders or learning disabilities. Although more than 28 percent of children in Catholic schools have disabilities in other areas, such as emotional disturbance, autism, and developmental delay, these

children receive only 12 percent of the services (USCCB, 2002). Additionally, services that

are provided by the public school district are not given to the fullest extent. Rather

parentally-placed Catholic school students receive by law a proportional share which equals

anywhere from one-fourth to one-half of what a public school student would receive.

Given the current structure of the Catholic school system, the diversity of special education programs within Catholic schools, and the limited resources and support, many students often have special needs that are beyond the scope of what a Catholic school can provide. The USCCB noted that, of the dioceses participating in their 2002 study of Catholic schools, 87% reported having one or more schools within their systems, which did not have the capacity to meet the needs of students with disabilities. Hence, the issue of access, both to Catholic education and to special education for students already in the Catholic school system, was brought forth in the literature. According to Eisland (2006),

...in relation to a theology of disability the measure of the usefulness of a practical theological method is accessibility. A theological method must provide two-way access. Persons with disabilities must gain access to the social-symbolic lives of the Church, and the Church must gain access to the social-symbolic lives of people with disabilities. (pp. 20-21)

These realities that are particular to Catholic education, may adversely impact not only enrollment in Catholic schools, but consequently, deny access of a Catholic education for some children with special needs. This unfortunate reality exists in opposition to the Church documents and the teachings of Jesus. Church documents, such as *To Teach as Jesus Did* (USCCB, 1972), *Address of the Holy Father To the Congress on the Integration of Disabled Children* (Pope John Paul II, 1999), and *Catholic School Children with Disabilities* (USCCB, 2002), all held that members of the Catholic

community are obliged to develop a deeper understanding of those with disabilities, and must vigilantly work to integrate them into the community. Particularly related to special education, the bishops stated, “the right of the handicapped to receive religious education adapted to their special needs also challenges the ingenuity and commitment of the Catholic community” (USCCB, 1972, p. 27). According to Pope John Paul II (1999),

It is the task of Bishops and priests to help parents, so that they understand and accept that life is always a gift of God, even when it is marked by suffering and illness. Every person is the object of basic rights which are inalienable, inviolable and indivisible. Every person: *therefore also the disabled handicapped*, who precisely because of their disabilities may encounter greater difficulty in the actual exercise of these rights. Thus they should not be left alone, but to be welcomed by society and, according to their abilities, integrated into it as full members. (pp.26- 27)

The authors of these documents contended that this obligation includes the integration of students with special needs into Catholic schools and parish education programs.

Further, this responsibility must be shared not only by Catholic schools and their families, but, by the whole Catholic community (DeFiore, 2006; Long & Schuttloffel, 2006; Owen, 2006). The bishops affirmed this point in a statement on the education of the poor and disadvantaged. “The unfinished business on the agenda of Catholic schools, like many other schools, also includes the task of providing quality education for the poor and disadvantaged of our nation” (USCCB, 1972, p. 34). Clearly the Church is concerned for the education of those who are disadvantaged because of poverty. In addition, the documents have expressed a deep concern for the education of those who are disadvantaged because of disabilities.

The current research on special education in the Catholic school setting illustrates that, in most instances, the stated mission and philosophy of a Catholic school promotes inclusivity and encourages the availability of programs for all attending students. In

addition, the typical mission statements of Catholic schools often espouse an imperative concern for the spiritual, academic, emotional and physical growth of each child. However, the literature revealed that Catholic schools are frequently inconsistent in the actual practice of serving students with special needs and learning disabilities (DeFiore, 2006; Durow, 2007; USCCB, 2002a). For example, in DeFiore (2006) noted, “At both the diocesan and local levels, [special education] services expanded but in an uneven fashion” (p. 460). The decentralized nature of the Catholic school system, especially in the area of finance, was a main concern for several studies (Crowley & Wall, 2007; DeFiore, 2006; Durow, 2007). Greeley (1998) added, “If the costs of Catholic education have forced Catholic schools to price themselves out of the market for some of the Catholic population, this is unfortunate” (p. 25). Few Catholic elementary schools can provide all of the costly special education services, resources and supports afforded by the public schools. In these situations, families of students with special needs often have to make the hard decision to pull their children out of the Catholic school system or look for alternative, more appropriate placement.

Most special education programs, in Catholic schools, were the result of a local initiative or specific school community need. DeFiore (2006) found that most progress occurred in dioceses and schools with strong leadership and developed resources. Durow (2007) held that Catholic elementary schools are more committed to serving students with special needs than Catholic high schools, providing more extra services, accommodations and support for their learning disabled students.

Several themes emerged from Durow’s (2007) research. In terms of mission and practice, he contended that contrary to common perceptions, the data showed that

Catholic schools are likely serving more students with special needs and disabilities than expected. According to his study, Catholic schools have employed some type of identification process and all elementary schools in the study reported making modifications for students with mild to moderate disabilities in the areas of, vision, speech, and hearing disabilities. Durow found that most often, elementary schools served students through accommodations made by the general education teacher. Most teachers adjusted materials and performed basic classroom intervention strategies for students with special needs. While some utilized public school resources and funds, others collaborated with special education consultants and support paraprofessionals at significant additional costs to the school. Of the 19 reporting systems, only two schools reported serving severely disabled students. In reference to the cost of special education, the USCCB (2002) stated, “costs must never be the controlling consideration... since provision of access to religious functions is a pastoral duty” (p. 26).

In his analysis of resources, Durow (2007) held that regular school funds, such as tuition and parish subsidies, were the primary method of funding special education in Catholic schools. Most reporting systems made some use of federal, state, and local public resources. Half of the respondents procured funds from special benefactors or by obtaining grants. One school reported charging additional costs to parents and one school claimed receiving extra diocesan funding for special education. Inadequate funding, insufficient teacher preparation, lack of confidence in working with students with special needs, inaccessible buildings, and inconsistent support from parishes and boards were reported as the most significant barriers to improved service of students with special needs. Obtaining grants for professional development in the area of special education,

improving federal and public support, and leading more effective education of parents, pastors, and boards regarding special education programs in Catholic schools, were possible solutions.

While Catholic schools have made significant progress in their ability to serve students with special needs and disabilities, Catholic schools as a collective still tend to fall short and lack cohesion and continuity. Moreau (2006) poignantly summarized DeFiore's (2006) findings:

Sadly, DeFiore indicates that the average number of students with special needs per Catholic school is only 15. Given that the approximately 11% of the general school population presents with a learning difference, of which 75% are diagnosed with a specific learning disability, this is an extremely poor show of support for this category of learners. (p. 466)

In contrast, Weavers, et al. (2006) asserted that the funding discrepancy commonly found between Catholic and public schools, and cited well in the literature, does not seriously impact the ability of a school to provide special services as some have suggested. Weavers et al. further maintained that, "the focus on the inequities in funding between public and private schools often provides and opportunity to justify the inability to provide services to students with special needs" (p. 469). They proposed that an attitude of inclusiveness, as well as problem-solving models, would lead to high quality special education for Catholic schools. They cited several examples of excellent practice such as Dayton Catholic Elementary School, the Archdiocese of St. Louis, and the Diocese of Kansas. These critical perspectives underscore the fact that further study of current special education practices in Catholic schools is imperative.

Russo, Massucci, Osborne and Cattaro (2002) presented a summary of the tenets on the Individual with Disabilities Act (IDEA) as they pertain to Catholic schools. While the governance of Catholic schools does not fall under the jurisdiction of federal law,

special education programs within Catholic schools will often coordinate with, and refer to, local public school districts and local educational agencies (LEAs) who are required to comply with legal statutes. Thus, an exploration of the federal policies and programs that pertain to special education are relevant and essential for this review of literature. Russo et al.'s research of legal implications illustrates that these beliefs are derived from the "child benefit theory" or "Lemon test" principles as they are articulated by the United States Supreme Court. Table 4 illustrates the salient points of the research by Russo et al.

The practice of serving students with special needs and disabilities has been an issue for both Catholic dioceses and schools. The history of special education within Catholic schools reveals that there are typically three models Catholic schools employ that attempt to meet the needs of this population of students: inclusion, resource pull-out programs, and specialized separate schools. Research has found that even in the absence of IDEA services, Catholic school teachers, counselors, and administrators utilize many different innovative strategies for accommodating students with disabilities. Special education programs vary from school to school, just as application and governance do. However, federal legislation mandates not only a free and appropriate public education (FAPE,) but calls for an education in the least restrictive environment. Moreau (2006) addressed these concerns when she wrote:

Like our public counterparts, we incur greater cost as we move along continuum of least restrictive environment options. At a time when Catholic schools face the greatest financial challenges in their history, the desire to reach out to the marginalized is often eclipsed by the need to tighten budgets for the general population, just to stay in operation. Of the three models, it is inclusion that has the most likelihood of surviving stiff budget cuts. (pp. 466-467)

The writings of DeFiore (2006), Dudek (1998), Durow (2007), and Moreau (2006), all affirmed the importance of finding ways to serve students with special needs in the

Catholic school. As DeFiore stated, today's Catholic school is at a place in the history of special education legislation that is both discouraging and hopeful.

Table 4

A Summary of the Individuals with Disabilities Education Act (IDEA) 2000 Applied to Catholic Schools

IDEA regulations require the identification of all children with disabilities including those in non-public schools.

Students with disabilities in religiously affiliated schools are entitled to receive on-site services.

IDEA requires that funding be available to non-public school students if needed, but the funds may not cover all the required services a student may need.

Students with disabilities in private schools have the right to services from teacher who have the same qualifications as those in public schools, but the services may be less in quantity than those in public schools.

Agostini v. Felton (1997) specifically prohibits team teaching by teachers in public and religiously affiliated schools in the religiously affiliated school (Russo et al., 2002).

Public school districts are required to consult with private schools about services, but the public school has the final decision.

When state averages are compared, IDEA provides less than 10% of special education funding (McDonald, 2000).

Note. Adapted from *Catholic Schools and the Law of Special Education* by Russo, C.W., Massucci, J.D., Osborne, A.G., Jr., & Cattaro, G.M., 2002

**These points are still applicable and reinforced under the 2004 version of IDEA.*

He made a note of the unfortunate reality many parents of children with disabilities are forced to face, "[Parents] are often confronted with a hard choice: enroll in a Catholic school and possibly forego essential rights and services of their child or enroll in a public school and retain those rights and services" (pp. 462-463). While many barriers to providing special education services, such as these, were found in the literature, much of

the research in the field was conducted from a hopeful and passionate view about the future of Catholic special education.

With suggestions for further research, and an acknowledgement of the challenges ahead, the literature stated that the trend of providing more access to students with special needs is certainly plausible (DeFiore, 2006; Dudek, 1999; Durow, 2007; Long, Brown, & Nagy-Rado, 2007). The special education literature both in the public and Catholic sectors, presumed that a model of inclusion and collaboration is required to ensure that placements are effective for children with special needs in order to facilitate the requirements of both NCLB and IDEIA 2004. The research in the field is clear. While public funds remain difficult to obtain, Catholic special educators are called to think of more creative and alternative ways to secure funding and support for the learning disabled students. In a similar response, Weavers et al. (2006) held that “change substantive enough to provide all children in Catholic schools an appropriate education, necessitates a reexamination of the historical diocesan parish school structure” (p. 469).

Summary

This final section of the literature review explored the pivotal Church documents that provide a framework for discussing special education in the Catholic school. In defining the Church’s role, and by extension, delineating the Catholic’s school’s charge to include the learning disabled, the USCCB (2002) proposed new methodological principles that impacted future pedagogy and guided practices for Catholic schools. Overall, the literature on Catholic special education recommended that Catholic school communities make a conscious commitment to include children with special learning needs. In *The State of Special Education in Catholic Schools* (2006), DeFiore outlined

the major challenges facing the Catholic schools. The overarching issues for special education in Catholic schools remain: the limited resources, funding, and support; the inability to expand and sustain special services; the recruiting and retaining of high-quality, qualified special education teachers and support personnel; and even more critical, providing and maintaining intervention services to support students with suspected or diagnosed learning disabilities both in and out of the general education classroom.

Given that today's political environment makes sources of funding unlikely, diocesan and school leaders are advised to look past this difficulty and seek new and improved ways to advocate for this population of students. Credibility and moral consistency are lost when schools focus on the lack of such resources. Thus, despite the exemplary efforts of many Catholic schools and dioceses explored in this review, the ability to include students with special needs remains a concern. Findings of the research in the field of Catholic special education support further study and research. The next section, Chapter III, outlines the methodology for this study.

CHAPTER III

METHODOLOGY

Restatement of the Problem

The recent reauthorization of IDEA (2004) has created a strong focus on the field of special education, requiring more attention from Catholic educators and schools. In contrast to their public school counterparts, Catholic elementary schools must deal with special education with limited federal funding, resources and support. Clearly, it is essential that children with learning disabilities (LD) and special needs be properly identified. Likewise, it is imperative that measures are taken to ensure that they have the proper care, educational interventions and resources at the earliest point for intervention, specifically in the primary grades. Therefore, this study sought to examine the suspected or diagnosed LD found in students of Catholic elementary schools at the primary level (K-2), for one large urban diocese in northern California. In addition, this research explored the extent to which Catholic elementary schools of this diocese implemented support programs and academic interventions for students with suspected or diagnosed LD at the primary level (K-2). Finally, this research investigated the roles of the teacher, relative to academic support of K-2 students with suspected or diagnosed LD, and teacher preparation in relation to academic success of students with suspected or diagnosed LD.

Research Design

This study utilized a researcher designed, cross-sectional survey to examine suspected and diagnosed learning disabilities found in Catholic elementary school students at the primary level (K-2), support programs provided, and academic interventions implemented, for one large urban diocese in northern California. In

addition, this survey explored the role of the primary level classroom teacher, the resource specialist and other support personnel relative to the implementation of educational support for primary level students with suspected or diagnosed LD. The purpose of this survey was to gather statistical information and relative data about the study's population. Survey research was chosen as the best method to investigate the perspectives of a large group of teachers by using a self-report mode. The researcher constructed a 90-item questionnaire (Appendix B) to assess the five research questions. Using closed-ended questions provided quantitative data to respond to the research questions. Table 5 illustrates the correlations found between the research questions and survey items.

Table 5

Correlation of Categories Found Between Research Questions and Survey Items

Research Questions	Related Questionnaire Items
1. Types of learning disabilities identified	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11
2. Educational support programs for K-2 students with learning disabilities	12,13, 14, 15, 16, 17, 18, 19, 20, 21
3. Types of academic interventions provided to K-2 students with learning disabilities	22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70
4. Role of the classroom teacher, resource teacher, and support personnel	71, 72, 73, 74, 75, 76, 77, 78
5. Teacher preparation	79, 80, 81, 82, 83, 84

To allow the greatest number of participants, the researcher chose to invite 59 out of 63 elementary schools of the diocese. One diocesan school was purposefully left out of the population because the researcher is a faculty member of that school. Three other

schools were excluded from the population because they are stand-alone middle schools and do not have any primary level students. Based on the categories of participation that met the study's criteria, it was approximated that each of the 59 schools would have a projected minimum of 4 participants ($n=236$). While variation among schools was expected, the researcher anticipated full participation from the schools that agreed to take part in the study. The following section describes the population in greater depth.

Population

The population for this study consisted of faculty and support personnel of 28 Catholic elementary schools, in one large, urban, diocese in northern California, who work with or have worked with students with suspected or diagnosed learning disabilities at the primary level (K-2). This researcher surveyed the primary level classroom teachers (K-2), the resource specialist or teacher, and all support personnel who work with or have worked with students with learning disabilities at the primary level. The support personnel included in the population was limited to any instructional aides, paraeducators, supplementary teachers, administrative personnel, and other support staff (such as counselors, psychologists, educational therapists, and coaches) who had direct instructional contact with K-2 students with learning disabilities.

The sample was comprised of primary level teachers (K-2) who have worked with or were currently working with students with suspected or diagnosed learning disabilities and specialists who supported students at the primary level (K-2) within the same population of students. These specialists included resource and learning specialists, counselors, instructional aides, educational therapists, and some administrators ($n=73$) from 28 Catholic elementary schools located in an urban diocese in Northern California

whose principals had previously agreed to have their schools participate. Three of the survey respondents declined to state the name of their school. Based on a review of the literature, the researcher developed the instrument, *Primary Level (K-2) Special Education Practices in the Catholic Elementary School*.

The survey was divided into six sections. Sections one, four, and five contained one subscale with scoring of five-point Likert-type responses. For sections two and three the responses were scored as yes or no for the program or intervention provided to students. Section six comprised demographic information in which answers were noted and compared for frequencies. In addition to the closed-ended items of the survey, 10 items were designated with an “other” response which allowed the teachers to expand their responses on items regarding the suspected or diagnosed learning disabilities, specific support programs, interventions, and teacher preparation that was particular to their own schools and experience.

Of the 100 surveys that were distributed, a return rate of 70.9% (n=78) was obtained. Thirty-two teachers (29.1%) did not return the surveys. Two surveys (.2%) were eliminated due to more than 50% incompleteness. One teacher (.1%) returned a non-completed survey with written explanation of her inability to participate due to her role as a psychologist intern who did not necessarily work with students in an instructional capacity. Two teachers (.2%) returned their surveys too late for inclusion in the data analysis. After all the invalid returns were eliminated, a final participation rate of 66.4% (n=73) was realized.

The participation rate represented 93.3% of the 30 schools in which the principals had agreed to participate in the study. Two schools (6.6%) did not respond in time. Each

of the 28 participating schools had one or more teachers respond. Three schools of the diocese declined participation because the principals reported that “their school did not have any students with suspected or diagnosed learning disabilities.” In stark contrast, the literature revealed that statistics have in fact shown that in the last 10 years, the number of school age students identified under IDEA has increased by 38% (Lyon et al., 2001; Shaywitz et al., 1999; Vaughn & Fuchs, 2003). In addition, it has been well documented that the incidence of children with disabilities is growing in Catholic schools (Brown & Celeste, 2006; DeFiore, 2006; Durow, 2007; USCCB, 2002). Three schools declined participation because they were going through accreditation and one school declined participation because it was engrossed in a building project. Two diocesan schools contacted the researcher after data analysis was complete and were too late for inclusion in the study, but wanted to express their willingness to participate in the survey.

The researcher estimated that a total of four potential respondents were expected from each of the 28 schools. These potential respondents included the classroom teachers for kindergarten, grade one, and grade two and one specialist per school. The breakdown of participation by school was as follows: 39.3% (n=11) of the schools were represented by one teacher response; 28.6% (n=8) of the schools were represented by two or three teacher responses; 17.9% (n=5) were represented by the projected four teacher responses; 14.3% (n=4) were represented by five or more teacher responses; and 10.7% (n=3) of the respondents did not include the specific names of their schools, but did note that they were located in San Francisco. The breakdown of the teacher respondents by grade level was as follows: kindergarten, 19.2% (n=14); grade 1, 24.7% (n=18); and grade 2, 24.7% (n=18). The breakdown of respondents by area of specialty was as follows: learning

specialist, 8.2% (n=6); resource specialist, 12.3% (n=9); early intervention specialist, 1.4% (n=1); counselor, 1.4% (n=1); reading specialist, 1.4% (n=1); and administrator, 4.1% (n=3). Two respondents (2.7%) declined to state their positions.

Permission was obtained from the Institutional Review Board for the Protection of Human Subjects (IRBPHS) at the University of San Francisco (Appendix C) to ensure protection of the participants who were surveyed. Participants were assured that all data is kept confidential. Permission to conduct research in the diocese and assistance with securing contact information for the principals of the elementary schools was obtained directly from the Superintendent of Catholic Schools (Appendix D). As a final step, permission to conduct research at each specific school site was obtained from each principal (Appendix E). A general letter of introduction and invitation was sent to the principal of each school asking for a listing of any potential participant names. When a principal responded affirmatively, a research packet including all cover letters, instructions, surveys, and any other necessary forms was sent directly to each principal for dissemination. For each participant, a cover letter, including an introduction to the research (Appendix F) and the survey was sent.

The diocese for this study was selected for several reasons: first, it is located in northern California and is both large and diverse; its total number of elementary schools nearly doubles the two neighboring dioceses; a variety of school enrollment sizes exists within the diocese; representation from many ethnicities and cultural backgrounds is present; Catholic elementary schools within the boundaries of the diocese include urban, inner city, and suburban locations; and the researcher was professionally familiar with the elementary schools within the diocese.

Instrumentation

The survey instrument for this study, entitled *Primary Level (K-2) Special Education Practices in Catholic Elementary Schools*, consisted of a 90-item questionnaire (Appendix B). All questions were developed by the researcher, and were divided into six major sections: types of learning disabilities and special needs identified at the primary level (K-2), educational support programs for K-2 students with disabilities, academic interventions for K-2 students with learning disabilities, roles of the teacher in relation to educational support of K-2 students with learning disabilities, teacher preparation, and general demographics.

It was estimated that a self-guided administration should take no more than 30 minutes for completion. Findings of the Validity Panel informed the researcher about the survey's length, and, three types of validity: face, content, and construct. Based on the Validity Panel's suggestions the questionnaire was adjusted accordingly. A four point, Likert-like scale was developed for use in this survey. In Section 1 (items #1-#11), the scale was used to rate the frequency of identified learning disabilities, with categories ranging from Never, Rarely, Occasionally, and Often. Table 5 illustrates the correlation of categories between the research questions and the related survey items. For Section 4 (items #71-#78) and Section 5 (items #79-#84), the scale was used to measure teacher perceptions regarding their roles in relation to educational support of LD students and perceptions of their preparedness to teach students with LD. For Section 2 (items #13-#21) and Section 3 (items #22-#60), teachers were asked to provide a yes or no response for support programs and interventions provided. Demographic information that was surveyed is reflected in the final section (items #85-#90) of the questionnaire and was

excluded from the listing. The researcher found that while the demographic data gleaned very valuable, pertinent information, the demographics were not directly related to the research questions.

Survey items found in Sections 1 (#1-#11) and Section 2 (#12-#21) incorporated language found in standardized special education forms used in the public school sector, national legislation specific to learning disabilities and special education (California State Department of Education, Individualized Education Plan [IEP]; IDEA, 1990; IDEIA, 2004; No Child Left Behind Act [NCLB], 2000). It was appropriate to draw from these outside sources because Catholic school students often receive educational assessments through their local public school districts (Durow, 2007).

Most recently, the diocese that was studied decided to adopt the Response To Intervention (RTI) program commonly used in the public school sector, and implemented RTI's three-tiered process for early intervention in all of its Catholic elementary schools that serve students with special needs. At this same meeting, a training module developed by a panel of learning specialists of the diocese, was presented by the Superintendent of Catholic Schools. The implementation of this diocesan-wide program by the Department of Catholic Schools further emphasized the importance of working in congruence with the local public schools and makes a case for further research in the field of special education.

Many survey items were aligned with standardized documents, such as the Successful Student Form (SSF) [Spring, 2007] (Appendix G). Learning disability categories for items #1- #10 were taken directly from the Areas of Concern section of this form. Reasons for the selection of items #12- #21 (types of educational support

programs) were threefold. First, learning disabilities as defined in IDEA (1999) most often refer to a student's disability in a specific subject area such as reading (dyslexia), writing (dysgraphia), and math (dyscalculia). The researcher chose to include the types of educational support programs that most closely reflect these content areas. Second, for the purposes of this study any learning disabilities that were examined included all those that are commonly suspected or formally diagnosed in primary level students. Finally, general content areas such as language arts and math, are most often examined in standardized testing, and were integrated into the survey accordingly.

The academic interventions listed in Section 3, items #22-#70 were taken from the interventions listed on the Successful Student Form (2007) but were adapted to meet the specific needs of the research. Roles of the teacher, listed in Section 4, items #71-#78, were chosen by the researcher based on common functions and responsibilities of teachers working with students with suspected or diagnosed learning disabilities as cited in the literature (Dudek, 1998; Meyen, 1996). Section 5 focused on teacher preparation and items #79-#84 were developed on the basis of the most common types of teacher preparation today (Durow, 2007; Long, Brown & Nagy-Rado, 2007; Weaver & Landers, 2002).

Validity

To establish validity, a panel comprised of 12 educational experts (Appendix H) in the areas of special education, Catholic education, elementary education, and survey research were asked to critique the questionnaire for content validity, construct validity, and face validity. The panelists were chosen because they demonstrated their expertise in the areas specified (Appendix H). The panel included 12 experts in special education,

four individuals with expertise in Catholic education, nine persons with expertise in elementary education, and three who possessed expert knowledge and experience in survey research.

The members of the validity panel were first contacted by phone or e-mail to determine their willingness to participate on the panel (Appendix I). When agreement to participate was established, the researcher mailed a hardcopy formatted packet to each panelist including a cover letter (Appendix J); the original survey entitled *Primary Level (K-2) Special Education Practices in the Catholic Elementary School* (Appendix B); a validity panel evaluation form (Appendix K); the validity panel checklist (Appendix L); and a pre-addressed, postage-paid return envelope.

The members of the panel were asked to determine: if the survey items appeared to addressed the purpose of the research questions; if the items covered the content and constructs of learning disabilities and special education practices; whether the questionnaire contained any inconsistency in wording or confusion in vocabulary; and, if the survey required any modification(s) in the layout. Panelists were asked to make any additions and deletions to the listed learning disabilities, support programs, and interventions that they felt were important and appropriate to include in a study of special education practices in Catholic elementary schools at the primary level (K-2).

The validation panel affirmed the face, content, and construct validity of the research instrument. The revised survey incorporated the recommendations, suggestions, and clarifications of the panelists. Minor spacing modifications were made to enhance the layout of the instrument. Some word choices were adjusted for clarity and better flow of the survey. After all revisions, additions, deletions, and clarifications were completed,

the total number of items on the questionnaire changed from 100 items to 90 items. All five of the main categories, which reflected the five main research questions remained the same. Minor adjustments were made to the final demographic section.

Reliability

The instrument was tested for reliability using the Test-Retest method (Creswell, 2005). A population of respondents (n=27) was selected to complete a reliability test of the instrument. Reliability participants were comprised of primary level classroom teachers, Catholic elementary teachers, special education teachers/ learning specialists, and support personnel who have worked with or are presently working with learning disabled students. The researcher selected reliability participants who reflected a similar demographic makeup as the prospective respondents of the diocese to be studied, but were not participants in the study. Individual schools, districts, and diocese where reliability participants worked were included because of their comparable features, such as, the diversity found within the diocese. The researcher contacted the reliability participants by phone and email (Appendix M) to obtain consent. After the approval of the University of San Francisco Institutional Review Board for the Protection of Human Subjects (IRBPHS) was obtained (Appendix C), survey packets as outlined in the following paragraph, were sent to each of the 27 respondents.

Each reliability packet contained a cover letter (Appendix N), a copy of the instrument, a small token of appreciation, and a postage-paid return envelope. The respondents were asked to identify themselves as a K-2 teacher, a learning specialist or resource teacher, or someone who is working with students with learning disabilities in another capacity. Each participant was asked to complete the survey, seal it in the return

envelope by the designated due date. In some cases, the researcher made arrangements to pick up the survey packets directly from the respondents.

Two weeks later, the researcher mailed identical survey packets to the same participants who responded to the first survey. The packets contained a cover letter (Appendix O), a second copy of the survey entitled *Primary Level(K-2) Special Education Practices in the Catholic Elementary School*, a return envelope and a small token of appreciation. After completing the second survey instrument (retest) respondents were asked to seal it in the return envelope by the second designated due date.

To determine reliability, cross-tabulation was utilized to calculate a percentage of agreement between the paired values of the two administrations for each item of the questionnaire. In the first administration of the survey, 26 of the 27 reliability study participants (96%) returned the surveys by the deadline (the 27th participant was too late to be included in the retest administration of the survey.) Twenty-five of the eligible retest participants (96%) completed the second administration of the survey. Table 6 reports the percentage of agreement by indicating the range of percentages and the median percentage of each subsection of the survey.

Section 6, Demographic Information, was not included in the analysis of reliability because this data was not necessary to determine the reliability of the instrument. The median percentage of agreement was 80% or higher for the five subsections of the survey instrument. This met the targeted median percentage for agreement. An analysis of the responses revealed that for Section 1, Section 2, Section 4, and Section 5, responses differed minimally. In addition, the researcher found that response omissions in the

survey administrations were random. In comparison, the median percentage of 80.8% for Section 3 was the lowest of all subsections of the survey.

Table 6

Percentage of Agreement Broken Down by Survey Subsections and Reported as Range of Percentages and Median Percentage

Survey Subsection	Range of Percentage	Median Percentage
Section 1: Types of LDs Identified in Students at the Primary Level (K-2)	58.0%-96.9%	88.8%
Section 2: Educational Support Programs	79.0%-90.0%	90.4%
Section 3: Academic Interventions	69.0%-96.2%	80.8%
Section 4: Roles of the Teacher in Relation to Ed. Support for K-2 Students	78.5%-96.2%	92.2%
Section 5: Teacher Preparation	80.0%-98.9%	96.7%

The researcher noted that of all the subsections of the questionnaire, Section 3 contained the most items (#22-70). In Section 3, respondents were asked to check off interventions they had implemented within the last school year. They were not asked to rate the effectiveness or provide an opinion. Because of these criteria and the high percentage of agreement, no changes were made to the instrument. Based on the findings of the reliability study, a high positive correlation was determined and the questionnaire was found to be reliable.

Data Collection

Data collection was conducted in three waves. When school resumed in January, a survey packet was mailed to all 30 of the participating schools. The packet contained the survey instrument, *Primary Level (K-2) Special Education Practices in Catholic Elementary Schools* (Appendix B), a cover letter (Appendix P), Participant Bill of Rights

(Appendix Q), a small token of appreciation, and a self-addressed, postage paid envelope. The cover letter explained the importance of the research, and included an assurance of confidentiality, all contact information for questions or concerns, and included explicit directions, and a deadline for the return of the survey. Participants were assured that participation in this study would not place any subject at risk, personally or professionally. An acknowledgement expressing appreciation to the participant was included at the end of the survey.

Two weeks later, a letter of encouragement (Appendix R) and a second copy of the questionnaire with a return, postage-paid envelope was mailed to non-respondents. The letter emphasized the importance of the respondent's contribution to the research and stated a deadline for return. In addition, the researcher made arrangements with the Superintendent of Catholic Schools and spoke directly to teachers and support personnel who attended a quarterly meeting for the diocese's Resource and Special Needs Program. At this meeting, the researcher informed the teachers of the study and reminded them that several of the schools who agreed to participate had not returned their questionnaires. The researcher brought copies of complete study packets and distributed them to those who asked. After the second deadline, non-respondents received a follow-up phone call or email to encourage their participation in the study. This third wave was conducted to obtain an acceptable return rate.

Data Analysis

All data was categorized according to faculty, support staff and administrative personnel responses to the survey. Research questions were analyzed using descriptive statistics, including counts (frequencies), proportions (percentages), measures of central

tendency (mean scores), and measures of variation such as the range and standard deviation (Fink, 2006). Data was analyzed within each broad category: identified learning disabilities, special education support programs, interventions, teacher preparation, and between the categories. A mean score was determined for each category and the differences between the mean scores for each category was assessed through analysis of variance techniques. Determining the mean for each group of questions allowed this researcher to measure the extent to which special education programs and special interventions, are present in Catholic elementary schools. The t-test method was be used to compare data by grade level and total teacher groups.

To answer the first research question (What types suspected or diagnosed learning disabilities emerge in primary level students (K-2) of Catholic elementary schools of the diocese?), the survey items (#1-#11) were listed according to the most commonly identified learning differences. Data was analyzed in two ways. First, frequencies and percentages were calculated for each response item. Second, percentage frequencies by grade level and total teacher group were examined for comparison using the t-test.

To answer research question two (What educational support programs are offered to support primary level (K-2) students with suspected or diagnosed learning disabilities in Catholic elementary schools of the diocese?), the frequencies and percentages of items #12-#21 were calculated, categorized by grade levels and total teacher group, and were analyzed for comparisons.

Items #22-#70 were analyzed by frequencies and percentages, in order to respond to research question three (What types of academic interventions do teachers of the diocese implement for primary level students (K-2) with suspected or diagnosed learning

disabilities?). Further, percentages of each response for all grade levels and total teacher group were examined for comparisons.

Research question four (What are the roles of the primary level classroom teacher, the resource specialist and other support personnel of Catholic elementary schools relative to the educational support for K-2 students with suspected or diagnosed learning disabilities?) was analyzed for frequencies, percentages and pooled data from items #71-#78. Data was categorized according to grade level and total teacher group. Teachers' perceptions on preparedness to implement academic support were analyzed using descriptive statistics and any correlations or regressions found were described.

In the final grouping, research question five (In what ways are teachers of primary level students (K-2) in Catholic elementary schools prepared to teach students with suspected or diagnosed learning disabilities in the regular classroom?) was answered using an analyses of the frequencies, percentages, and pooled data from items #79-#84, with data being categorized by grade level and total teacher group. The use of percentages and additional comparisons was made among the individual survey items under each broad category and among grade levels. Teachers' perceptions on the efficacy of their own teacher preparation were analyzed using descriptive statistics and any correlations or regressions found were described.

The demographic items found in Section 6 of the survey were summarized using descriptive statistics to provide an illustrative narrative of the population. Seven of the demographic items (items #85-#90) were used for profiling the characteristics of the respondents. Three of the demographic questions (#85, #86 and #87) were used to provide information about each respondent's school. To examine potential relationships

between selected demographic factors and the participant responses to the survey items, the nonparametric Kruskal-Wallis test was employed.

Qualifications of the Researcher

The experiences in the researcher's life, which prepared her for this particular study included, nine years of teaching in Catholic schools at the primary level (K-2), two years of teaching in Catholic elementary schools in third grade and fifth grade, participating in many Student Success Teams (SSTs) for both Catholic and public schools, graduate courses in special education, Catholic education and school leadership, and holding CA teaching credentials for multiple subjects (K-12) and Cross-Cultural Language and Academic Development (CLAD). In addition, the researcher is a diocesan resource specialist and has had the experience of visiting and collaborating with several Catholic elementary schools in the diocese to be studied. The researcher has attended in-services, workshops, and professional meetings at various school sites. As well, the researcher has served on two Western Association of Catholic Schools (WASC) evaluating teams and took special interest in the organization implementation of their resource programs and learning centers. Many of the schools the researcher has visited and communicated with, over the course of her 10 years with the diocese, offer the types of support programs examined in this study.

This chapter has outlined the research design and methodology of this study. The following section reports the findings of this study.

CHAPTER IV

RESULTS

Restatement of the Purpose

This study examined special education practices in Catholic elementary schools for students with suspected or diagnosed learning disabilities at the primary level (K-2) in one urban diocese in northern California. Specifically, it investigated the types of suspected and diagnosed learning disabilities (LD) found in primary level students and measured the extent to which Catholic elementary schools provide support programs and implement academic interventions. In addition, this study explored the roles of the primary level classroom teacher, the resource specialist, and other support personnel relative to the implementation of educational support for primary level students with suspected or diagnosed learning disabilities. Finally, the extent and types of teacher preparation in the area of special education were examined. This chapter reports the findings from the survey research conducted in January of 2008.

Findings of the Survey

Demographics

Demographic data, derived from Section 6 of the survey *Primary Level (K-2) Special Education Practices in the Catholic Elementary School* (Appendix A) provided meaningful information about the characteristics of the teacher participants and their schools. This data added to the understanding of the findings. The survey included a demographic section comprised of five items. Each of the five items provided the profile of the teacher participants presented in Table 7.

Table 7
Demographic Characteristics of Teacher Participants (n=73)

Survey Item	Demographic Characteristics	f	%
86	County of School Where Teacher Taught	41	56.1%
	County A	27	36.9%
	County B	5	6.8%
	County C		
87	Gender		
	Female	68	93.1%
	Male	0	
	No Response	5	6.8%
88	Total Years of Teaching	8	10.9%
	1-3 Years	13	17.8%
	4-6 Years	3	4.1%
	7-9 Years	3	4.1%
	10-12 Years	7	9.5%
	13-15 Years	5	6.8%
	16-20 Years	20	27.3%
	Over 20 Years	9	12.3%
	Over 30 Years	3	4.1%
	Over 40 Years	2	2.7%
	Unreported		
89	Current Teaching Position	14	11%
	K Classroom	18	24.6%
	Grade 1 Classroom	18	24.6%
	Grade 2 Classroom	0	
	Aide	6	8.2%
	Learning Specialist	9	12.3%
	Resource Teacher	2	2.7%
	Counselor /Intervention Specialist	1	1.3%
	Reading Specialist	3	4.1%
	Administrator	2	2.7%
	Unreported		
90	Teaching Credential		
	California Clear	23	31.5%
	California Preliminary	12	16.4%
	Lifetime Credential	24	32.8%
	Mild/ Moderate	3	4.1%
	Out of State Credential	4	5.4%
	Occupational Therapist	1	1.3%
	Resource Certificate	1	1.3%
	Unreported	3	4.1%

Note. In some cases frequencies did equal 73 and percentages were greater than 100 due to teachers reporting a combination of teaching assignments and multiple credentials.

The profile established of teacher respondents (Table 7) illustrated that the study participants were veteran teachers with more than half of the educators (67.1%) teaching for more than 10 years. Thirty-two participants (43.8%) taught for over 20 years in the same grade. In the category of total years taught, the largest group was found in the subcategory of over 20 years (27.3%). All respondents were credentialed to teach. Twenty-four (32.8%) teachers held lifetime credentials. Thirteen teachers (17.8%) held California preliminary teaching credentials and the range of their tenure went from two to thirteen years. Four teachers (5.4%) were prepared out of state, two teachers held foreign degrees and credentials (2.7%), and three (4.1%) declined to state their specific type of credential, but noted that they were credentialed. Fifteen of the total group (20.5%) indicated that they held more than one teaching credential. One respondent (1.3%) reported having specialized training in special education at the Bachelor of Arts level and four others (5.4%) reported being fully credentialed in the field of special education, either through a Master's degree or certificate program.

Figure 2 illustrates the percentage of participating schools and their reported school locations according to county. One of the demographic items (Item #86) provided descriptive data about the schools of the survey respondents. Figure 2 demonstrates that more than half of the teachers who participated in the study taught in schools located in the urban, metropolitan area, of County A (56.1%). Two respondents declined to state their schools, but indicated that they taught in County A. Over one-third of the respondents (36.9%) taught in the more suburban cluster of schools in County B. The

fewest group of participants taught in County C (6.8%). The percentages of respondents correspond to the diocese's total school population (N=62) as divided by deanery:

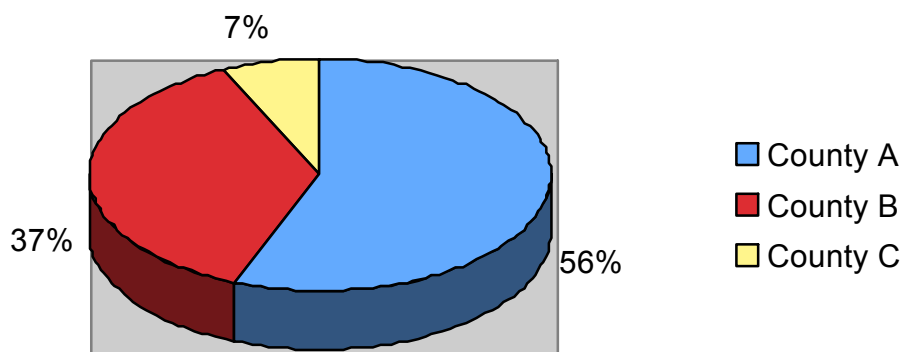


Figure 2. Percentage of participating diocesan schools according to county.

County A with 32 total schools (51.6%); County B with 22 total schools (35.4%); and, County C with 8 total schools, (12.9%).

Fifteen educators (20.5%) reported working with K-2 students with suspected or diagnosed LD as resource or learning specialists. All of these respondents were credentialed to teach in some capacity, with nine of them (60.0%) holding Masters degrees. However, responses indicated that a majority of participants who were teaching in these specific roles (66.6%) were not credentialed or certificated in special education. Of this group of specialists, seven teachers held lifetime credentials (46.6%). One teacher in this group (6.6%) held an out of state, general teaching credential. With increased demands, limited funding and support, Catholic special educators and the schools who wish to employ them, face many challenges. Brown and Celeste's (2006) examination of special education personnel preparation programs in the Institutions of Catholic Higher Education (ICHE) found that only 23.6% of ICHE graduates reported

teaching in Catholic schools. In addition 41.6% of the 88 respondents reported that their ICHE program required students to be dually certified in both general and special education. In Durow's (2007) study of Catholic special education, administrator-level respondents indicated that a shortage of teacher candidates with special education certification existed within Catholic school systems, even when schools could afford to hire them. These examples and the findings of this study, further punctuate the issues for Catholic special education.

Other study participants included three administrators (4.1%), one reading specialist (1.3%), one counselor/educational therapist (1.3%), and an early intervention specialist (1.3%). Two respondents (2.7%) declined to state their specific teaching positions. Overall, teachers were very thorough with their demographic responses, often checking multiple characteristic choices, writing comments, and providing additional information regarding their responses on the side of the page.

Survey Sections 1 Through 5

The questionnaire, *Primary Level (K-2) Special Education Practices in the Catholic Elementary School* (Appendix B), served as the instrument for teachers of an urban Catholic diocese located in Northern California to signify their perceptions. The findings are reported according to the research questions posed in the study. Kindergarten teachers, first grade teachers, second grade teachers, and support personnel categorized teacher perceptions as a total teacher group. In the data analysis, if an individual skipped a survey item, then that individual's response for the specific item was not reported in the frequencies in the tables. The percentages were calculated and reported as valid percentages.

Research Question One

What types of suspected or diagnosed learning disabilities emerge among primary level students (K-2) of Catholic elementary schools of the diocese?

An analysis of the survey responses to Section 1, Types of Suspected or Diagnosed Learning Disabilities and Special Needs at the Primary Level (K-2), sought to answer this research question. The respondents scored each item from a list of areas of concern and common learning disabilities found at the primary level (K-2) using a 4-point Likert-type scale to indicate the frequency with which they have found or referred for further assessment these areas of concern and/or suspected or diagnosed learning disabilities in their K-2 students within the last academic year. Learning disability categories for items #1- #10 were taken directly from the Areas of Concern section of the Successful Student Form (SSF) [Spring, 2007] (Appendix G). Many of these learning disabilities were represented in the literature, but it was not an exhaustive list.

The complexity of the identification process was well documented in the literature and supports the wide range of findings of this section. Findings in the literature suggested that the greatest dispute has centered in the continued utilization of the IQ discrepancy model as the primary method of identification of students (Vaughn & Fuchs, 2003). While this study did not ask teachers to indicate their specific method of identification, other than personal experience in the classroom, the researcher recognized that common disadvantages, such as late identification, imprecise screening, false negatives such as unidentified students, and the use of identified methods not linked to direct instruction were certainly possible outcomes of this study. Lyon and Fletcher (2001) proposed two key criticisms of the current identification system used in most

schools. First, they held that, after second grade, remediation is rarely effective, which supports the need for the current study. Second, they noted that contemporary measurement practices work against identifying children with disabilities before second grade. These factors should be considered when interpreting the data of this study.

To analyze the data, the frequencies and percentages were calculated for each of the responses and categorized by grade levels and total teacher group. Table 8 records the number of survey items and the pooled data of the total teacher group for each of the learning disability categories. A “never” response indicated no students were suspected or diagnosed with learning disabilities; “rarely” indicated one to two students per year; “occasionally” indicated three to four students identified; and “often” indicated five or more students identified with suspected or diagnosed learning disabilities in one academic year. The total teacher group included all survey respondents including grade level classroom teachers, resource and learning specialists, and other support personnel.

Table 8

Frequencies of Identified, Suspected or Diagnosed LD for Total Participants (n=73)

Type of LD Identified	Never		Rarely		Occasionally		Often	
	f	%	f	%	f	%	f	%
1. Organizational Skills	6	8.2	4	5.4	48	65.7	15	21.9
2. Listening Skills	2	2.7	9	6.8	24	32.8	36	49.3
3. Fine Motor Skills	3	4.1	23	31.5	28	38.3	16	21.9
4. Memory and Recall	4	5.4	23	31.5	28	38.3	16	21.9
5. Attentional Difficulties	5	6.8	7	9.5	33	45.2	28	38.3
6. Processing Difficulties	4	5.4	22	30.1	26	35.6	20	27.3
7. Behavior and Socialization	6	8.2	25	34.2	27	36.9	9	12.3
8. Math Disabilities	9	12.3	27	36.9	23	31.5	5	6.8
9. Oral Language Disabilities	5	6.8	31	42.4	22	30.1	8	10.9
10. Reading Disabilities	5	6.6	17	23.2	26	35.6	22	30.1
11. Written Language Disabilities	7	9.5	19	26.0	22	30.1	17	23.2

Note. Frequencies may not total n= 73 and percentages do not always add up to 100% due to missing data. Percentage frequencies are reported as valid frequencies.

Well over half of the total teacher group (65.7%) reported that they “occasionally” found suspected or diagnosed learning disabilities related to organizational skills in K-2 students they had taught within the last year. Approximately one-fifth (21.9%) of respondents claimed that they “often” found students with organizational disabilities at the primary level. A significant difference was noted for the “rarely” type, with the lowest percentage of teachers (5.4%) reporting the minimum number of students identified. Similarly, 8.2% of respondents claimed “never” to have identified students at the primary level with this category of disability.

Of the 11 categories of disabilities included in the survey, listening skills and attentional difficulties ranked most frequently under the “often” category, as reported by respondents at 49.3% and 38.3% respectively, for the total teacher group. Teachers indicated that listening skills were the most common with a standard deviation of 3.23 and a mean score of .96 (Appendix S) for all 73 participants. Attentional difficulties were ranked a close second with a mean of .86 and a standard deviation of 3.15 for the total teacher group. Math disabilities were the least identified with an overall mean of 1.10 and a standard deviation of 2.08 for all responses.

To investigate the differences among grade levels for the types of learning disabilities identified, the frequencies and percentages were calculated for each of the responses and categorized according to grade level for each of the learning disability categories, as follows in Tables 9, 10, and 11. No overarching correlations or general trends were found between grade levels and frequencies of identification, except that for item #2, listening skills, and item #3, fine-motor skills, both kindergarten and second

grade teachers reported the identification of at least one student with these suspected or diagnosed learning disabilities.

Table 9

Identification of Suspected or Diagnosed LDs by Kindergarten Teachers (n=14)

Type of LD Identified	Frequency and Percentage Frequency							
	Never		Rarely		Occasionally		Often	
	f	%	f	%	f	%	f	%
1. Organizational Skills	3	21.4	4	28.5	5	35.7	1	7.1
2. Listening Skills	0	0	4	28.5	6	42.8	4	28.5
3. Fine Motor Skills	0	0	6	42.8	4	28.5	3	21
4. Memory and Recall	2	14.2	4	28.5	7	50.0	1	7.1
5. Attentional Difficulties	1	7.1	4	28.5	5	35.7	4	28.5
6. Processing Difficulties	1	7.1	4	28.5	7	50.0	1	7.1
7. Behavior and Socialization	2	14.2	4	28.5	5	35.7	2	14.2
8. Math Disabilities	3	21.4	5	35.7	2	14.2	2	14.2
9. Oral Language Disabilities	1	7.1	8	57.1	4	28.5	1	7.1
10. Reading Disabilities	3	21.4	2	14.2	6	42.8	2	14.2
11. Written Language Disabilities	5	35.7	2	14.2	3	21.4	1	7.1

Note: Frequencies may not total n= 14 and percentages do not always add up to 100% due to missing data. Percentage frequencies are reported as valid frequencies.

(The frequencies for items #2 and #3 in the “never” category were zero for both groups, as evidenced in Tables 9, 10, and 11.) The researcher noted that a frequency of zero for second grade respondents of the “never” type was reported for seven different learning disability categories (Table 11). For grade one teachers, math disabilities being identified “often” was the only combination which produced a frequency of zero (Table 10).

For seven out of the eleven total disability categories (63.6%), kindergarten teachers reported most often identifying three to four students per academic year with a particular learning disability. Memory and recall and processing difficulties ranked the highest (50.0%) of the “occasional” data. Fifty-seven percent of teachers reported identifying at least one to two kindergarten students per academic year with oral language disabilities.

Table 10

Identification of Suspected or Diagnosed LDs by First Grade Teachers (n=18)

Type of LD Identified	Frequency and Percentage Frequency							
	Never		Rarely		Occasionally		Often	
	f	%	f	%	f	%	f	%
1. Organizational Skills	1	5.5	3	16.6	11	61.1	2	11.1
2. Listening Skills	2	11.1	2	11.1	6	33.3	7	38.8
3. Fine Motor Skills	3	16.6	8	44.4	5	27.7	2	11.1
4. Memory and Recall	2	11.1	4	22.2	7	38.8	1	5.5
5. Attentional Difficulties	2	11.1	6	33.3	5	27.7	3	16.6
6. Processing Difficulties	2	11.1	7	38.8	6	33.3	3	16.6
7. Behavior and Socialization	3	16.6	7	38.8	6	33.3	2	11.1
8. Math Disabilities	4	22.2	8	44.4	5	27.7	0	0
9. Oral Language Disabilities	3	16.6	7	38.8	5	27.7	1	5.5
10. Reading Disabilities	2	11.1	5	27.7	6	33.3	5	27.7
11. Written Language Disabilities	2	11.1	7	38.8	3	16	4	22.2

Note: Frequencies may not total n= 18 and percentages do not always add up to 100% due to missing data. Percentage frequencies are reported as valid frequencies.

On average, listening skills were ranked highest in identification overall with a mean score of 0.78 and a standard deviation of 3.00 (Appendix S) for all kindergarten respondents. In contrast, written language disabilities were ranked least identified overall with a mean of 1.28 and a standard deviation of 1.57 of the total kindergarten responses. First grade teachers ranked attentional difficulties as most commonly identified with a mean of 1.11 and a standard deviation of 2.99 (Appendix S) for all eighteen responses. Like the total teacher group, listening skills came in a close second with a mean of 1.23 and standard deviation of 2.89 for this grade level. As well, math disabilities were reported as the least identified by first grade teachers with a mean of .87 and a standard deviation of 1.99 for this teacher group.

While the questions of the survey were designed to gather quantitative data, many

of the respondents provided additional qualitative data by writing additional comments in the margins and on the back pages. The supplementary responses provided unique and valuable information, that demonstrated the passion and commitment shared by this population of teachers. All names were omitted and surveys were numbered for confidentiality. The additional responses are included in this chapter.

Table 11

Identification of Suspected or Diagnosed LDs by Second Grade Teachers (n=18)

Type of LD Identified	Frequency and Percentage Frequency							
	Never		Rarely		Occasionally		Often	
	f	%	f	%	f	%	f	%
1. Organizational Skills	0	0	5	27.7	8	44.4	5	27.7
2. Listening Skills	0	0	3	16.6	5	27.7	10	55.5
3. Fine Motor Skills	0	0	8	44.4	7	38.8	3	16.6
4. Memory and Recall	0	0	9	50.0	7	38.8	2	11.1
5. Attentional Difficulties	1	5.5	0	0	13	72.2	4	22.2
6. Processing Difficulties	1	5.5	7	38.8	7	38.8	3	16.6
7. Behavior and Socialization	1	5.5	7	38.8	7	38.8	3	16.6
8. Math Disabilities	2	11.1	8	44.4	6	33.3	2	11.1
9. Oral Language Disabilities	0	0	13	72.2	2	11.1	2	11.1
10. Reading Disabilities	0	0	7	38.8	9	50.0	2	11.1
11. Written Language Disabilities	0	0	6	33.3	10	55.5	2	11.1

Note: Frequencies may not total n= 18 and percentages do not always add up to 100% due to missing data. Percentage frequencies are reported as valid frequencies.

Teacher #8 added the following insights pertaining to this section (Items #1-11):

In first grade students are working to develop these skills. My concern may stem from a child's or group's seemingly slow progress in one of these areas, not necessarily a suspected learning disability. [For example] many of my students have poor listening skills and perhaps one or two need to be tested for an actual LD.

Teachers of second graders (n=18) ranked listening skills as the most commonly identified disability with a mean of .78 and a standard deviation of 3.39. In contrast to their primary level counterparts, these teachers ranked oral language disabilities as the least commonly identified with a mean score of .88 and a standard deviation of 2.22 (Appendix S) at the second grade level.

To investigate the differences found by respondents who were specialists for the types of learning disabilities identified at the K-2 level, the frequencies and percentages were calculated for each of the responses and categorized according to the responses given by all resource specialists (n=9), learning specialists (n=6) and other support personnel (n=6) for each of the learning disability categories, as illustrated in Table 12. The other support personnel category included one counselor/educational therapist, three administrators, one early intervention specialist, and one reading specialist.

Table 12

Frequency of Identification of Suspected or Diagnosed LDs by Specialists and Support Personnel (n=21)

Type of LD Identified	Frequency and Percentage Frequency							
	Never		Rarely		Occasionally		Often	
	f	%	f	%	f	%	f	%
1. Organizational Skills	2	9.5	2	9.5	8	38.0	6	28.5
2. Listening Skills	1	4.7	0	0	6	28.5	13	61.9
3. Fine Motor Skills	0	0	1	4.7	10	47.6	8	38.0
4. Memory and Recall	0	0	4	19.0	9	42.8	12	57.1
5. Attentional Difficulties	0	0	1	4.7	8	38.0	12	57.1
6. Processing Difficulties	0	0	3	14.2	5	23.8	13	61.9
7. Behavior and Socialization	3	14.2	6	28.5	7	33.3	2	9.5
8. Math Disabilities	2	9.5	4	19.0	9	42.8	1	4.7
9. Oral Language Disabilities	3	14.2	1	4.7	11	52.3	4	19.0
10. Reading Disabilities	1	4.7	2	9.5	5	23.8	13	61.9
11. Written Language Disabilities	1	4.7	2	9.5	6	28.5	10	47.6

Note: Frequencies may not total n= 21 and percentages do not always add up to 100% due to missing data. Percentage frequencies are reported as valid frequencies.

Overwhelmingly, specialists rarely selected “never” when identifying suspected or diagnosed learning disabilities. In addition, in most cases where “never” was checked, it was an administrator’s response. Of the 11 learning disabilities, specialists reported frequencies of zero for “never” when identifying fine motor skills, memory and recall, attentional difficulties, and processing difficulties within an academic year. Most frequently, the specialists’ collective response choices occurred in the “occasionally” or

“often” groupings across all disability categories.

Research Question Two

What educational support programs are offered to support primary level (K-2) students with suspected or diagnosed learning disabilities in Catholic elementary schools of the diocese?

The participants' responses to Section 2 of the questionnaire, Educational Support Programs for K-2 Students with Suspected or Diagnosed Learning Disabilities, provided the data to answer research question two. The respondents completed a checklist of 10 items indicating whether or not a specific educational support program was provided for K-2 students at their school. All respondents included the K-2 classroom teachers, specialists, and support personnel who worked with or were presently working with K-2 students within the last academic year. These educational support programs represented those presented in the literature on learning disabilities, early intervention, and special education in Catholic elementary schools, but did not provide an exhaustive list.

Table 13 illustrates that more than two-thirds of the survey respondents (82.1%) indicated that some type of special education support program or resource class was provided to K-2 students at their school. Nearly two-thirds of participants (71.2%) noted that counseling support was offered to primary level students at their site. Of the individualized support programs, pull-out programs in language arts and math comprised the highest number of positive responses, totaling 79.4% and 39.7% respectively. While inclusive or “push-in” support programs were provided at some school sites, they comprised approximately 30% of the total school population, which was significantly less than their pull-out counterparts. After-school tutoring programs were provided by

approximately one-third (30.1%) of the respondent's schools. Several teachers indicated that informal tutoring programs, such as "homework club," "study buddies," and "peer tutoring" were available at their schools.

Table 13

Frequency of Types of Educational Support Programs by Total Teacher Group (n=73)

Type of Support Program Provided	Frequency and Percentage Frequency			
Item #	Provided		Not Provided	
	f	%	f	%
12. Special Education or Resource Program	60	82.1	13	17.8
13. Pull-out Language Arts	58	79.4	15	20.5
14. Pull-out Math	29	39.7	44	60.2
15. Pull-out Other Content Area	9	12.3	64	87.6
16. Inclusive Language Arts	22	30.1	51	69.8
17. Inclusive Math	18	24.6	55	75.3
18. Inclusive Other Content Area	10	13.6	63	86.3
19. On-Site Counseling Program	52	71.2	21	28.7
20. After-school Tutoring Program	22	30.1	51	69.8
21. Other Support Programs	13	17.8	60	82.1

Note: Frequencies may not total n= 73 and percentages do not always add up to 100% due to missing data. Percentage frequencies are reported as valid frequencies.

The findings of this study were comparable to findings of the USCCB (2002) report on Catholic school children with disabilities. The USCCB reported that, typically, parochial schools have utilized the pull-out resource class as the primary method of instruction for special education. The USCCB found that in-class accommodations by classroom teachers were common practice, but the service of students with learning disabilities in the general classroom was relative to the specific school site. In addition, the study noted that continuity of practice among schools was not found. Likewise, this study found that, for each of the 28 participating schools, special education practices were extremely diverse and very specific to each school site.

While each school reported serving students with LD in some capacity, responses indicated that continuity of practices within the same school between classrooms and

grade levels was rarely the same. Teacher #28 shared, “I will often go into the general classroom to provide support in language arts, but it is not a formal ‘push in’ program or something that is scheduled.” Participant #10 remarked, “My school is able to pull-out for any area needed and in addition we have the extra support of a dedicated speech and language therapist.” Respondent #8 reported having access to a resource specialist at her site, but “preferring not to take any resource slots as she has an outstanding aide and a Title I reading specialist” for her first graders. Termini (2007) echoed some of these sentiments, “No single approach can be used by every [Catholic] school. The needs of the students and teachers in each school are unique” (p. 9). This study revealed that special education was, in fact, very specialized and unique to each localized school and student body.

To investigate the differences among specific grade levels for the types of educational support programs provided, the frequencies and percentages were calculated for each of the responses and categorized according to the responses given by each grade level teacher for each of the learning disability categories as illustrated in Table 14.

Table 14

<i>Frequency of Types of Educational Support Programs by Grade Level (n=50)</i>							
Type of Support Program Provided	Frequency and Percentage Frequency						
Item #	K(n=14)		Gr.1(n=18)		Gr. 2 (n=18)		
	f	%	f	%	f	%	
12. Special Education or Resource Program	11	78.5	16	88.8	11	61.1	
13. Pull-out Language Arts	11	78.5	15	83.3	12	66.6	
14. Pull-out Math	7	50.0	6	33.3	7	38.8	
15. Pull-out Other Content Area	1	7.1	1	5.5	2	11.1	
16. Inclusive Language Arts	5	35.7	2	11.1	5	27.7	
17. Inclusive Math	5	35.7	1	5.5	6	33.3	
18. Inclusive Other Content Area	0	0	0	0	2	11.1	
19. On-site Counseling Program	10	71.4	14	77.7	10	55.5	
20. After-school Tutoring Program	5	35.7	3	16.6	7	38.8	
21. Other Support Programs	1	7.1	5	27.7	2	11.1	

Note: Frequencies may not total $n=21$ and percentages do not always add up to 100% due to missing data. Percentage frequencies are reported as valid frequencies. To investigate the differences among specialists and support personnel, the

frequencies and percentages were calculated for each of the responses and categorized according to resource specialists, learning specialists and the combined responses for the remaining support personnel as presented in Table 15. The combined responses represent three administrators, one early intervention specialist, one reading specialist, and one counselor/psychologist.

Table 15

<i>Frequency of Types of Educational Support Programs by Specialists (n=21)</i>						
Type of Support Program Provided	Frequency and Percentage Frequency					
Item #	RS (n=9)		LS (n=9)		SP (n=6)	
	f	%	f	%	f	%
12. Special Education or Resource Program	9	100.0	6	100.0	6	100.0
13. Pull-out Language Arts	9	100.0	5	83.3	5	83.3
14. Pull-out Math	2	22.2	6	66.6	3	50.0
15. Pull-out Other Content Area	1	11.1	3	50.0	1	16.6
16. Inclusive Language Arts	4	44.4	3	50.0	3	50.0
17. Inclusive Math	2	22.2	2	33.3	2	33.3
18. Inclusive Other Content Area	3	33.3	1	16.6	2	33.3
19. On-site Counseling Program	8	88.8	6	100.0	3	50.0
20. After-school Tutoring Program	5	35.7	2	33.3	2	33.3
21. Other Support Programs	2	22.2	1	16.6	0	0

Note: Frequencies reported by specialists may not total $n=21$ and percentages do not always add up to 100% due to missing data. Frequencies are reported as valid.

Research Question Three

What types of academic interventions do teachers of the diocese implement for primary level students (K-2) with suspected or diagnosed learning disabilities?

An analysis of the survey responses to Section 3, Academic Interventions for K-2 Students with Suspected or Diagnosed Learning Disabilities, sought to answer this research question. Study participants indicated whether or not they provided specific interventions for their K-2 students within the last academic year by marking a checklist.

Fifty interventions were divided into four distinct categories: teaching mode, teaching setting, assignments/materials, and assessment. Intervention categories were aligned with the Successful Student Form 2007 which was compiled and disseminated by the diocese of study (Appendix G). Tables 16, 17, 18, and 19 illustrate the interventions investigated in the study and the general categories of intervention.

An open-ended, “other” item was provided for each intervention category and was not included in the group analysis of total interventions. If teachers checked that they implemented an intervention, a rank score of “1” was assigned. If teachers did not indicate that they implemented the intervention, a “0” was assigned. Teachers who responded with a not-applicable or other response were excluded from the frequency count. For the 46 specific interventions investigated in the study (Appendix B), a wide range of scores was found with a lowest mean of .08% and the highest mean score of .97% for four “teaching mode” items as illustrated in the table below.

The Catholic elementary school educators responding to the study implemented interventions for primary level students with suspected or diagnosed learning disabilities primarily through interventions of their teaching mode. Four specific teaching mode interventions (using short, simple instructions; rephrasing directions; giving positive verbal reinforcement or feedback; and promoting regular home/school communication) ranked at the top with a 97.1% reported implementation. Teaching mode strategies utilized less frequently were reported to be the “use of study guides” (30.1%) and “computer aided instruction” (38.3%). “Preferential seating” was reported as the teaching setting intervention implemented most frequently (91.7%).

For Tables 16 through 19, survey respondents were asked to indicate whether or

not an intervention was provided for students with suspected or diagnosed learning disabilities by checking yes or no. The following tables are presented according to the general academic intervention category associated with the particular intervention. Mean scores and standard deviations were found for each intervention. Although some data was missing, all mean scores and standard deviations were reported as valid for the total teacher group (n=73).

Table 16

Mean Scores of Academic Interventions Items #22-38

Item #	Academic Intervention Category	Mean	Standard Deviation
	Teaching Mode Total	0.75	0.31
22.	Use multi-sensory techniques	0.93	0.25
23.	Use short, simple instructions	0.97	0.16
24.	Rephrase directions	0.97	0.16
25.	Provide taped and/or written directions	0.48	0.50
26.	Provide computer-aided instruction	0.38	0.49
27.	Pre-teach vocabulary and concepts	0.81	0.40
28.	Use study guides	0.30	0.46
29.	Use small group instruction	0.96	0.20
30.	Use individual instruction	0.92	0.28
31.	Use peer-partner (study buddy)	0.70	0.46
32.	Provide think time before calling on student	0.88	0.33
33.	Have student paraphrase information	0.78	0.42
34.	Give positive verbal reinforcement or feedback	0.97	0.16
35.	Prepare student for changes in routines	0.81	0.40
36.	Promote regular home/school communication	0.97	0.16
37.	Explicit/direct instructions	0.89	0.31
38.	Other teaching mode intervention	0.08	0.28

Note. Range of scores possible for Items #22-38 were from 0-1.

Table 17

Mean Scores of Academic Interventions Items #39-43

Item #	Academic Intervention Category	Mean	Standard Deviation
	Teaching Setting Interventions Total	0.70	0.31
39.	Assign preferential seating	0.92	0.28
40.	Schedule student to leave class for assistance	0.84	0.37
41.	Adjust time for completion of assignments	0.89	0.31
42.	Allow frequent breaks or vary activities	0.81	0.40
43.	Other teaching setting intervention	0.05	0.23

Note. Range of scores possible for Items #39-43 were from 0-1.

Table 18 and Table 19 which are comprised of interventions related to

assignments, materials, and assessment are continued on the following page.

Table 18

Mean Scores of Academic Interventions Items #44-60

Item#	Assignments & Materials Total	0.41	0.43
44.	Reduce work load	0.66	0.41
45.	Change format of assignments	0.51	0.50
46.	Break assignments into series of smaller tasks	0.64	0.48
47.	Provide copies of notes/assignments	0.32	0.47
48.	Use of alternative materials	0.55	0.50
49.	Visually modify materials	0.49	0.50
50.	Use highlighted texts	0.26	0.44
51.	Provide opportunity for oral response	0.77	0.43
52.	Use calculator for problem solving	0.08	0.28
53.	Use computer to support instruction	0.34	0.48
54.	Use audio books for reading support	0.52	0.50
55.	Encourage use of Post-its	0.18	0.39
56.	Use graphic organizers (mind-maps, charts)	0.51	0.50
57.	Encourage use of pictures/symbols	0.73	0.45
58.	Use of second set of textbooks	0.23	0.43
59.	Provide study plan or guide	0.25	0.43
60.	Other	0.03	0.16

Note. Range of scores possible for Items #44-60 were from 0-1.

Table 19

Mean Scores of Academic Interventions Items #61-70

Item#	Assessment Total	0.40	0.47
61.	Modify written format of test	0.27	0.45
62.	Modify format – dictated test	0.41	0.50
63.	Modify format – open book test	0.27	0.47
64.	Modify format – oral test	0.47	0.50
65.	Modify format – project based test	0.16	0.37
66.	Modify timing of assessment	0.56	0.50
67.	Incorporate homework as an assessment	0.34	0.48
68.	Offer credit for class participation	0.45	0.50
69.	Avoid penalizing for minor errors	0.67	0.47
70.	Other Assessment Interventions	---	---

Note. Range of scores possible for Items #61-70 were from 0-1.

The category of intervention utilized less frequently overall was assessment (40.0%), followed closely by assignments/materials (41.0%). Within assignments/materials, providing students with the opportunity to respond orally was reported most frequently

(76.7%). For interventions in assessment, the modification of the timing of the assessment ranked the highest (56.1%) with respondents.

Unlike the findings for research questions one and two, which reported the data regarding the types of learning disabilities identified and support programs offered to K-2 students with suspected or diagnosed learning disabilities, there were fewer differences found among grade levels regarding the implementation of academic interventions. Table 20 illustrates the implemented interventions separated by grade level. For the intervention category of teaching setting, teachers across the board affirmed that they provided all five interventions listed, excluding the “other” open-ended option. Still, a pattern revealed that the younger the grade level, the less likely interventions were provided. Of the 50 intervention choices, there were eight interventions (16.0%) that all kindergarten teachers reported providing 100% of the time. This group included: using short, simple instructions, rephrasing directions, small group instruction, individual instruction, positive reinforcement, promoting regular home/school communication, and preferential seating. Most interventions that kindergarten teachers provided focused on the mode of teaching, rather than the setting, assignments/materials, and assessment.

Developmental appropriateness may have accounted for mixed results in the findings regarding the differences among the interventions provided. Some kindergarten and first grade teachers indicated that many of the interventions listed were not appropriate for their grade level. For example, two kindergarten teachers noted that they did not provide formal assessments for their students and, therefore, they did not provide interventions for this category. Several teachers shared that “all written tests are dictated for the entire class.” Other comments included, “While some of these strategies were

used to assist specific students, they are generally part of classroom practice in first grade” (Participant #8) or “I rarely have timed assignments in the classroom” (Participant #13, grade 2 teacher). Teachers #10 and #31 held similar beliefs: “Most of these [interventions] are not for grades K-2, but are commonly implemented in grades 3-8.” Likewise, interventions related to assignments and materials, such as providing notes, study guides, or highlighted texts were not commonly implemented in the lower grades.

Table 20

Implemented Special Education Interventions According to Grade Level

Intervention Category	No. of items	Frequency of Implementation					
		K(n=14)		Gr. 1(n=18)		Gr. 2(n=18)	
		P ^a	NP ^b	P ^a	NP ^b	P ^a	NP ^b
1. Teaching Mode	6	13	4	14	3	16	1
2. Teaching Setting	17	5	1	5	1	5	1
3. Assignment/Materials	10	2	15	5	12	9	8
4. Assessment		1	9	4	6	5	5

Notes: P^a= Provided intervention at 50% or greater for total intervention category

NP^b= Not Provided at 50% or greater for total intervention category

Several interventions were not as readily integrated into the curriculum as others across all grade levels. These interventions scored a total mean score of .30% and are listed on the Table of Means and Standard Deviations (Appendix S) and under for implementation. These included: the use of a calculator, providing copies of notes, study guides, highlighting texts, computer aided instruction, using post-its, providing a second set of books, creating a study plan, modifying tests, open book tests, and using projects for an assessment.

Still, some teachers reported special education practices that were exclusive to their school. For example, teacher #13 noted that she “incorporated science, art, and tactile experiences such as hands-on labs for LD students.” Respondent #22 indicated the use of “stress balls to promote attention.” Other specific intervention programs reported by

participants included “Good as Gold Coupons” for positive reinforcement, and “Making Words” and “Handwriting Without Tears” as multi-sensory techniques.

Many specialists indicated that they did “not grade” student work with many providing individualized in-depth assessments to target areas of need, versus curriculum-based measures that were part of the general education program. Respondent #31 reported that she functioned “more as a special needs coordinator and did not implement interventions on a regular basis.” Teacher #10 remarked, “Many of these interventions are just best practices or good teaching. For example, we use technology with all students in our school.” Study participants reported such a variety of practices that the overall findings pointed to the need for future research to discover whether the implementation of these interventions incorporated from the Successful Student Form 2007 (Appendix G) and those suggested by respondents are linked to student learning.

Research Question Four

What are the roles of the primary level classroom teacher, the resource specialist and other support personnel of Catholic elementary schools relative to the educational support for K-2 students with suspected or diagnosed learning disabilities?

An analysis of the survey responses to Section 4, Roles of the Teacher in Relation to Educational Support for K-2 Students with Suspected or Diagnosed LD, sought to answer this research question. The respondents scored their perception of preparedness for each item from a list of special education practices commonly implemented at the primary level (K-2) for students with suspected or diagnosed learning disabilities, using a 4-point Likert-type scale to indicate the rank with which they felt adequately prepared to

implement these practices. A “not applicable” category was provided for each item.

Results of this section, for the total teacher group are illustrated in Table 18.

Findings revealed that teachers were most confident referring students with learning disabilities with item #72 ranking the highest overall mean score of 3.25, with a standard deviation of 1.09 (Appendix S) for the total teacher group.

Table 21

Perceptions of Preparedness for Teacher Roles for the Total Teacher Group (n=73)

Teacher Roles in Special Education Item #	Frequency and Percentage Frequency							
	Strongly Disagree		Disagree		Agree		Strongly Agree	
	f	%	f	%	f	%	f	%
71. Identify areas of concern	4	5.4	6	8.2	24	32.8	35	47.9
72. Refer students with LD	2	2.7	6	8.2	21	28.7	40	54.7
73. Recommend research-based interventions	2	2.7	12	16.4	25	34.2	21	28.7
74. Implement research based interventions	2	2.7	9	12.3	27	36.9	22	30.1
75. Differentiate instruction for LD students	3	4.1	6	8.2	28	38.3	34	46.5
76. Collaborate with pull-out teacher	3	4.1	4	5.4	21	28.7	32	43.8
77. Collaborate with classroom teacher	1	1.3	3	4.1	10	13.6	31	42.4
78. Other	0	0	0	0	1	1.3	2	2.7

Note. Frequencies may not total n= 73 and percentages do not always add up to 100% due to missing data. Percentage frequencies are reported as valid frequencies.

Forty teachers (54.7%) “strongly agreed” that they felt prepared to refer students for special educational services or further testing. This was followed by close to half of the respondents (47.9%) who “strongly agreed” that they felt prepared to identify areas of concern. Participant #22 commented, “I often refer [students] to specific tutors with backgrounds in special education or learning disabilities.” Teachers were in agreement that they felt less prepared to recommend and implement research-based interventions at 28.7% and 30.1% respectively. Of the seven specific teacher roles, collaborating with the classroom teacher, item #77, scored the lowest with a mean of 2.21 and a standard deviation of 1.84 for all 73 responses.

Research has indicated that great diversity exists within Catholic special education

programs (Brown & Celeste, 2006; Durow, 2007; USCCB, 2002). While in-class accommodations and collaboration among teachers to support students with LD are common practice, the practice of inclusion or mainstreaming remains complex.

Participant #28 spoke to the complexity of collaboration and inclusion, “I personally use many of these interventions in the resource program and I try to collaborate with classroom teachers on the interventions that they provide, such as helping them write intervention plans. But, I intentionally left many of the interventions blank because they are really done by the classroom teacher in the general classroom.”

Another major concern for Catholic special education is that many teachers who work with students with learning disabilities or special needs do not have adequate preparation, formal preparation, and appropriate credentials to do so (Durow, 2007; USCCB, 2002). With respect to Catholic schools, Dudek (1998) added, “Children with special needs and regular-classroom teachers often lack the ancillary supports needed to help them achieve success” (p. 8). Findings of this study raise similar concerns. Responses for this section illustrate that classroom teachers are more comfortable referring students with suspected or diagnosed learning disabilities to outside sources, rather than recommending and implementing the interventions themselves.

Research Question Five

In what ways are teachers of primary level students (K-2) in Catholic elementary schools prepared to teach students with suspected or diagnosed learning disabilities in the regular classroom?

The participants’ responses to Section 5 of the questionnaire, Teacher Preparation, provided the data to answer research question five. The respondents used a 4-point Likert-type scale to rank their opinions of the types of teacher preparation that have

prepared them for teaching K-2 students with suspected or diagnosed learning disabilities. A “not applicable” category was provided for each item. Frequencies and percentage frequencies for this section are presented in Table 19.

Of the seven categories of teacher preparation, respondents ranked highest their teaching credential programs over all other categories as having prepared them to teach K-2 students with suspected or diagnosed learning disabilities.

Table 22

Perceptions of Preparedness Based on Type of Teacher Preparation Completed (n=73)

Type of Teacher Preparation	Frequency and Percentage Frequency							
Item #	Strongly Disagree		Disagree		Agree		Strongly Agree	
	f	%	f	%	f	%	f	%
79. BA Special Education	2	2.7	1	1.3	3	4.1	0	0
80. Credential Program	2	2.7	9	12.3	33	45.2	15	20.5
81. Master's Program	1	1.3	2	2.7	15	20.5	12	16.4
81. Doctoral Program	0	0	0	0	0	0	0	0
83. Course in Exceptional Children	0	0	2	2.7	21	28.7	8	10.9
84. Archdiocesan Workshop	0	0	0	0	25	34.2	7	9.5
85. Other	0	0	0	0	5	6.8	18	24.6

Note. Frequencies may not total n= 73 and percentages do not always add up to 100% due to missing data. Percentage frequencies are reported as valid frequencies.

Forty-eight teachers (65.7%) agreed or strongly agreed that their general multiple subject credential program had best prepared them to teach primary level students with special needs. In his 2007 study, Durow found that Catholic elementary schools most often served [special education] students through accommodations made by the general education teacher, rather than a specialized program. Durow noted that most teachers adjusted materials and performed basic classroom intervention strategies for students with special needs. While California teacher preparation programs require candidates to take one course in special education, few respondents indicated they felt unprepared to

work with LD students, even if they were not formally prepared or specifically credentialed.

Twelve teachers (16.4%) specifically cited the Parents Education Network (PEN) and its workshops as an effective means of preparation. Seventeen respondents (23.2%) referred to a family or personal relationship as a means of preparing them for teaching students with special needs. Table 23 presents the demographic information related to teacher positions and teaching credentials held for the total teacher group (n=73). Well over half of the respondents were primary level classroom teachers, with approximately one-third of the respondents holding specialist positions.

Table 23

Frequency of Teacher Positions and Credentials for the Total Teacher Group (n=73)

Teaching Position and Credentials	f	%
Current Teaching Position	14	19.1%
K Classroom	18	24.6%
Grade 1 Classroom	18	24.6%
Grade 2 Classroom	0	0%
Aide	6	8.2%
Learning Specialist	9	12.3%
Resource Teacher	2	2.7%
Counselor /Therapist	1	1.3%
Reading Specialist	3	4.1%
Administrator	2	2.7%
Unreported		
Teaching Credential		
California Clear	23	31.5%
California Preliminary	12	16.4%
Lifetime Credential	24	32.8%
Mild/ Moderate	3	4.1%
Out of State Credential	4	5.4%
Occupational Therapist	1	1.3%
Resource Certificate	1	1.3%
Unreported	3	4.1%

Note. Frequencies may not total n= 73 and percentages do not always add up to 100% due to missing data. Percentage frequencies are reported as valid frequencies.

Close to half of the teachers (43.8%) agreed that the special education workshops provided by the diocese prepared them to work with K-2 students with suspected or diagnosed LD. DeFiore (2006) found that most progress [in special education] occurred in dioceses and schools with strong leadership and developed resources. This study affirmed that such was the case with this diocese. Overall, the perceptions of the total teacher group indicated that all teacher preparation categories they experienced had prepared them to teach students with suspected or diagnosed learning disabilities at the primary level. Specifically, with the full support of the superintendent, and the dedication evidenced in the survey responses, it is clear that professional development in special education will continue for teachers of this diocese and that students with suspected or diagnosed learning disabilities will continue to be served. The work of Termini (2007) helped bring closure to these findings.

While experience tells us that we cannot include all children with special needs in our Catholic schools, we can do more. The heart's desire to be inclusive must be paired with a willingness to learn and a commitment from school administrators to train teachers to utilize strategies that meet the needs of diverse learners. (p. 9)

This study generated baseline data regarding the perceptions of primary level (K-2) Catholic elementary schools of a large, urban diocese located in northern California regarding special education practices for students with suspected or diagnosed learning disabilities. The next section, Chapter V, offers a summation of these major findings and the conclusions of the study. These conclusions suggest implications, as well as recommendations, for future research and practice which are addressed in the following chapter.

CHAPTER V

CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Restatement of the Problem

Special education is a field that has evolved and rapidly grown over the last 40 years. A recent study by the USCCB (2002) found that 7% (approximately 185,000) of the nearly 2.6 million students enrolled in Catholic schools have learning disabilities (LD). These developments have impelled many in Catholic education to direct their focus on special education (Council for American Private Education, 2004; DeFiore, 2006; Long & Shuttloffer, 2006; United States Catholic Conference of Bishops [USCCB], 2004). Comparatively, statistics taken from the Office of Special Education Programs (OSEP) annual report to Congress (2005) for public schools across the nation indicated that approximately 4% to 6% of all public school students were classified as having specific learning disabilities (SLD). These combined findings suggest that every teacher, whether at a public or Catholic school, can expect to find students with learning disabilities in the classroom. For students with special needs or LDs enrolled in Catholic schools, federal legislation does not guarantee funds, resources, services, or academic support. Thus, several problems exist for Catholic special education.

DeFiore (2006) noted, “Parents of such children are confronted with a hard choice: enroll in a Catholic school and possibly forego essential rights and services for their child or enroll in a public school and retain those rights and services” (pp. 462-463).

Consequently, an increased demand for special education services continues to exceed the resources available in Catholic elementary schools. In addition, within the Catholic elementary school setting, very few teachers who are assigned special education or

resource classes have had formal preparation to teach special education. Even fewer hold specialized degrees or credentials in special education (Long & Shuttloffel, 2006; USCCB, 2002).

Two essential points were revealed in the literature and support the need for this study. Children with LD must be properly identified. Likewise, measures need to be taken to ensure that these children have the proper educational interventions and resources at the earliest point for intervention, specifically in the primary grades. Few studies have investigated special education at the primary level and even less have focused on Catholic education (DeFiore, 2006; Dudek, 2000; Long & Shuttloffel, 2006; Weaver & Landers, 2002). This research study examined these issues.

Overview of the Study

The purpose of this study was to examine the extent to which special education practices were implemented at the primary level (K-2) for students with suspected or diagnosed learning disabilities in a large, urban diocese in Northern California. Specifically, this study investigated the following: the types of learning disabilities identified, the educational support programs provided, the academic interventions implemented, the roles of the teacher in relation to educational support, and teacher preparation in relation to teaching K-2 students with suspected or diagnosed learning disabilities.

The perceptions of primary level educators and support personnel were represented by a total of 73 respondents, who answered a 90-item questionnaire on special education practices for this research study. The participation rate for the survey was 66.4% of the teachers who represented 93.3% of the schools who agreed to participate. Proportional

representation of grade levels taught was as follows: kindergarten, 19.7%; grade 1, 24.6%; and grade 2, 24.6%. Specialists and support personnel represented 28.7% of the total teacher group.

Using a Likert-like scale for five sections of a six-section survey, *Primary Level (K-2) Special Education Practices in the Catholic Elementary School* (Appendix B) the respondents supplied data that answered the five research questions and provided demographic information about the participants and their schools. For one section, a checklist was used to identify if interventions were or were not implemented by each teacher. Additionally, study participants expanded their responses to the closed-ended questions by offering their viewpoints on several open-ended questions and by including unsolicited, supplemental responses. These comments disclosed insights and motivations for their responses to the closed-ended questionnaire items.

The responses to the survey questions were categorized according to kindergarten teachers, first grade teachers, second grade teachers, specialists, and support personnel as a total teacher group. Frequencies and percentages for each of the 90 survey items were calculated. Data were pooled in order to make comparisons among learning disabilities identified, support programs provided, academic interventions implemented, roles of the teacher, and teacher preparation. Percentage frequencies by grade level were considered to reveal differences among grade levels for each survey item. In addition, percentage frequencies of specialists and support personnel were compared to reveal differences and glean relational data. Finally, demographic information was analyzed and compared. In the next section, the summary of the major findings and conclusions are discussed.

Major Findings and Conclusions

Demographics

The demographic profile revealed that a majority of the study participants taught in the more urban, metropolitan area of County A (56.1%); were veteran elementary teachers who taught for more than 10 years (64.3%); were female (93.1%); were credentialed teachers (100%); obtained bachelor's degrees as their highest level of education (58.9%); and, had tenures in a variety of elementary school settings, both Catholic and public, in their educational careers. Forty-one percent of the total teacher group held Master's degrees with nearly half of the teachers (43.8%) reporting that they taught for over 20 years at the same grade level. In unsolicited comments, teachers expressed their pleasure to participate in the study, their passions regarding Catholic special education and the insights brought about through their participation in the research and self-reflection. Respondents taught in both urban and suburban environments. Approximately one-fifth (19.1%) of participants indicated they were kindergarten teachers; eighteen teachers represented both the first and the second grade teachers (24.6%); and, specialists and support personnel comprised about one-third (28.7%) of the total respondents.

Research Questions One Through Five

Through the examination of research questions one through five, several themes emerged. Aligned with the inclusive mission of Catholic education to encourage the availability of programs for all students, a majority of the elementary Catholic schools of the diocese surveyed provided some type of program, special practices, or support for special needs students. This common practice is supported in the literature (Brown &

Celeste, 2006; Durow, 2007;). However as data would show, schools were somewhat inconsistent with Catholic special education practices at their schools. Generally, the responses indicated that each school provided some type of special needs identification process, and, most provided an extra service for those identified, such as pull-out programs for reading or math, tutoring, and often counseling. In addition, teachers reported implementing special education practices most often through modifications made to the general curriculum. All research questions examined in this section, except question three, utilized Likert-type scales to gather teacher responses. For question three, a checklist was used to indicate whether or not interventions were implemented by the participants. The following section explores research questions one through five, using pooled data to focus on the major findings and conclusions gleaned from the study.

Research question one investigated the types of suspected or diagnosed learning disabilities (LDs) that emerged at the primary level. Eleven learning disabilities taken from the Successful Student Form (Appendix G) were compared for similarities, differences, and trends. According to the teachers of the diocese, suspected or diagnosed learning disabilities were identified from greatest to least in their primary level students: listening skills, attentional difficulties, processing difficulties, reading disabilities, memory and recall, fine motor skills, organizational skills, written language disabilities, behavior and socialization, oral language disabilities, and math disabilities.

Using pooled data, responses for research question one indicated that 80% or more of the teachers found that at least “occasionally” two LDs, “listening skills” and “attentional difficulties,” most commonly emerged in students they taught. Listening skills (Item #2) held a mean of 3.23 with a standard deviation of .96, (Appendix S) with

only two teachers (2.7%) reporting “never” identifying this LD. Two participants, a grade one teacher and an administrator, noted that this particular LD was not applicable for the primary level. Similarly, this item was closely followed by attentional difficulties with a mean of 3.15 and a standard deviation of .86 respectively. These two particular items embraced similar behavioral concepts: the ability to listen and pay attention. Other factors may have influenced the responses, such as the class and school environments, the prior experiences and maturity of the students, the gender and ethnicity of the students, and the experience of the individual teachers. These variables were not analyzed in the study and invite further research.

Conversely, respondents reported that math disabilities were least identified with a mean of 2.08 and a standard deviation of 1.10. Over one-third of teacher participants (36.9%) held that math disabilities were “rarely” found, followed by 24.6% of teachers choosing a “never” or “not applicable” response for math LDs. The trend of having greater “never” or “not applicable” responses for this LD may indicate teacher perceptions about the age-appropriateness of special education in the math curriculum. It may also punctuate the fact that, at the primary level, reading is the content area where teachers most often concentrate. Consequently, reading disabilities account for over 80% of identified LDs (Lyon et al., 2001). Likewise, comments from the teacher participants revealed that many were unsure of the appropriateness of identification of learning disabilities in younger children. In addition, a pattern emerged in that learning disability items that were more concrete and academically oriented such as math, reading, and oral language were less identified. Equally, items that were more abstract and behavior oriented such as listening, paying attention, and processing were more readily identified.

Several teachers cited the consideration of maturation when looking at special education practices at the primary level. This pattern of developmental appropriateness invites further study.

Conclusions based on the findings for research question one determined that the majority of Catholic school teachers at the primary level (K-2) and support personnel in the diocese were familiar with and identified eight out of 11 learning disabilities at the “occasional level,” which corresponded to three or four students per academic year. The least identified LDs were “math disabilities” and “oral language disabilities”. However, it is important to note that of the 11 investigated LDs, none of the 11 were never identified at all. While this study investigated special education practices of the diocese and found that all participants, whether classroom teachers, specialists, or support personnel, were able to identify learning disabilities in their students, the range of responses for this research question underscored the point that the complexity of the identification process should remain a consideration.

The pooled data for research question two, regarding the educational support programs offered to support primary level students with suspected or diagnosed learning disabilities, reflected that a majority of participants (82.1%) reported that their schools did provide some type of educational support program to serve students with special needs. The exact type of program, resources provided, and classes offered varied from school to school. In some cases, these support programs also varied within schools, depending on the grade level and teacher. Similarly, on-site counseling was offered in a majority of the participating schools (71.2%). Respondents indicated that the most common type of support program provided was the pull-out language arts class (79.4%).

Much in the same way, these findings were supported in the literature (Lyon et al., 2001; Scruggs, 2003; USCCB, 2002; Vaughn & Fuchs, 2003).

Research question three sought to identify the types of academic interventions that teachers of the diocese implemented for primary level students (K-2) with suspected or diagnosed learning disabilities. Academic interventions were divided into four broad categories: teaching mode, teaching setting, assignments and materials, and assessment. Responses revealed that teaching mode interventions were most commonly employed among primary level teachers and support personnel of the diocese. Conversely, academic interventions related to assignments and materials were not readily implemented.

A majority of the teachers affirmed that they provided interventions related to the teaching setting. Many indicated that they implemented assessment interventions, but noted that formal assessments were not often utilized at the primary level. Unlike the previous research questions, few differences were found among grade levels regarding the implementation of academic interventions. However, specialists concurred that learning disabilities, suspected or diagnosed, were readily identified. Open responses of specialists indicated, that along with more frequent identification of LDs, they were quite familiar with special education practices and in particular, academic interventions. Consequently, specialist responses for research question three reported implementing 30 out of the 46 (65%) specific interventions at a rate of 50.% or greater (Appendix S).

Research question four investigated the roles of the primary level classroom teacher, the resource specialist, and other support personnel of Catholic elementary schools relative to the educational support for K-2 students with suspected or diagnosed

learning disabilities and invited the following conclusions. Overwhelmingly, respondents asserted they were most confident referring students with LDs for special educational services or further testing. Similarly, responses concluded that 43.8% of the study participants “strongly agreed” that they felt prepared to collaborate with a pull-out teacher, rather than implementing interventions and special education practices themselves. Likewise, several recent studies suggested a need for more personnel and preparation in the collaborative and consultative model of special education (Durow, 2007; Long, Brown & Nagy-Rado, 2007).

Research question five examined the ways teachers of primary level students (K-2) in Catholic elementary schools were prepared to teach students with suspected or diagnosed learning disabilities in the regular classroom. Conclusions for research question five revealed that all teacher respondents of the diocese were credentialed to teach, but few (5.4%) held specialized credentials that were specific to special education. Similarly, of the approximately one-third (27.3%) of teachers holding Master’s degrees, only 16.4% “strongly agreed” that their Master’s degree programs prepared them to teach students with learning disabilities. Additionally, 12.3% of the respondents “disagreed” that their credential program had prepared them for this charge.

The combined findings from research questions four and five speak to the issue in Catholic special education that many teachers who work with special needs students do not have adequate preparation, formal preparation, and appropriate credentials to do so (Durow, 2007; USCCB, 2002). Results of this study also supported the idea that teacher preparation can come in many forms. While some teachers noted formal preparation, such as advanced study, graduate coursework and degrees, others maintained that

preparation, such as the California credential-required course in Exceptional Children or diocesan workshops were effective. Other teachers felt prepared by their life experiences, professional affiliations, and personal relationships. These findings indicated that perhaps additional professional development experiences focused on Catholic special education might be beneficial for classroom teachers. It is evident that Catholic schools will continue to serve students with special needs at an increasing rate, and, it is unlikely that federal funds will be given to support this progression (Durow, 2007; USCCB, 2002). Thus, personnel preparation programs, school and/or diocese based programs, and teacher preparation programs are challenged to find new and creative ways to support Catholic special educators working in Catholic schools.

The following section proposes the implications that emerged from the major findings and conclusions.

Implications

The major findings and conclusions reported in the preceding section of Chapter V implied the following:

1. The majority of study respondents taught at the primary level (K-2) in Catholic elementary schools that had only one classroom for each grade. This suggested that the participating schools provided smaller learning communities which were able to give attention to students with special needs and learning disabilities.
2. The largest percentage of study participants were profiled as veteran Catholic elementary school teachers, who indicated teaching 10 or more years and very often in the same general education classroom. Many of these teachers held “lifetime teaching credentials” and were not well-versed in special education. These historical factors,

including teacher preparation programs and credential requirements of the past that did not emphasize special education may have influenced their perspectives on special education.

3. Questions regarding the appropriateness for early intervention and, specifically, academic interventions at the primary level were raised as a result of the pattern that the younger the grade taught, the less implementation of academic interventions in the general education classroom. Further study is warranted.

4. The more student-directed academic intervention categories, such as assignments/materials and assessment, were not implemented as frequently as the teacher-oriented categories of teaching mode and teaching setting. This suggested that, at the primary level, teachers are more likely to focus on their own teaching strategies and pedagogies to support students with suspected or diagnosed learning disabilities. Teachers need to be encouraged to include student-directed interventions, such as focusing on assignments/materials and assessment, into their daily lessons and accommodation plans.

5. Although participants perceived that they incorporated special education practices into their daily lessons, many commented that they were not familiar with current special education research. Similarly, respondents perceived, that while a majority of their schools provided support programs for students with suspected or diagnosed learning disabilities, classroom teachers were not well versed in special education. This implied a lack of knowledge about special education in a Catholic educational context.

6. Participants, especially kindergarten teachers, perceived that many assessment interventions and intervention materials included in the survey were not age/grade level appropriate. Often, they utilized interventions such as item #51, “providing opportunity for students to respond orally”, for the whole class in their daily lessons. These interventions were not specifically implemented to support special needs students. This implied that, for kindergarten teachers, early intervention may not be specific to special education. Rather, these interventions were more “best practices” and good teaching.

7. Minimal differences existed among the responses of teachers from different grade levels regarding the suspected or diagnosed learning disabilities (LD) which emerged among primary level students (K-2). However, a similar pattern occurred in which the lower the grade, the less likely LDs were “often” identified. Conversely, the higher the grade the more “often” LDs were identified. These findings intimated that teachers may inherently consider student maturation and other factors, before making assessments about learning disabilities. In addition, this pattern suggests that the higher the grade level the harder the curriculum and therefore LDs may go unnoticed in the earlier grades.

8. Apart from specialists and support personnel, such as learning and resource specialists, the majority of classroom teachers did not participate in professional development activities or specialized graduate courses that would assist them in understanding special education in Catholic schools. This suggests that these opportunities may not have existed or may not have been readily available to them. Additionally, this implies that special education may not be a priority for general education teachers in Catholic schools.

9. Respondents frequently reported desires for special education teaching resources, professional development opportunities, and greater articulation regarding special education among the faculty. This finding suggested that teachers desired to learn more about special education in Catholic schools.

10. Some respondents highlighted that the school leadership, the pastor or principal, played a key role in the importance that the schools placed on special education. Likewise, decisions regarding support programs, academic interventions, and professional development were affected by the position of the school leadership on special education. This finding suggested that the school leadership needs to take an integral interest in addressing the needs of special needs students and aligning the school mission, philosophy, and curriculum accordingly.

Overall, respondents reported that special education practices were incorporated in their teaching and school programs. Additionally, age-appropriate activities that would integrate special education practices were regularly incorporated into the curricula. In order to expand the focus on special education in the Catholic school culture, the education of all teachers is crucial to support students with suspected or diagnosed learning disabilities. Further, early intervention at the primary level (K-2) is imperative as research indicates that learning disabilities are better addressed the younger the child (Bagnato & Neisworth, 1993; Casto & Mastropiere, 1986; Fuchs et al., 2007). Findings indicated that age-appropriate materials and resources are needed for classroom teachers to facilitate their instruction of special education. The implications of the findings of this study suggested the following recommendations for future research and practice.

Recommendations for Future Research

Data of this study generated findings regarding the implementation of special education practices at the primary level (K-2) for students with suspected or diagnosed learning disabilities (LD) in a large, urban, diocese located in northern California. This study reported the implications of the findings for the perceptions of primary level (K-2) Catholic educators of the diocese regarding Catholic special education practices. Analyses of the data and implications of the findings suggested directions for future research. The following recommendations for further study are proposed.

1. Replicate the methodology and analysis procedures of this study with elementary Catholic school educators throughout the United States, in various geographic regions, and, specifically, other large, urban areas, to determine if comparable results would be discovered.
2. Conduct a meta-analysis of the findings from various geographic regions of the United States to investigate congruencies and differences across the nation.
3. Pursue the same research questions of this study using different research methodologies to extend or deepen the understanding of the findings. For example:
 - a. Qualitative research to understand the individual teacher viewpoints that may impact their perceptions about special education;
 - b. Case study of model Catholic schools or dioceses that implement special education practices at the primary level (K-2);
 - c. Participatory research to observe congruence between classroom realities and teacher perceptions;
 - d. Action research to create effective outcomes, assessments, and teaching

strategies for implementing special education practices at the primary level (K-2); and,

- e. Content analysis of the primary level textbooks, teaching materials, and individual lessons to identify the materials, resources, and strategies which address special education practices at the primary level (K-2) in Catholic schools.

4. Pursue the same research questions of this study from the perceptions of Catholic school principals and diocesan superintendents.

5. Examine the similarities and differences among the perceptions of Catholic school teachers and those of principals and superintendents.

6. Investigate the age-appropriateness of interventions and special education practices at the primary level (K-2).

7. Study the influence of school leadership on the degree of implementation of special education practices throughout the curriculum of elementary Catholic schools.

8. Research pre-service teacher education programs, including diocesan-level induction and mentoring programs for inclusion of special education training.

9. Investigate the influence of external support personnel, such as psychologists, counselors, and other therapists, on Catholic elementary students with suspected or diagnosed learning disabilities at the primary level (K-2).

10. Conduct a longitudinal study to examine the utilization of special education practices and strategies of graduates from Catholic elementary schools in which special education practices were implemented at the primary level (K-2).

Recommendations for Practice

The findings of this study suggested the following recommendations for practice to the following associated groups:

Diocesan Education Offices

1. Diocesan educational offices would hire personnel knowledgeable and passionate about special education in Catholic schools.
2. Diocesan educational offices would hire personnel who are enthusiastic and well-informed about early intervention strategies.
3. The superintendent would make special considerations for students with special needs and suspected diagnosed learning disabilities in policies and daily decisions regarding the educational programs of the diocese.
4. Diocesan educational offices would distribute two central Church documents, *Catholic School Children with Disabilities* (United States Catholic Conference of Bishops, 2002) and the *Special Needs Resource Directory* (United States Catholic Conference of Bishops, 2004), and any other related ecclesial documents to each of its diocesan elementary schools. In addition, faculties may be apprised of, or may receive additional training in, the incorporation of Church documents into pedagogy.
5. Diocesan educational offices would make courses, workshops, seminars, trainings, and other professional development opportunities related to special education available for administrators, faculty and staff on a consistent and organized basis.
6. Diocesan educational offices would provide financial resources and support, such as incentive grants and scholarships, to administrators and teachers seeking advanced degrees related to special education in Catholic schools.

7. Diocesan personnel would include, update, highlight, and disseminate materials, resources and professional development opportunities related to special education in diocesan communications.

8. Diocesan educational offices would invite Catholic elementary schools that have successfully implemented special education practices into their school programs to serve as models and resources for other programs.

9. Diocesan personnel would lead in outreach and ministries related to children with special needs and disabilities.

10. Diocesan websites would provide relevant links for Catholic elementary educators to access resources and information regarding special education.

Catholic Institutions of Higher Education

1. Catholic universities would include courses on special education related to Catholic schooling in their curriculum offerings, particularly in teacher education programs.

2. Catholic universities would involve students in field experiences and immersion exercises in special education classrooms as a requirement of their teacher preparation programs.

3. Catholic universities would disseminate speaker and presentation resources on special education to Catholic elementary schools.

4. Professors and graduate students attending Catholic universities would continue research in the field of special education in Catholic schools.

5. Catholic universities would offer awards, fellowships, grants, and scholarships to students and faculty members pursuing advanced studies related to special education in Catholic schools.

Elementary Catholic School Principals

1. Principals would review their school policies, procedures, and the daily decisions and operations of the school to incorporate considerations for students, faculty, and staff members with special needs and disabilities.

2. Principals and curriculum committees would adopt textbooks and teaching materials that incorporate special education practices and interventions.

3. Principals would include a familiarity with special education and serving students with special needs and/or suspected or diagnosed learning disabilities as criteria in the hiring process with some interview questions reflecting these criteria.

4. Principals would engage faculty in formulating Student Learning Expectations, graduation outcomes, goals, assessments, and teaching strategies in light of serving students with special needs and/or suspected or diagnosed learning disabilities.

5. Principals would give priority to the provision of professional development opportunities for all staff on special education.

6. Principals would engage all staff, and not solely the resource teacher and specialists, in the knowledge and activities of special education.

7. Principals would distribute two central Church documents, *Catholic School Children with Disabilities* (United States Catholic Conference of Bishops, 2002) and the *Special Needs Resource Directory* (United States Catholic Conference of Bishops, 2004),

and any other pertinent Church documents, related to special education to the faculty and provide time for faculty articulation about these publications.

8. Principals would encourage staff development in the area of special education and would provide funds and resources to support this endeavor.

9. Principals would encourage faculty and staff members to affiliate with such groups as Parents Education Network (PEN), Schwab One Learning, Northern California Branch International Dyslexia Association (NCBIDA), and other local agencies which provide resources for teachers of students with special needs and/or suspected or diagnosed learning disabilities.

10. Principals would establish and support a special needs parent-teacher group to oversee the incorporation of special education practices into the culture of the Catholic school. These parent-teacher groups would establish annual goals and monthly activities for their entire school communities.

11. Principals would coordinate with local education agencies and public school districts to secure resources and support for their special education programs.

12. Principals would support Student Success Teams (SST) and the Response to Intervention (RTI) protocol for their students with special needs.

Elementary Catholic School Faculty and Staff

1. Catholic school faculty and staff would evaluate the school mission, philosophy, and school culture in light of special education and the service of students with special needs and/or suspected or diagnosed learning disabilities.

2. Teachers would collaborate with their principals and colleagues to integrate special education practices into their pedagogy and curricula.

3. Teachers and staff would utilize effective and age-appropriate strategies to support students with special needs and/or suspected or diagnosed learning disabilities in their classrooms.

4. Teachers and staff would familiarize themselves with special education and its practices by engaging in professional development opportunities and staff development related to that topic.

5. Teachers would seek and share with their colleagues reading materials, journal articles, and other research related to special education in the Catholic school.

Other Related Groups

1. School boards and advisory committees would familiarize themselves with special education and its relationship to school policies.

2. Accreditation agencies would include standards regarding special education in the accreditation processes.

3. Catholic book and multimedia publishers and resource developers would collaborate with elementary Catholic school educators to produce age-appropriate resources for the integration of special education practices.

Closing Remarks

This study recommended further research and practices to advocate for the implementation of Catholic special education practices into the fabric of elementary Catholic schools. In particular, this study recommended further research and practices for students with suspected or diagnosed learning disabilities at the primary level (K-2). Jesus, the ultimate teacher, exemplified in his own ministry the responsibility of people to serve those who are marginalized by society. Schurter (1994) wrote that Jesus never

turned away people in need and, often, sought them out. This point clearly speaks to the mission of Catholic education. Thus, in the spirit of Jesus Christ, parochial schools must be committed to serving students with special needs. Over the past 100 years, American Catholic Bishops have published many documents to clarify and strengthen the Church's position on social justice issues with several of these documents specifically address issues of disability (National Conference of Catholic Bishops [NCCB] 1998; USCC, 1978; USCCB, 2002). The responsibility to support those directly charged with the daily instruction and formation lies with all stakeholders in the mission of Catholic education. May the recommendations brought forth by this study deepen the commitment of Catholic schools to provide full participation and opportunities for students with learning disabilities. Special efforts must be made to serve students with learning disabilities in Catholic elementary schools.

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APPENDIXES

APPENDIX A

Description of Research Groups from NICHD Study

Research Sources for Table 1 of Literature Review on page 21

The Yale Research Group

The principal investigator for the Yale Learning Disability Research Center is Dr. Bennett Shaywitz, professor of pediatrics and professor and chief of pediatric neurology, the Yale University School of Medicine, 333 Cedar Street, New Haven, CT 06510. The Yale Group also consists of Drs. Sally Shaywitz, John Gore, Pawel Skudlarski, Robert Fulbright, Todd Constable, Richard Bronen, and Cheryl Lacadie from Yale University; Drs. Alvin Liberman, Kenneth Pugh, Donald Shankweiler, Carol Fowler, Anne Fowler, and Leonard Katz from the Haskins Laboratories; Drs. Jack Fletcher and Karla Steubing from the University of Texas Medical School; Drs. David Francis and Barbara Foorman from the University of Houston; Dr. Dorothy Aram from Emerson College; Dr. Benita Blachman from Syracuse University; Drs. Keith Stanovich and Linda Siegel from the Ontario Institute for Studies in Education; Dr. Rafael Kloorman from the University of Rochester; and Dr. Irwen Kirsch from the Educational Testing Service.

The Ontario Research Group

Drs. Keith Stanovich and Linda Siegel are professors of psychology and special education at the Ontario Institute for Studies in Education (OISE), Department of Special Education, Toronto, Ontario, Canada M5S 1V6 Canada. They are affiliated with the Yale University Learning Disability Research Center funded by the NICHD, as well as senior level scientists at OISE where funding is obtained primarily through the Canadian Research Council.

The University of Colorado Research Group

The principal investigator for the University of Colorado Learning Disability Research Center is Dr. John DeFries, professor and director of the Institute for Behavioral Genetics, the University of Colorado, Campus Box 447, Boulder, CO 80309-0447. The Colorado research team consists of Drs. Richard Olson, Barbara Wise, David Fulker, and Helen Forsberg from the University of Colorado, Boulder; Dr. Bruce Pennington from the University of Denver; Drs. Shelly Smith and William Kimberling from the Boys Town National Research Hospital in Omaha; Dr. Pauline Filipek from the University of California, Irvine; and Drs. David Kennedy and Albert Galaburda from Harvard University.

The Bowman Gray School of Medicine Research Group

The principal investigator for the Center for Neurobehavioral Studies of Learning Disorders is Dr. Frank Wood, professor of neurology and neuropsychology, Bowman Gray School of Medicine, 300 S. Hawthorne Road, Winston-Salem, NC 27103. Also from the Center are Drs. Rebecca Felton, Cecille Naylor, Mary McFarlane, John Keyes, Mark Espeland, Dale Dagenbach, and John Absher from the Bowman Gray School of Medicine; Dr. Raquel Gur from the University of Pennsylvania; Dr. Connie Juel from the University of Virginia; and Dr. Jan Loney from the State University of New York at Stony Brook.

The Johns Hopkins Research Group

The principal investigator for the Johns Hopkins Learning Disability Research Center is Dr. Martha Denckla, professor of neurology, pediatrics, and psychiatry, Johns Hopkins University School of Medicine, 707 North Broadway, Suite 501, Baltimore, MD 21205. The Hopkins research team consists of Drs. Allan Reiss, Harvey Singer, Linda Schuerholz, Lisa Freund, Michelle Mazzocco, and Mark Reader from the Kennedy-Krieger Research Institute at Johns Hopkins; Drs. Frank Vellutino and Donna Scanlon at the State University of New York at Albany; Dr. Mark Appelbaum from Vanderbilt University; and Dr. Gary Chase from Georgetown University.

The Florida State University Research Group

The principal investigator of the Florida State University Learning Disabilities Intervention Project is Dr. Joseph Torgesen, professor of psychology, Florida State University, Tallahassee, FL 32310-2040. Members of the Florida State Research Group are Drs. Richard Wagner and Carol Rashotte from Florida State University; Drs. Ann Alexander and Kytja Voeller from the University of Florida, and Ms. Patricia Lindamood from Lindamood-Bell Learning Processes.

The University of Houston Research Group

The principal investigator for the University of Houston Learning Disabilities Intervention Project is Dr. Barbara Foorman, professor of educational psychology, University of Houston, 4800 Calhoun, Houston, TX 77204. The Houston group also consists of Drs. David Francis and Dorothy Haskell from the University of Houston; Drs. Jack Fletcher and Karla Steubing from the University of Texas Medical School; and Drs. Bennett and Sally Shaywitz from Yale University.

The University of Miami Research Group

The principal investigator for the University of Miami Learning Disabilities Program Project is Dr. Herbert Lubs, professor of pediatrics and genetics, University of Miami School of Medicine, MCCD, P.O. Box 16820, Miami, FL 33101. The Miami group also consists of Drs. Ranjan Duara, Bonnie Levin, Bonnie Jallad, Marie-Louis Lubs, Mark Rabin, Alex Kushch, and Karen Gross-Glenn, all from the University of Miami.

Note. From *Learning Disabilities* by G.R. Lyon, 1996, pp.75-76

APPENDIX B

Survey Instrument

**Primary Level (K-2) Special Education Practices
In the Catholic Elementary School**

*As an Archdiocesan educator, your ideas and opinions are of great value. Your responses will be kept confidential. Please answer all of the following questions. **Thank you!***

**SECTION 1: TYPES OF LEARNING DISABILITIES AND SPECIAL NEEDS
IDENTIFIED AT THE PRIMARY LEVEL (K-2)**

On the left, check all areas of concern or learning disabilities that you have identified or referred for further assessment at the K-2 level. Using the following response choices, rate their frequency from never (N) to often (O). Please mark one answer that most closely reflects your opinion.

	√	NEVER = not identified at all RARELY = at least 1-2 students per academic year OCCASIONALLY = 3-4 students per academic year OFTEN = 5+ students academic per year	N E V E R	R A R E L Y	O C C A S I O N A L L Y	O F T E N
1.		organizational skills				
2.		listening skills				
3.		fine motor skills (ie. far or near point copying)				
4.		memory and recall				
5.		attentional difficulties				
6.		processing difficulties				
7.		behavior and socialization				
8.		math disabilities				
9.		oral language disabilities (receptive and expressive)				
10.		reading disabilities				
11.		written language disabilities				

12. Does your school provide educational support programs such as special education or resource classes for K-2 students with learning disabilities?

Yes

☐

No

☐

If you checked no, **skip the next section** and go to **Section 3: Academic Interventions for K-2 Students with Learning Disabilities**. If you checked yes, proceed to **Section 2**.

SECTION 2: EDUCATIONAL SUPPORT PROGRAMS FOR K-2 STUDENTS WITH LEARNING DISABILITIES

On the right, check all support programs for students with learning disabilities that are provided at your school. Please specify any "other" areas on the lines provided.		
K-2 students with learning disabilities in my class receive the following support programs:		√
13.	Pull-out resource program in language arts	
14.	Pull-out resource program in math	
15.	Pull-out resource program in other content area(s): Please specify _____	
16.	Inclusive support program (in general ed. classroom) in language arts	
17.	Inclusive support program (in general ed. classroom) in math	
18.	Inclusive support program (in general ed. classroom) in other content area(s): Please specify _____	
19.	On site counseling program	
20.	After-school tutoring (on site)	
21.	Other support program(s): _____	

SECTION 3: ACADEMIC INTERVENTIONS FOR K-2 STUDENTS WITH LEARNING DISABILITIES

On the right, check all academic interventions that you have provided for K-2 students with learning disabilities, within the last year. Please specify any “other” areas on the lines provided. (Categories are aligned with the Archdiocese of San Francisco Successful Student Form 2007)	
Teaching Mode	√
22.	Use multi-sensory techniques (ie. visual, auditory, kinesthetic)
23.	Use short, simple instructions
24.	Rephrase directions
25.	Provide taped and/or written directions
26.	Provide computer-aided instruction
27.	Pre-teach vocabulary and concepts
28.	Use study guides (to review key concepts or to give instruction in study skills)
29.	Use small group instruction
30.	Use individual instruction
31.	Use peer-partner (study buddy)
32.	Provide think time before calling on student
33.	Have student paraphrase information
34.	Give positive verbal reinforcement or feedback
34.	Prepare student for changes in routines
35.	Promote regular home/school communication
36.	Explicit/direct instruction
37.	Other: _____
Teaching Setting	√
	Assign preferential seating
39.	Schedule student to leave class for assistance
40.	Adjust time for completion of assignments

(SECTION 3: CONTINUED FROM PREVIOUS PAGE)

	Teaching Setting (continued)	√
41.	Allow frequent breaks or vary activities	
42.	Promote regular home/school communication	
43.	Other: _____	
	Assignments/Materials	
44.	Reduce work load	
45.	Change format of assignments	
46.	Break assignments into series of smaller tasks	
47.	Provide copies of notes/assignments	
48.	Use of alternative materials	
49.	Visually modify materials	
50.	Use highlighted texts	
51.	Provide opportunity for students to respond orally	
52.	Use calculator for problem solving and calculations	
53.	Use computer to support instruction	
54.	Use audio books for reading support	
55.	Encourage use of Post-its	
56.	Use graphic organizers (mind-maps, charts)	
57.	Encourage use of pictures/symbols	
58.	Use of second set of textbooks	
59.	Provide study plan or guide	
60.	Other: _____	

(SECTION 3: CONTINUED FROM PREVIOUS PAGE)

Assessment		√
61.	Modify written format of test	
62.	Modify format – dictated test	
63.	Modify format – open book test	
64.	Modify format – oral test	
65.	Modify format – project based test	
66.	Modify timing of assessment	
67.	Incorporate homework as an assessment	
68.	Offer credit for class participation	
69.	Avoid penalizing for minor errors (spelling, handwriting)	
70.	Other: _____	

**SECTION 4: ROLES OF THE TEACHER IN RELATION TO EDUCATIONAL
SUPPORT FOR K-2 STUDENTS WITH LEARNING DISABILITIES**

On the left check all special education practices that you have implemented and rate your preparedness according to the scale below:

**SD = Strongly Disagree D = Disagree A= Agree SA= Strongly Agree
NA= Not Applicable**

	√	I feel adequately prepared to:	SD	D	A	SA	NA
71.		Identify areas of concern for students with LD					
72.		Refer students with learning disabilities					
73.		Recommend research-based interventions					
74.		Implement research-based interventions					
75.		Differentiate instruction for LD students					
76.		Collaborate (co-teach) with pull-out teacher					
77.		Collaborate (co-teach) with classroom teacher					
78.		Other: _____					

SECTION 5: TEACHER PREPARATION

On the left, check all categories of teacher preparation that you have completed, and rate how each form of teacher preparation has helped you to teach K-2 students with learning disabilities.

Please rate your responses according to the scale below:

SD = Strongly Disagree D = Disagree A= Agree SA= Strongly Agree
NA= Not Applicable

	✓	The following types of teacher preparation have prepared me to teach K-2 students with special needs:	SD	D	A	SA	NA
79.		Bachelor's Degree major or minor in special education (circle one)					
80.		Credential Program: _____ (please specify)					
81.		Master's Program (MA, MS, M Ed.) (circle one)					
82.		Doctoral Program (PhD, PsyD, EdD) (circle one)					
83.		A course in education of exceptional children					
84.		Other: _____ (please specify)					

SECTION 6: DEMOGRAPHIC INFORMATION

85. Name of your school: _____

86. Gender (please circle): **M** **F** 87. Total years of teaching: _____

88. Tenure (years) at present school: _____

89. Current teaching position(s) at school: *(Check all the apply)*

K classroom ☐ Gr. 1 classroom ☐ Gr. 2 classroom ☐ Aide ☐

Learning Specialist ☐ Resource Teacher ☐ Counselor/Therapist ☐

Other ☐ _____ (please specify)

90. Teaching credential(s) I have earned: (*Check all that apply*)

California Clear ☐ California Preliminary ☐ Emergency/Substitute ☐

Specialist (Mild/Moderate) ☐ Currently in a Credential Program ☐ Lifetime ☐

Other ☐ _____ (please specify)

**THANK YOU FOR TAKING THE TIME TO ANSWER THIS SURVEY. YOUR INPUT
WILL ASSIST IN SHAPING THE FUTURE OF SPECIAL EDUCATION IN
CATHOLIC ELEMENTARY SCHOOLS OF THE SAN FRANCISCO BAY AREA.**

The information you have shared will be kept in strict confidence and will only be used for the purposes of this dissertation. I am conducting this research in conjunction with The Catholic Educational Leadership (CEL) Program at the University of San Francisco. I greatly appreciate your time. God bless you and all you do!

If you have any questions or concerns related to this research, please contact me:

Anna McDonald *
(cell) * (email) atmcdonald@usfca.edu

APPENDIX C

Permission from the Institutional Review Board
for the Protection of Human Services (IRBPHS)

October 2, 2007

Dear Ms. McDonald:

The Institutional Review Board for the Protection of Human Subjects (IRBPHS) at the University of San Francisco (USF) has reviewed your request for human subjects approval regarding your study.

Your application has been approved by the committee (IRBPHS #07-074). Please note the following:

1. Approval expires twelve (12) months from the dated noted above. At that time, if you are still in collecting data from human subjects, you must file a renewal application.
2. Any modifications to the research protocol or changes in instrumentation (including wording of items) must be communicated to the IRBPHS. Re-submission of an application may be required at that time.
3. Any adverse reactions or complications on the part of participants must be reported (in writing) to the IRBPHS within ten (10) working days.

If you have any questions, please contact the IRBPHS at (415) 422-6091.

On behalf of the IRBPHS committee, I wish you much success in your research.

Sincerely,

Terence Patterson, EdD, ABPP
Chair, Institutional Review Board for the Protection of Human Subjects

IRBPHS – University of San Francisco
Counseling Psychology Department
Education Building - 017
2130 Fulton Street
San Francisco, CA 94117-1080
(415) 422-6091 (Message)
(415) 422-5528 (Fax)
irbphs@usfca.edu

<http://www.usfca.edu/humansubjects/>

APPENDIX D

Permission from Superintendent



Department of Catholic Schools

August 5, 2007

Dear Ms. McDonald,

Thank you for your letter of August 1, 2007 requesting permission to conduct a study of 62 elementary schools of the _____ for your research project. As I understand the scope of your project includes reviewing support programs, interventions and teacher preparation as they relate to primary level students with learning disabilities. Please note that in the _____ diocese, we have three stand alone middle schools. This reduces the number of schools available for your survey to 59.

We have been working to assist and support students with special learning needs for the past 15 years in our elementary schools. This past year the Special Needs/ Resource teachers and I developed a protocol to use in identifying and working with students who are struggling academically, socially, or have been diagnosed specifically with learning disabilities. In light of our efforts and concern for all our students, I would be happy to assist and support your research project.

Thank you for your interest in our Catholic elementary schools and especially in your desire to support our struggling students.

Sincerely yours,

Superintendent of Catholic Schools

APPENDIX E

E-mail Communication to Principals

Email to Principals
Date, 2007

Dear [Name],

I hope that the 2007-2008 school year is off to a great start! My name is Anna McDonald and I am a doctoral candidate at University of San Francisco, in the Catholic Educational Leadership (CEL) program. I am presently the Resource Teacher and Vice Principal of an _____ diocesan elementary school and I know that our Resource Program is undergoing many changes and many great developments. To that end, I am hoping that I can count on your support of my study.

My research will look at support programs, interventions and teacher preparation as they relate to primary level students (K-2) with learning disabilities. I will be conducting a survey in 62 Catholic elementary schools of the _____. I plan to mail the survey in early January 2008 to all K-2 classroom teachers, resource teachers or specialists, and any administrative or support personnel who have worked with or are presently working with K-2 students with learning disabilities, in each school. The data collected will be kept confidential and no teacher will be identified in any report. The Superintendent, _____, has given permission for the research to take place in the schools of the _____ diocese.

Would you be willing to help me with this study? If you are willing to allow me to conduct my research in your school, would you please email me the name(s) of each K-2 classroom teacher, the resource teacher or specialist, and any support personnel who would meet the criteria for participation as listed above. I will send the survey to them directly to the school's address. Please indicate the grade or teaching assignment for each teacher. Your support is greatly appreciated!

My email is: atmcdonald@usfca.edu If you have any questions or concerns, please contact me by email or telephone _____. If you choose not to have your school participate, please inform me by email, so that I know I will not include your school in the study nor follow up on this request.

Again, many thanks for your consideration of this request. Because the research is time-sensitive, I would appreciate a prompt response. Blessings to you and all that you do for Catholic education!

Sincerely,

Anna McDonald
Doctoral Candidate
University of San Francisco

APPENDIX F

Cover Letter to Principals

Cover Letter to Principals
Date, 2007

Dear [Name],

I hope that the 2007-2008 school year is off to a great start! My name is Anna McDonald and I am a doctoral candidate at University of San Francisco, in the Catholic Educational Leadership (CEL) program. I am presently the Resource Teacher and Vice Principal of a diocesan elementary school and I know that our Resource Program is undergoing many changes and many great developments. To that end, I am hoping that I can count on your support of my study.

My research will look at support programs, interventions and teacher preparation as they relate to primary level students (K-2) with learning disabilities. I am conducting a survey in 59 Catholic elementary schools of the . I am surveying the perceptions of K-2 classroom teachers, resource teachers or specialists, and any administrative or support personnel who have worked with or are presently working with K-2 students with learning disabilities, in each school. The data collected will be kept confidential and no teacher will be identified in any report. The Superintendent, , has given permission for the research to take place in the schools of the diocese and she will keep a copy of all of the research findings.

A few weeks ago, we communicated regarding this research study. Thank you for your prompt response and granting your permission conduct research at your school site. I have enclosed 5 copies of the survey and 5 postage paid envelopes for your distribution. Please give these materials to the teachers participating in this study. They can each mail their completed surveys back to me. Your support is greatly appreciated!

My email is: atmcdonald@usfca.edu If you have any questions or concerns, please contact me by email or telephone. Because the research is time-sensitive, I would appreciate a prompt response. Blessings to you and all that you do for Catholic education!

Sincerely,

Anna McDonald
Doctoral Candidate
University of San Francisco

APPENDIX G

Successful Student Form 2007

AREAS OF CONCERN

(Check all that apply)

Behavioral Concerns:

- ☐ Ability to work independently
☐ Disruptive
☐ Distractible
☐ Following directions
☐ Impulsive
☐ Lack of effort/motivation
☐ Peer Relationships
☐ Hygiene
☐ Other: _____
- ☐ Listless/uninvolved
☐ Ability to work cooperatively
☐ Accepting responsibility for actions
☐ Seeks/requires adult attention
☐ Ability to interpret social cues
☐ Frequent absences/tardiness
☐ Often complains of feeling sick
☐ Unkempt appearance
☐ Emotional concerns

Learning Concerns:

- ☐ Brings materials to class
☐ Difficulty getting started
☐ Difficulty with written responses
☐ Difficulty completing short/long term assignments
☐ Missing assignments
☐ Fine motor skills (example: handwriting/pencil grip)
☐ Other: _____
- ☐ Listening skills
☐ Organizational skills
☐ Auditory processing/memory
☐ Short attention span
☐ Short-term memory
☐ Visual processing/memory

Intellectual Reasoning:

- ☐ Difficulty understanding abstract concepts
☐ Cognitive transitioning

Academic Areas:**Math**

- ☐ Number sense/concepts
☐ Computation
☐ Facts
☐ Problem-solving
☐ Math fluency

Language

- ☐ Speech articulation
☐ Receptive language
☐ Expressive language
☐ Auditory discrimination

Reading

- ☐ Phonics/decoding skills
☐ Vocabulary
☐ Comprehension
☐ Analytical skills
☐ Fluency
☐ Sight word

Written Language

- ☐ Spelling
☐ Content
☐ Grammar/Mechanics
☐ Fluency

Interventions

(Check all which apply)

Teaching Mode

- ☐ speak slowly and clearly
☐ use multi-sensory techniques
☐ use short, simple instructions
☐ provide consistent structure
☐ rephrase directions
☐ provide taped and/or written directions
☐ provide computer-aided instruction
☐ pre-teach vocabulary and concepts
☐ use study guides
☐ frequently review key concepts
☐ give specific instruction in study skills
☐ use small group instruction
☐ use individual instruction

Teaching Setting

- ☐ preferential seating
☐ leave class for assistance
☐ modify schedule
☐ adjust time for completion of assignments
☐ allow frequent breaks, vary activities
☐ regular home/school communication
☐ other: _____
- ☐ with teacher
☐ with aide
☐ with parent volunteer
☐ before/during/after school (circle ones that apply)
☐ use individual contract
☐ use peer-partner (study buddy)
☐ help pack up at end of the day
☐ for note taking
☐ to check assignment book
☐ to help correct work
☐ as established contact if needed for clarification from home
- ☐ increase active participation
☐ provide think time before calling on student
☐ warn student to be called on
☐ use pairs to increase interdependence
☐ have student paraphrase information, directions and other student responses
☐ give positive verbal reinforcement or feedback
☐ prepare student for changes in routines
☐ acknowledge student's special talents
☐ identify sources of stress
☐ use humor to reduce tension
☐ other: _____

Assessment

- ☐ monitor homework
☐ modify format
☐ written ☐ taped ☐ dictated ☐ oral
☐ credit for class participation
☐ avoid penalizing for spelling errors
☐ other: _____

Student Behavior

- ☐ repeat directions
☐ have clearly defined expectations
☐ provide cooling off period
☐ use consistent consequences
☐ establish specific signals or cues
☐ hold teacher/student conferences
☐ other: _____
- ☐ have opportunity to help
☐ teacher
☐ peers
☐ younger students
☐ maintain frequent eye contact
☐ student participation

Reason(s) for referral or any additional information: _____

APPENDIX H

Validity Panel Matrix

Validation Panel Members Expertise Matrix

AREA(S) OF EXPERTISE	1	2	3	4	5	6	7	8	9	10	11	12	13
Catholic Education			X		X		X						X
Elementary Education	X	X	X	X			X		X	X	X		X
Special Education	X	X		X	X	X	X	X	X	X	X	X	X
Survey Research			X		X							X	
QUALIFICATIONS													
Administrator								X					
Author (Education)		X				X							
Counselor					X							X	
Educational Consultant				X	X	X				X		X	X
Elementary Teacher	X		X	X			X		X		X		
School Psychologist						X							
Special Ed. Teacher							X	X	X	X	X		X
University Professor		X											

Validation Panel Members	Title / Position
Angela Brandt	Santa Clara Unified School District – Elementary teacher Grade K-4 classroom; inclusive classrooms.
Yvonne Bui, Ph.D.	USF / Prof. Dept. of Teaching & Learning
Kate Carr	Elementary classroom teacher primary level (K-3)
Johanna Cho	Fremont Unified School District / Grade 1-3 Classroom teacher; inclusive classrooms.
Dennis Daul, MA	Archdiocese of SF / counselor; special ed. consultant
Barbara A. Fatum, M.Ed., CAGS	Consultant School Psychologist
Susan Foster, MA	Nativity School – former Resource Teacher, present K
Michael Gardner	Former Principal, Terra Linda High School (school for special needs and exceptional children).
Cara Heister, MA	Drycreek Unified School District, Elementary classroom teacher; inclusive classrooms.
Ann Myers, MA	Special Education Consultant – Learning Specialist; former teacher Charles Armstrong and Lindamood Bell.
Karen Skogstrom, MA	Learning Specialist, Redwood City Unified School District
Britny Stewart, MA	Fremont USD High School Counselor; special ed. Consultant.
Patricia Walsh, MA	Our Lady of Mount Carmel; Resource Specialist

APPENDIX I

E-mail Communication to Validity Panel Members

September 15, 2007

Dear [Title, Name],

Hello. My name is Anna McDonald and I am a doctoral student in the Catholic Educational Leadership (CEL) program at the University of San Francisco. My dissertation research is on special education practices of Catholic elementary schools at the primary level (K-2) for students with learning disabilities (LD). I will use survey methodology.

Would you be willing to serve on the validity panel that will critique my research instrument? You have been selected because of your background and expertise in one or more of the following areas: Catholic education, special education, elementary education, and survey research. Your evaluation of my survey would be greatly appreciated. I am planning to send the survey to the panel in hardcopy format in October.

Please reply to me at: atmcdonald@usfca.edu to let me know if you are willing to serve on my validity panel, or if you are unable to do so. If you are able to give an affirmative response, please complete the contact information below:

Contact information: [Name]
Address:
City, State, Zip:
Phone:
Preferred Email:

If you have any questions about this request, I can be reached at _____ or by email at the address listed above. Thank you in advance for your consideration. May God continue to bless you in your ministry.

Sincerely,

Anna McDonald
Doctoral Student
University of San Francisco

APPENDIX J

Cover Letter to Validity Panel Members

September 15, 2007

[Title, Name]

[Address]

[City, State, Zip]

Dear [Title, Name],

Thank you so much for agreeing to serve on the validity panel that will critique my survey for my doctoral research in the Catholic Educational Leadership Program at the University of San Francisco. You have been specially selected to help validate my research instrument because of your background and expertise in one or more of the following areas: Catholic Education, special education, elementary education at the primary level (K-2,) and survey research.

The purpose of my study will be to examine current special education practices for students with learning disabilities at the primary level (K-2) in Catholic elementary schools of the Archdiocese of San Francisco. The following research questions will be investigated:

1. What types of learning disabilities are identified in primary level students (K-2) of Catholic elementary schools in the _____ ?
2. What educational support programs are offered to support primary level students (K-2) with learning disabilities in Catholic elementary schools in the _____ ?
3. What types of academic interventions do teachers implement for primary level students (K-2) in the _____ ?
4. What are the roles of the primary level classroom teacher, the resource specialist and other support personnel relative to the educational support of students with learning disabilities at the primary level (K-2)?
5. In what ways are teachers of primary level students (K-2) in Catholic elementary schools in the _____ prepared to teach students with learning disabilities in the regular classroom?

Please complete the validity panel Evaluation Form and the Validity Panel Checklist. Return the survey and accompanying materials on or before Oct. 17, 2007 in the enclosed postage-paid envelope.

Thank you in advance for your participation. All responses will be kept confidential. If you would like a copy of my findings, please express your interest by indicating your preference on the evaluation form. For any concerns about your input on the validity panel, please do not hesitate to contact me. You may also contact the chair of my research study, Dr. Gini Shimabukuro, Ed.D., at (415) 422-6934. I deeply appreciate your time, insights, and efforts. May God continue to bless you in all that you do.

Sincerely,

Anna McDonald
 Doctoral Student
 University of San Francisco

Enclosures: Survey (*Primary Level (K-2) Special Education Practices in the Catholic Elementary School*)
 Validity Panel Evaluation Form
 Validity Panel Checklist
 Postage-paid return envelope

APPENDIX K

Validity Panel Evaluation Form

VALIDITY PANEL EVALUATION FORM

The purpose of this research will be to examine current special education practices in Catholic elementary schools of the _____ for students with learning disabilities (LD) at the primary level (K-2). Specifically, this study will investigate: the types of LD identified in (K-2) students; the educational support programs offered to K-2 students with LD; the academic interventions implemented by teachers for K-2 students with LD; the roles of the teachers, specialists, and support personnel relative to the educational support of K-2 students with LD; and teacher preparation of those working with K-2 students with LD.

Directions for the Validity Panel:

Please complete the following form for the enclosed survey entitled *Primary Level (K-2) Special Education Practices in the Catholic Elementary School*.

Any additions, deletions, or clarifications will be very much appreciated to help me make this instrument as valid as possible. Please suggest specific rephrasing or wording.

Complete the enclosed Validity Panel Checklist.

Return the survey, Validity Panel Evaluation Form, and the Validity Panel Checklist in the enclosed pre-addressed, postage-paid envelope on or before October 15, 2007.

Thank you for offering your input on my survey.

LENGTH

1. Approximately how long do you estimate it will take a teacher to complete the survey?

_____ minutes

2. The survey is (circle one): too long too short an appropriate length

3. It is reasonable to expect that most teachers will complete this survey?

(circle one) YES NO

FACE VALIDITY

4. Are the instructions for completing each section of the survey clear?

a. Section 1: Types of Learning Disabilities (LD) and Special Needs Identified at the Primary Level (K-2)

(circle one) YES NO Suggestion(s):

b. Section 2: Educational Support Programs for K-2 Students with LD

(circle one) YES NO Suggestion(s):

c. Section 3: Interventions for K-2 Students with LD

(circle one) YES NO Suggestion(s):

d. Section 4: Roles of the Teacher Relative to Educational Support of K-2 Students with LD

(circle one) YES NO Suggestion(s):

e. Section 5: Teacher Preparation Relative to Educational Support of K-2 Students with LD

(circle one) YES NO Suggestion(s):

f. Section 6: Demographic Information

(circle one) YES NO Suggestion(s):

5. Do the survey items appear to address the purpose of the research?

Please circle one: YES NO Comments (optional):

6. Do the demographic items contribute to the information needed for the survey?

Please circle one: YES NO

- a. Should any item(s) be added?
If yes, what?

Please circle one: YES NO

- b. Should any item(s) be deleted?
If yes, what?

Please circle one: YES NO

7. Is the layout pleasing to the eye?

Please circle one: YES NO

8. Are any layout modifications necessary? Please circle one: YES NO

If yes, please specify:

CONTENT VALIDITY

9. Do the items in Section 1 Types of Learning Disabilities (LD) and Special Needs Identified at the Primary Level (K-2) appear to cover the content and construct of learning disabilities most commonly identified?

Please circle one : YES NO

- a. Should any items be added? If yes, please write the additional item(s) below:

- b. Should any items be deleted? If yes, indicate the item number(s) and the rationale for deletion below:

10. Do the items in Section 2: Educational Support Programs for K-2 Students with LD appear to cover the range of educational support programs appropriate for K-2 students with LD?

Please circle one : YES NO

- a. Should any items be added? If yes, please write the additional item(s) below:

- b. Should any items be deleted? If yes, indicate the item number(s) and the rationale for deletion below:

11. Do the items in Section 3: Interventions for K-2 Students with LD appear to cover the range of academic interventions appropriate for K-2 students with LD?

Please circle one : YES NO

- a. Should any items be added? If yes, please write the additional item(s) below:

- b. Should any items be deleted? If yes, indicate the item number(s) and the rationale for deletion below:

12. Do the items in Section 4: Roles of the Teacher Relative to Educational Support of K-2 Students with LD appear to cover the primary roles and responsibilities of teachers relative to the educational support of K-2 students with LD?

Please circle one : YES NO

- a. Should any items be added? If yes, please write the additional item(s) below.

- b. Should any items be deleted? If yes, indicate the item number(s) and the rationale for deletion below:

CONSTRUCT VALIDITY

13. Does each item of the survey request information relevant to special education practices for K-2 students with LD?

Please circle one : YES NO

- a. If NO, please specify the item number and offer a suggestion for change below:

14. Is there any vocabulary in the instrument that is unclear or confusing?

Please circle one : YES NO

- a. If YES, please identify the word(s) and offer a suggestion for change below:

15. Do you have any additional suggestions to improve the survey?

Please circle one : YES NO

Suggestions (optional):

16. I would like a copy of the findings of this study.

Please circle one : YES NO

If YES, please indicate your preference for receiving the findings:

Please circle one : e-mail

U.S. Postal Service

e-mail address: _____

U.S. Postal Address

Your service as a member of my validity panel and your completion of this evaluation form are very much appreciated! May God bless you for your generosity of time and expertise.

Thank you!

Please place this Validity Panel Evaluation Form, the survey, and the Validation Panel Competency Checklist in the envelope provided and return by October 15, 2007 to:

ANNA MCDONALD

APPENDIX L

Validity Panel Checklist

Validity Panel Checklist

Validation Panel for *Primary Level (K-2) Special Education Practices in Catholic Elementary Schools*

NAME: _____

TITLE: _____ YEARS of EXPERIENCE: _____

DIRECTIONS: Please check (✓) all areas of practice that apply to you, either present or past experience.

_____ Catholic Elementary Education

_____ Diocesan Educational Consultant

_____ Special Education

_____ Elementary Education

_____ Educational Consultant (please specify): _____

_____ University Professor

_____ Author (in what area[s]): _____

_____ Expertise in Catholic elementary education

_____ Expertise in Special Education

_____ Expertise in elementary education

_____ Expertise in survey research

_____ Other (please specify): _____

Do you give permission to have your name (as written above) published in my dissertation as a member of the Validity Panel, if I choose to publish the names?

_____ YES _____ NO Signature _____

Thank you very much!

Please place this Validation Panel Checklist, the survey, and the Validity Panel Evaluation Form, in the envelope provided and return by October 17, 2007 to:

ANNA MCDONALD

APPENDIX M

E-mail Communication to Reliability Participants

Dear Colleague,

I hope that the 2007-2008 school year is off to a great start! My name is Anna McDonald and I am a doctoral candidate at University of San Francisco, in the Catholic Educational Leadership (CEL) program. I am also the Resource Teacher and Vice Principal of an elementary school in the

. In my research study I am investigating the perceptions of teachers regarding special education practices in Catholic schools at primary level (K-2) for students with learning disabilities. My doctoral research has developed from a love of Catholic education and the honor of working with many of our students with special needs. As an elementary educator, your opinions are of great value and I would very much appreciate your help.

My research instrument entitled, *Primary Level (K-2) Special Education Practices of Catholic Elementary Schools*, needs to undergo a reliability test. Reliability is the measure of the consistency of the responses to the survey. I need elementary educators like you, who are familiar with special education practices in elementary schools and not participating in the research study, to test my instrument for reliability. The total survey should not take more than 30 minutes of your time.

Would you be willing to participate in this reliability study? If you are willing to allow me to take part in the reliability test, would you please email me with an affirmative response and I will send a survey to you directly to the address you provide. Please indicate your contact information and best way to be reached. Your support is greatly appreciated!

My email is: atmcDonald@usfca.edu If you have any questions or concerns, please contact me by email or telephone. If you choose not to participate, please inform me by email, so that I know I will not include you in the study nor follow up on this request.

Again, many thanks for your consideration of this request. Because the research is time-sensitive, I would appreciate a prompt response. Blessings to you and all that you do for special education!

If you have any questions about your participation in the reliability testing of my survey, you may contact me by email (atmcDonald@usfca.edu) or phone. You may also contact the director of the researcher's study, Dr. Gini Shimabukuro at (415) 422-6934 with additional questions or concerns.

As a small token of appreciation for your time in completing this survey, a Teacher Blessing prayer card is enclosed for you. Thank you very much for helping me with the reliability testing of this instrument. May God continue to bless you in your ministry!

Sincerely,

Anna McDonald
Doctoral Candidate
University of San Francisco

APPENDIX N

Cover Letter to Reliability Participants

[Title, Name]
 [Address]
 [City, State, Zip]

Dear Colleague,

I hope that the 2007-2008 school year is off to a great start! My name is Anna McDonald and I am a doctoral candidate at University of San Francisco, in the Catholic Educational Leadership (CEL) program. I am also the Resource Teacher and Vice Principal of an elementary school in the

. In my research study I am investigating the perceptions of teachers regarding special education practices in Catholic schools at primary level (K-2) for students with learning disabilities. My doctoral research has developed from a love of Catholic education and the honor of working with many of our students with special needs. As an elementary educator, your opinions are of great value and I would very much appreciate your help.

My research instrument entitled, *Primary Level (K-2) Special Education Practices of Catholic Elementary Schools*, needs to undergo a reliability test. Reliability is the measure of the consistency of the responses to the survey. I need elementary educators like you, who are familiar with special education practices in elementary schools and not participating in the research study, to test my instrument for reliability. The total survey should not take more than 30 minutes of your time.

Please complete the survey, place it in the envelope provided, seal it, and return it no later than November 1st. Please be assured that your responses are confidential and will only be used to establish the reliability of my research instrument. Your responses are not part of my doctoral study. No individual responses will be identified in any way.

If you have any questions about your participation in the reliability testing of my survey, you may contact me by email (atmcDonald@usfca.edu) or phone. You may also contact the director of the researcher's study, Dr. Gini Shimabukuro at (415) 422-6934 with additional questions or concerns.

As a small token of appreciation for your time in completing this survey, a Teacher Blessing prayer card is enclosed for you. Thank you very much for helping me with the reliability testing of this instrument. May God continue to bless you in your ministry!

Sincerely,

Anna McDonald
 Doctoral Candidate
 University of San Francisco

Enclosures: Survey, *Primary Level (K-2) Special Education Practices of Catholic Elementary Schools*
 Teacher Blessing prayer card
 Return envelope

APPENDIX O

Cover Letter to Reliability Participants Retest Phase

Dear Colleague,

About 2 weeks ago you completed my survey entitled, *Primary Level (K-2) Special Education Practices of Catholic Elementary Schools*, to establish the reliability of my research instrument. Thank you very much for your help. It is much appreciated. What I could not share at the time is that the process for the establishment of reliability is called a test-retest. The reliability is established on the consistency of responses between the two administrations of the survey. To that end, I would again be very grateful if you would complete the survey a second time.

The survey should take less than 30 minutes of your time. Your responses remain confidential and will only be used to establish the reliability of my research instrument. Please complete the survey, place it in the envelope provided, seal it, and return it no later than November 10th.

If you have any questions about your participation in the reliability testing of my survey, you may contact me by email (atmcDonald@usfca.edu) or phone. You may also contact the director of my research study, Dr. Gini Shimabukuro at (415) 422-6934 with additional questions or concerns.

I realize that you are busy and I value your time and insights. As a token of appreciation for your help in completing the survey a second time, a donation to Children's Miracle Network has been made in your honor. Thank you again for your help. Your assistance is invaluable to my research study.

Sincerely,

Anna McDonald
 Doctoral Candidate
 University of San Francisco

Enclosures: Survey, *Primary Level (K-2) Special Education Practices of Catholic Elementary Schools*
 Children's Miracle Network Card
 Return envelope

APPENDIX P

Permission from Study Participants

Email to Participants
Date, 2007

Dear [Name],

I hope that the 2007-2008 school year is off to a great start! My name is Anna McDonald and I am a doctoral candidate at University of San Francisco, in the Catholic Educational Leadership (CEL) program. I am presently the Resource Teacher and Vice Principal of _____ diocesan elementary school and I know that our Resource Program is undergoing many changes and many great developments. To that end, I am hoping that I can count on your support of my study.

My research will look at support programs, interventions and teacher preparation as they relate to primary level students (K-2) with learning disabilities. I will be conducting a survey in 59 Catholic elementary schools of the _____. I plan to mail the survey in early January 2008. You were selected to participate because you are one of the following: a K-2 classroom teacher, resource teacher or specialist, and/or an administrative or support staff member who has worked with or are presently working with K-2 students with learning disabilities. The data collected will be kept confidential and no teacher will be identified in any report. The Superintendent, _____, has given permission for the research to take place in the schools of the diocese and has given her full support of the project.

Would you be willing to help me with this study? If you are willing to participate in this research study would you please send me a confirmation email. I will send the survey to directly to you at your school's address. Your support is greatly appreciated!

My email is: atmcDonald@usfca.edu If you have any questions or concerns, please contact me by email or telephone. If you choose not to participate, please inform me by email, so that I know I will not include you in the study nor follow up on this request.

Again, many thanks for your consideration of this request. Because the research is time-sensitive, I would appreciate a prompt response. Blessings to you and all that you do for Catholic education!

Sincerely,

Anna McDonald
Doctoral Candidate
University of San Francisco

Dear Colleague,

I hope that the 2007-2008 school year is off to a great start! My name is Anna McDonald and I am a doctoral candidate at University of San Francisco, in the Catholic Educational Leadership (CEL) program. I am also the Resource Teacher and Vice Principal of an elementary school in the

. In my research study I am investigating the perceptions of teachers regarding special education practices in Catholic schools at primary level (K-2) for students with learning disabilities. My doctoral research has developed from a love of Catholic education and the honor of working with many of our students with special needs. Your insights are of great value and I would very much appreciate your help.

As a fellow Catholic elementary educator, I invite you to complete the enclosed survey entitled, *Primary Level (K-2) Special Education Practices of Catholic Elementary Schools*. It should take you approximately 20-30 minutes to complete the survey. Your participation is strictly voluntary. Both the Superintendent and your principal are aware of this study, but your decision to participate or not has no influence on your present or future status as a teacher in your school. Please be assured that your responses will be kept confidential. Only aggregated data will be reported, and none of your responses will be identified by name or school. The numeric identification on the survey is simply codification to aid in the follow-up on non-returned surveys. The research will be stored in a locked file cabinet in my home office. At the completion of the study, all data will be shredded.

It is extremely important to include your voice in order to obtain an accurate representation of the special education practices at the primary level (K-2) in elementary schools of the . You can make this a successful endeavor by taking the time to complete the survey and returning it to me no later than January 17, 2007. Please mail the completed survey in the enclosed pre-addressed, postage-paid envelope. I am quite grateful for your participation and prompt response. As a token of appreciation for your time in completing this survey, a Teacher Blessing prayer card is enclosed for you.

If you have any questions about your participation in the reliability testing of my survey, you may contact me by email (atmcdonald@usfca.edu) or phone. You may also contact the director of the researcher's study, Dr. Gini Shimabukuro at (415) 422-6934 with additional questions or concerns.

Thank you for your cooperation and contribution to Catholic school research. Your support is greatly appreciated. May you be dearly blessed for your ministry to God's special children.

Sincerely yours,

Anna McDonald
Doctoral Candidate
University of San Francisco

Enclosures: Survey (*Primary Level (K-2) Special Education Practices in the Catholic Elementary School*)
Postage-paid return envelope
Participant Bill of Rights
Teacher Blessing prayer card

APPENDIX Q

Participant Bill of Rights

Participant Bill of Rights

The Rights below are the rights of every person who is asked to be in a research study. As a research participant, I have the following rights:

- To be told what the study is trying to find out
- To be told about the frequent and/ or important risks, side effects, discomforts of things that will happen to me for research purposes
- To be told if I can expect any benefit from participating, and, if so, what the benefit might be
- To be told of other choices I have and how they may be better or worse than being in the study
- To be allowed to ask any questions concerning the study both before agreeing to participate and during the course of the study
- To refuse to participate at all or to change my mind about participation after the study has begun; if I were to make such a decision, it will not affect my right to receive the care of privileges I would receive if I were not in the study
- To give my consent to participate by returning the survey or refuse consent to participate by not returning the survey
- To be free of pressure when considering whether I wish to agree to be in the study.

Should you have any other questions or concerns, they should be directed to the researcher, Anna McDonald, by email (atmcdonald@usfca.edu) or phone. You may also contact the director of the researcher's study, Dr. Gini Shimabukuro at (415)422-6934 with additional questions or concerns.

In addition, you may contact the Institutional Review Board for the Protection of Human Subjects (IRBPHS), which is concerned with the protection of volunteers in research projects. You may reach the IRBPHS of USF by calling (415) 422-6091, by electronic mail at IRBPHS@usfca.edu, or by writing to:

USF IRBPHS
Department of Counseling Psychology
Education Building
2130 Fulton Street
San Francisco, CA 94117-1080

APPENDIX R

Letter of Encouragement to Participants

Dear Colleague,

Happy New Year to you! My name is Anna McDonald and I am a doctoral candidate at University of San Francisco, in the Catholic Educational Leadership (CEL) program. About two weeks ago, I sent you a survey entitled, *Primary Level (K-2) Special Education Practices of Catholic Elementary Schools* with accompanying information and a postage-paid return envelope. I am writing to inform you that have not yet received your response.

While your participation is completely voluntary, your contribution to this research is extremely important. Your perceptions are needed to obtain an accurate representation of the special education practices at the primary level (K-2) in elementary schools of the . The survey should take no more than 30 minutes of your time. You can make this a successful endeavor by taking the time to complete the survey and returning it to me no later than January 31, 2007. For your convenience, I have enclosed a copy of the survey and a pre-addressed, postage-paid return envelope. Your responses will be kept confidential.

If you have any questions about your participation in the reliability testing of my survey, you may contact me by email (atmcDonald@usfca.edu) or phone. You may also contact the director of the researcher's study, Dr. Gini Shimabukuro at (415) 422-6934 with additional questions or concerns.

If you have already sent your completed survey to me, and it has crossed paths in the mail with this request, please accept my apologies and disregard this communication.

Thank you for helping me with my doctoral study and for your contribution to Catholic school research. Your support is greatly appreciated. May God continue to bless you and your ministry with His special children.

Sincerely yours,

Anna McDonald
 Doctoral Candidate
 University of San Francisco

Enclosures: Survey (*Primary Level (K-2) Special Education Practices in the Catholic Elementary School*)
 Postage-paid return envelope

APPENDIX S

Table of Means and Standard Deviations

Table of Means and Standard Deviations			
<i>Mean Scores of Types of Learning Disabilities Identified Items #1-11</i>			
Item #	LD Identified – Range 0-4	Mean	Standard Deviation
1.	Organization	2.66	1.12
2.	Listening Skills	3.23	0.96
3.	Fine Motor Skills	2.70	1.00
4.	Memory/Recall	2.71	0.96
5.	Attentional Difficulties	3.15	0.86
6.	Processing Difficulties	2.82	0.95
7.	Behavior/Socialization	2.37	1.07
8.	Math	2.08	1.10
9.	Oral Language	2.26	1.07
10.	Reading	2.81	1.08
11.	Written Language	2.45	1.26
<i>Mean Scores of Types of Educational Support Programs Provided Items #12-21</i>			
Item #	Support Programs Provided Range 0-1	Mean	Standard Deviation
12.	Support program	0.82	0.39
13.	Pull-out Language Arts	0.79	0.41
14.	Pull-out Math	0.40	0.49
15.	Pull-out Other Content Area	0.12	0.33
16.	Inclusion Language Arts	0.30	0.46
17.	Inclusion Math	0.25	0.43
18.	Inclusion Other Content Area	0.14	0.35
19.	Counseling	0.71	0.46
20.	Tutoring	0.30	0.46
21.	Other Support Program	0.18	0.39
<i>Mean Scores of Academic Interventions Items #22-70</i>			
Item #	Type of Academic Intervention Range 0-1	Mean	Standard Deviation
	Teaching Mode Total	0.75	0.31
22.	Use multi-sensory techniques	0.93	0.25
23.	Use short, simple instructions	0.97	0.16
24.	Rephrase directions	0.97	0.16
25.	Provide taped and/or written directions	0.48	0.50
26.	Provide computer-aided instruction	0.38	0.49
27.	Pre-teach vocabulary and concepts	0.81	0.40
28.	Use study guides	0.30	0.46
29.	Use small group instruction	0.96	0.20
30.	Use individual instruction	0.92	0.28
31.	Use peer-partner (study buddy)	0.70	0.46
32.	Provide think time before calling on student	0.88	0.33
33.	Have student paraphrase information	0.78	0.42

34.	Give positive verbal reinforcement or feedback	0.97	0.16
35.	Prepare student for changes in routines	0.81	0.40
36.	Promote regular home/school communication	0.97	0.16
37.	Explicit/direct instructions	0.89	0.31
38.	Other teaching mode intervention	0.08	0.28
	Teaching Setting Interventions Total	0.70	0.31
39.	Assign preferential seating	0.92	0.28
40.	Schedule student to leave class for assistance	0.84	0.37
41.	Adjust time for completion of assignments	0.89	0.31
42.	Allow frequent breaks or vary activities	0.81	0.40
43.	Other teaching setting intervention	0.05	0.23
Item#	Assignments & Materials Total	0.41	0.43
44.	Reduce work load	0.66	0.41
45.	Change format of assignments	0.51	0.50
46.	Break assignments into series of smaller tasks	0.64	0.48
47.	Provide copies of notes/assignments	0.32	0.47
48.	Use of alternative materials	0.55	0.50
49.	Visually modify materials	0.49	0.50
50.	Use highlighted texts	0.26	0.44
51.	Provide opportunity for oral response	0.77	0.43
52.	Use calculator for problem solving	0.08	0.28
53.	Use computer to support instruction	0.34	0.48
54.	Use audio books for reading support	0.52	0.50
55.	Encourage use of Post-its	0.18	0.39
56.	Use graphic organizers (mind-maps, charts)	0.51	0.50
57.	Encourage use of pictures/symbols	0.73	0.45
58.	Use of second set of textbooks	0.23	0.43
59.	Provide study plan or guide	0.25	0.43
60.	Other	0.03	0.16
Item#	Assessment Total	0.40	0.47
61.	Modify written format of test	0.27	0.45
62.	Modify format – dictated test	0.41	0.50
63.	Modify format – open book test	0.27	0.47
64.	Modify format – oral test	0.47	0.50
65.	Modify format – project based test	0.16	0.37
66.	Modify timing of assessment	0.56	0.50
67.	Incorporate homework as an assessment	0.34	0.48
68.	Offer credit for class participation	0.45	0.50
69.	Avoid penalizing for minor errors	0.67	0.47
70.	Other Assessment Interventions	---	---

Item #	Roles of the Teacher Range 0-4	Mean	Standard Deviation
71.	Identification of LDs	3.12	1.13
72.	Refer for Further Testing of LDs	3.25	1.09
73.	Recommend Interventions	2.53	1.41
74.	Implement Interventions	2.59	1.41
75.	Differentiate Instruction	3.22	0.96
76.	Collaborate with Pull-out Teacher	2.77	1.50
77.	Collaborate with Push-in Teacher	2.21	1.84
78.	Other Roles of the Teacher	0.15	0.74
Item#	Teacher Preparation Range 0-4	Mean	Standard Deviation
79.	BA in Special Education	0.10	0.45
80.	Credential Program	2.45	1.37
81.	MA Program –Specify	1.34	1.69
82.	PhD Program –Specify	---	---
83.	Course in Exceptional Children	1.36	1.63
84.	Archdiocesan Professional Development	1.41	1.63
85.	Other Teacher Preparation	1.19	1.78

Note. Although some data was missing, all mean scores and standard deviations are reported as valid for the total teacher group (n=73).