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EFFECTS OF PARTICIPANT ROLE, PARTICIPATION, AND EXPECTANCY ON LEVEL OF SATISFACTION IN SPECIAL EDUCATION MULTIDISCIPLINARY TEAMS

by

Bradley R. Conner

A DISSERTATION

Presented to the Faculty of
The Graduate College at the University of Nebraska
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For the Degree of Doctor of Education

Major: Interdepartmental Area of Administration,
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Under the Supervision of Professor Miles T. Bryant

Lincoln, Nebraska

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DISSERTATION TITLE

Effects of Participant Role, Participation, and Expectancy on Level of Satisfaction on Multidisciplinary Teams

BY

Bradley Ross Conner

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GRADUATE COLLEGE
UNIVERSITY OF NEBRASKA

EFFECTS OF PARTICIPANT ROLE, PARTICIPATION AND EXPECTANCY ON LEVEL OF SATISFACTION IN SPECIAL EDUCATION MULTIDISCIPLINARY TEAMS

Bradley R. Conner. Ed. D.
University of Nebraska, 1999

Advisor: Miles T. Bryant

The purposes of this survey study were to test the applicability of Role, Participatory Decision-Making, and Expectancy Theories in special education multidisciplinary team (MDT) meetings by comparing the roles, participation levels, and expectations of MDT participants to their reported levels of satisfaction with the meetings. The sample population for this study included 142 participants in 33 MDT meetings conducted in 15 Nebraska school districts.

The results of this study indicated the following:

1. The majority of MDT participants reported that they were satisfied with the outcomes of the meetings.
2. Both participation and expectation levels of MDT participants were related to their reported levels of satisfaction.
3. The roles individuals served in the MDT meetings were related to their reported levels of participation in the meetings, but not to satisfaction levels as they were defined in the context of this study.

4. A wide range of participation levels were reported by the classroom teachers, in comparison to more consistent responses among the other four role groups.

5. The combination of expectations and participation levels significantly increased the ability to predict levels of satisfaction.

6. Satisfaction levels were not related to the confirmation by the MDT of the child's disability.

Based on the results of this study, this researcher concluded that the premises of Role, Expectancy, and Participatory Decision-Making Theories did apply to the context of the MDT meetings.

The following recommendations were made:

1. Replication of this study is needed with a larger sample.

2. The wide variation in reported levels of participation among teachers is worthy of further study.

3. Further research involving the direct observation of MDT members' participation and interaction is needed to determine if this self-report data accurately represents the actual levels of involvement among different MDT participants.

4. Longitudinal ~~case~~ studies are needed to determine if the recommendations of the MDT are actually being followed by the school staff in development of the IEP and if by following these recommendations school staff can demonstrate any improvement in the student's performance.

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To my mother, who convinced me at an early age that with persistence and confidence one can accomplish any task:

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B.R.C.

TABLE OF CONTENTS

CHAPTER PAGE

LIST OF TABLES

CHAPTER 1

Introduction

Problem Statement

With the passage of Public Law 94-142, the Education For All Handicapped Children Act (EAHCA) in 1975, the concept of the Multidisciplinary Team (MDT) was established. By design, the MDT was to provide a collaborative decision-making body for identification of a child's strengths and weaknesses and to determine eligibility for special education services. The MDT became the gate keeper to the doors of special education. Since the original implementation of EAHCA the name has been changed to The Individuals With Disabilities Education Act (IDEA). Although this law has undergone a number of revisions since 1975, the basic requirements to provide services for children with disabilities have not changed. The most recent reauthorization of IDEA was put into effect by Congress in June of 1997. However, after 20 years of implementation, some doubt still has existed regarding whether students receiving special education services, using the models outlined in IDEA, have been reaping the benefits intended by Congress back in 1975 (Thurlow, Ysseldyke, 1993; Ysseldyke & Thurlow, 1993).

Numerous flaws have been identified in how MDTs have operated, suggesting that a true multidisciplinary approach, following group problem-solving techniques has not been followed at all in typical MDT meetings (Fenton, Yoshida, Maxwell & Kaufman,

1979; Nash, 1990; Pfeiffer & Naglieri, 1983; Smith, 1990; Yoshida, 1983; Ysseldyke, Algozzine, and Allen, 1981, 1982, 1983). While it appears that most MDTs have accomplished the task of determining eligibility for special education services, few researchers have found evidence to support the notion that the recommendations made by these teams were effectively implemented to improve student performance (Cammisa, 1994; Chapey, 1986; Hallahan & Kauffman, 1994; Huebner & Gould, 1991; Kavale, 1993; McFarland, 1994; Smith, 1990).

Additional problems have been identified with the use of assessment data in developing appropriate educational plans for students (Bateman & Charad, 1995; Smith, 1990). Although it has been assumed that valid assessment, analysis, and diagnosis were essential to developing effective instructional programs for children with disabilities, researchers have questioned whether, even if these assumptions were met, the available information facilitated instructional planning (Burns, 1992; Mendelson, 1987; Rush, 1992; Salvia & Ysseldyke, 1981).

The efficacy of the multidisciplinary teams as effective decision-making models has also been questioned. In a large district wide study, Joseph, Lindgren, Creamer and Lane (1983) reported that most teachers involved in MDT and IEP development felt that their time spent in these activities was wasted.

Context of the Study

The Individuals With Disabilities Education Act (IDEA) reauthorized the original MDT requirements for special education teams that were part of EAHCA. Kirk (1979) summarized the purpose of the original EAHCA in this manner:

> To assure that all handicapped children have available to them . . . a free, appropriate public education that emphasizes special education and related services to meet their unique needs, . . . to assist states and localities to provide for the education of all handicapped children, and to assess and assure the effectiveness of efforts to educate handicapped children (p. 474).

As a means of meeting this requirement, IDEA clearly stated that decisions regarding eligibility for special education services were to be made through a multidisciplinary problem-solving approach. Section 121 a. 532 (e) of PL 94-142 states: "The evaluation is made by a multidisciplinary team or group of persons, including at least one teacher, or other specialist with the knowledge in the area of suspected disability" (cited in Kirk, 1979, p. 474).

This hallmark piece of legislation came about primarily as a result of court cases such as *Larry P. v. Riles* (1972) and *Diana v. State Board of Education* (1970). The decisions that resulted from these cases clarified that a great number of minority children were over-represented in special education programs, and placement

decisions were often being made by one or two individuals. In reviewing the requirements of PL 94-142, Kaiser and Woodman (1985) suggested that the intent of Congress was to limit the influence of any given professional within a school district by incorporating different educational perspectives and encouraging parents to participate in their child's programming.

In addition to the technical requirements defined in IDEA, Pfeiffer and Hefferman (1983) have outlined three goals of the MDT: ". . . (a) provide safeguards against individual errors in clinical judgment, (b) facilitate greater adherence to due process requirements, and (c) promote enhanced educational services to exceptional children" (p. 285).

Knoff (1983) expanded on these purposes and noted that Congress intended for the decisions made by the MDT to be made collaboratively, through a process that included both educators and parents. It was important for the right "players" to be present in the decision-making, and the decisions they made to reflect the "sum of the parts" rather than the influence of any individual.

Neither PL 94-142, nor its reauthorization in IDEA mandated a specific body of professionals nor a specified procedure for MDTs at the local level. Individual states, while having to meet the requirements of utilizing a multidisciplinary team approach outlined in IDEA, were left to determine the specific make-up of these teams. In addition, each state was to establish specific criteria or procedures to which these teams must adhere.

In Nebraska, these criteria and procedures have been clearly defined within the *Nebraska Department of Education Rule 51* (Title 92, Nebraska Administrative Code, Chapter 51), most recently revised in April of 1997. Section 003.27 defined the MDT:

> A multidisciplinary evaluation team (MDT) shall mean a group of persons whose responsibility it is to evaluate the abilities and needs of a child referred for evaluation and to determine whether or not the child meets the eligibility criteria in 92 NAC 51-006 (p. 6).

Section 006.03 further established the responsibilities of this team as:

> The MDT shall be responsible for the analysis, assessment, and documentation of educational and developmental abilities and needs of each child referred for the purpose of individual evaluation. Using documentation collected and the verification criteria found in 92 NAC 51-006 and the definition(s) found in 51-003.07, the MDT shall make all verification decisions. Documented information shall be collected and facilitate the development of a statement of present level of development and educational performance on the IEP (p. 22).

While Rule 51 did not specifically assign responsibility to the MDT for making educational modifications and instructional decisions, the statement of present level of performance was to

form the basis upon which one of two decision-making teams developed their educational plan for the child. The Individual Education Planning (IEP) team has been assigned to use this information to develop an individualized educational plan for a student with a verified disability. Members of the Student Assistance Team (SAT) were given the responsibility for using this same information to make appropriate educational decisions regarding a student who had learning difficulties, but did not meet the requirements of having a disability. Finally, in addition to the responsibility of the MDT to determine the child's present level of educational performance and subsequent educational needs, the MDT was also required to determine if any special education services were necessary as a result of the chid's disability.

Both the federal law (IDEA) and Nebraska's special education regulations (92 NAC 51) have required that this decision about the child's disability and need for special education services must be the result of a team of individuals. Each member of this team was to provide a particular level or area of expertise, i.e. parents, classroom teacher, school psychologist, special education teacher. However, McFarland (1991) and McFarland (1994) reported that typical MDT meetings in Nebraska differed little from the models used in other states, and reflected poor participation on the part of some members in making these decisions.

Following two separate studies of special education decision-making in Nebraska in 1983 and 1990, this researcher concluded

that much like teams working in other states, the MDT and IEP teams often met consecutively, with nearly identical participants. In some cases, little distinction could be made between the two teams and their purposes. Educational recommendations, modifications in instructional practices, and even placement decisions were made by the MDT and IEP teams combined. MDT participants were expected not only to make a verification decision, but also to provide members with worthwhile information that could be used to develop goals and objectives on the IEP and instructional modifications designed to meet the child's educational needs.

Even with specific verification criteria upon which to base decisions, some research reflected that MDT participants have not been totally objective in their decisions regarding a child's disability and educational needs. Ysseldyke (1983a) and Ysseldyke & Algozzine (1981, 1982) compiled data that suggested that decisions made during the MDT meeting were influenced by a variety of factors, some of which occurred outside the MDT. Their research indicated that contrary to the intent of the IDEA, determinations of a disability and subsequent placements in special education programs have not always been the result of a multidisciplinary process at all. In addition, [Yoshida (1980a, 1980b,1983), Yoshida et al. (1978), Pfeiffer (1980,1981,1982), Maher (1981), and Maher & Hawryluk (1983)] concluded that much improvement could have been made in moving the typical MDT meeting away from a process influenced by dominant roles such as those played by school

psychologists and special education staff and toward a more effective group decision-making process.

Huebner and Gould (1991) pointed out that the MDT requirements of IDEA significantly affected the roles school psychologists played in this process, as they had previously been the gate keepers who determined the student's eligibility for special education services. The true efficacy of the MDT as a decision-making model has remained in doubt. The decade of the 1980s has been saturated with research demonstrating the continued lack of participatory decision-making principles being applied toward MDT meetings and the influence dominant and passive roles have had on the ultimate efficacy of the MDT (Fleming & Fleming, 1983b; Huebner & Gould, 1991; Kaiser & Woodman, 1985; McFarland, 1994; Pfeiffer & Hefferman, 1983).

In addition to the influence of participant roles on the efficacy of the MDT, studies have shown that different levels of participation in the decision-making process may have influenced the degree of satisfaction felt by MDT members. Yoshida et al. (1978) conducted a preliminary study of the relationship between participation in special education group decision-making meetings and levels of satisfaction with the process. Their conclusions were based primarily upon self-report data and reflected a positive relationship between the two variables. Their results also demonstrated that levels of participation in typical MDT meetings could be linked to identifiable roles of the participants. Those members who played the

most dominant roles in the MDT meetings tended to be the most satisfied with their outcomes. Ysseldyke, Algozzine, and Allen (1981) concluded from a study of MDT and IEP meetings that regular and special teachers (a) did not interact or (b) did so in a superficial manner.

In a survey of regular classroom teachers, Pugach (1982) found that a majority of classroom teachers who were responsible for serving at least one child with a disability reported that despite their required attendance at MDT and IEP meetings, they were not systematically involved in developing instructional programs for these children. She concluded, "It is unlikely that this approach promotes shared decision-making or encourages consistent curricular modifications across instructional settings" (p. 374). While the evidence has mounted supporting the need for more effectively applying Participatory Decision-Making Theory to the MDT process (Anderlini, 1983; Fox, 1989; Male, 1991), resulting in a true multidisciplinary approach to decision-making, educators still have not responded (Blakely, 1995; Hall, 1993; Huebner & Gould, 1991; Koch, 1986; McFarland, 1994; Simeonsson, et al., 1995).

Taken together, the reviews of the 1980s and early 1990s suggested several generalizations about the effectiveness of multidisciplinary teams. First, the majority of efficacy studies have focussed on the ultimate outcome of the MDT regarding whether or not a child had a verifiable disability. Questions were posed and data collected to determine if such decisions were warranted, based

on the information presented to the MDT participants. As a result, MDT members have generally succeeded in making eligibility decisions regarding a child's disability.

Researchers have found that factors such as team member roles and levels of participation during the MDT meeting influenced the decision-making process of these meetings. They have also shown that predetermined expectations of participants prior to the MDT being convened have influenced the outcome of the meetings (Jenkins, Pious & Jewell, 1990; Yoshida, 1983; Ysseldyke, 1983). While these researchers have identified some of the variables that may have influenced the decision-making process, the results of these studies still have not addressed how such factors affected the perception MDT participants had regarding the overall value of the meetings.

Second, a large number of studies during the 1980s reflected the necessity for applying established principles of Participatory Decision-Making Theory to small group problem-solving efforts like the MDT meetings in special education. Data collected soon after the passage of PL 94-142 reflected that special education decisions made by groups were more often dictated by the dominant team member rather than reflecting a true multidisciplinary approach (Goldstein, 1975). Some researchers even questioned whether a multidisciplinary approach was a practical or efficient means of reaching decisions regarding instructional programs for children with disabilities (Kehle & Guidubaldi, 1980). While there has been

an expectation that these problems were corrected through 20 years of MDT practice, the results of much of the research conducted in this field have concluded that IDEA has had little effect on changing actual MDT practices. If participants' roles have influenced how the team decisions were being made, they may also have influenced the levels of satisfaction team members had with these decisions.

While a few studies have focused on the influences of variables such as participants' roles, management styles of the chairpersons, severity of the students' disabilities, and the ultimate outcome of the meetings, even less data has been available to address the relationship between these factors and the perception of participants regarding the benefit of spending time on this problem-solving task. For some participants, the MDT process has been perceived as a worthwhile problem-solving activity that they could use to better educate children. For others, it has simply been a requirement of the state and federal laws that held little pragmatic value. If the latter has been true for too many MDT members, the chances of the whole MDT process having any positive, lasting effects on instructional practices will be minimal.

Thus, for school personnel the question has remained as to the perceived efficacy of the MDT decision-making model being employed in our public schools. Specifically, have participants viewed it as a worthwhile expenditure of their resources? In addition, have such factors as participants roles' and expectancies of the outcome affected their levels of satisfaction? Expectancy

theorists have suggested that the degree of satisfaction participants have with the decision-making process has a bearing on how effectively the recommendations of these problem-solving meetings were carried out. Since the mandate to hold such meetings is unlikely to be removed, any steps toward identifying the factors that influenced participant satisfaction should result in an improved problem-solving process. Ultimately, such changes should also result in an increased commitment by the participants to carrying out the recommendations toward teaching each child.

Purpose Statement

The purposes of this survey study were to address the applicability of Role Theory, Participatory Decision-Making Theory and Expectancy Theory in special education multidisciplinary team (MDT) meetings by comparing (a) the roles of MDT participants, (b) their reported levels of participation in the MDT meetings, (c) the expectations members had regarding the value of the meetings, and (d) the degree to which their expectations of a disability were confirmed, to (e) the satisfaction levels of team members involved in 33 MDTs at selected Nebraska school sites. In addition, the study was designed to determine which of these factors had the greatest influence on participants' satisfaction levels.

Three independent variables were defined as:

1. Participant role -- as determined by 92 NAC 51:
    a. Parent
    b. Classroom Teacher
    c. Special Education Teacher
    d. School Psychologist
    e. District Representative
2. Level of participation -- as determined by responses on a grouping of self-report survey questions reflecting the amount of involvement each member had in the MDT meeting: i.e., responses and initiation of questions to other team members, notes taken during the meeting, and preparation of materials, questions, or concerns prior to the meeting.
3. Expectation -- as determined by responses to a grouping of self-report survey questions reflecting the expectations team members had that their attendance at the MDT meeting would result in obtaining information to improve their understanding of the child's learning difficulties that would ultimately improve the child's performance.

The dependent variable was defined as: The degree of participant satisfaction with the overall MDT problem-solving process as a valuable use of time and energy in providing them with worthwhile information that they could use to successfully teach the child.

Research Hypotheses

Based on the principles of Role, Participatory Decision-Making and Expectancy Theories, and evidence collected in related research, the following hypotheses were addressed:

H_1. The MDT members' roles, as defined in 92 NAC 51 are related to the levels of satisfaction members have with the meeting.

H_2. The MDT members' participation levels during the team's discussion are related to the levels of satisfaction that members have with the meeting.

H_3. The MDT members' predetermined expectations of the outcome of the MDT meeting are related to the levels of satisfaction that members have with the meeting.

H_4. The MDT members perceive the MDT meeting to be a valuable use of their time and energy in developing strategies that they believe will result in improved student performance.

H_5. The MDT members' roles, as defined in 92 NAC 51 are related to their levels of participation in the MDT meeting.

H_6. The MDT members' roles, as defined in 92 NAC 51 are related to the expectations that members have regarding the outcome of the MDT meeting.

H_7. The combined factors of the MDT members' participation levels and expectations of the MDT meeting can increase the ability to predict the levels of satisfaction members have with the meeting.

H_8. The degree of confirmation by the MDT of members' expectations of the child's eligibility for special education services is related to the levels of satisfaction members have with the meeting.

Theoretical Perspective

The theoretical perspective of this study was based upon the field of social psychology. Allport (1968) defined social psychology as ". . . an attempt to understand how the thought, feeling and behavior of the individual are influenced by the actual, imagined or implied presence of others" (p. 3). Following this definition, each of three social psychology theories was addressed as the foundation of this research, as they could be applied to special education and the MDT process.

Role Theory

Though Role Theory has been studied by a number of social psychologists over the last 30 years, Biddle (1979) may have best defined Role Theory as it would apply to the social situations present in the MDT meeting. Biddle defined Role Theory as "[a] science concerned with the study of behaviors that are characteristic of a person within contexts and various processes that presumably produce, explain, or are affected by these behaviors" (p. 4).

Biddle explained that roles have been associated with certain social positions that have formed an identity commonly recognized

for a set of persons. These roles have been reinforced through the sharing of expectations for certain behaviors of that role, (behavior is expected, occurs, and is reinforced). In addition, those individuals assuming certain roles within social settings have been motivated by peer pressure to continue in that role and thus to continue to exhibit behaviors associated with it.

Biddle concluded that roles are normative in that they involve implicit shared expectancy among group members. Roles could also be associated with positions, in that they have resulted in behavior characteristics commonly recognized by an identity or social position. He defined the position as " [a] classification of human beings, where roles are classifications of behavior " (p. 93).

The impact of status on behavior has also been of value within the context of the MDT meeting, especially as it would relate to such positions as those of the school psychologist or district representative (usually a school administrator). Typically, these positions have been considered by other participants to hold a greater level of status. Biddle defined "status" as "[a] set of cultural definitions that specify how a person is supposed to perceive and respond to objects and people" (p. 93).

Within the state of Nebraska, MDT participant positions (and roles) have been clearly defined within the context of 92 NAC 51. Under this regulation, certain individuals have been required to be in attendance. Generally, this has resulted in at least one individual designated as the MDT Chairperson, who has been responsible for

facilitating the decision-making process of the meeting (usually the school psychologist). In addition, at least one member has been required to represent the school district and be able to allocate funds for the purpose of providing whatever services were recommended by the team (usually a building administrator). Parents have served another role in the MDT meeting. School staff have been required to invite parents to participate in the decision-making process, although the ultimate decision has been made by school personnel and presented to parents for their consideration. Some members of the team have come prepared with test scores and questionnaire results to share, others with practical knowledge of the child's performance, and still others with perhaps very little direct knowledge of the child at all. Rule 51 has required that at least four of the people filling designated positions on the team must indicate their acceptance or rejection of the decisions made by the team. This has not been true however, of the parents or other invited team members whose attendance was not required.

Considering the fact that most school psychologists and special education teachers may have participated in anywhere from 30-100 of these team meetings each school year, behaviors consistent with identified roles have had an opportunity to become well established. Biddle (1979) explained that expectations are formed as a result of prior experiences and represent an accumulation of those experiences that form a meaningful perception for the subject or individual. Role theorists have

suggested that behaviors associated with certain roles in small group decision-making processes may directly influence how others respond, interact, and fill their own roles. The framework of the typical MDT meeting and behaviors of MDT participants would certainly fit the factors associated with Role Theory.

Following Role Theory principles, one could expect that those individuals who fill roles associated with the greatest degree of status, power or knowledge might be expected to occupy the greatest amount of time in the discussion, and/or influence the perceptions and opinions of the other team members the most. As will be noted in the following discussions regarding Participatory Decision-Making and Expectancy Theory, one might expect that those individuals exerting the greatest influence may also have the greatest degree of satisfaction.

Participatory Decision-Making Theory

Foundational support for this study was found within the constructs of Participatory Decision-Making Theory. This theory has most frequently been associated with the work of Likert in the 1960s within the context of his study of organizations. Participatory Decision-Making Theory was originally used to explain the relationships present in industrial management systems. The principles of participatory decision-making have also been applied frequently to explain the dynamics present in many managerial vs. subordinate relationships. In these situations, team members were

asked to reach solutions to problems that ultimately affected other group members and often resulted in individuals having to change their behaviors, work habits or attitudes. The literature related to Participatory Decision-Making Theory has described a group decision-making process very similar to that used in most typical MDT meetings (Likert, 1967).

One hypothesis put forward by the decision theorists regarding the effects of participation on decisions has been that participation in a decision-making process was positively related to the individual's level of satisfaction with, and commitment to the process (Argyris, 1973). Participatory decision-making theorists have suggested that the greater the level of participation, the greater the likelihood that one would commit to carrying out the decisions made by the group. In contrast, when decisions were made that affected a group of individuals in which there was little opportunity for each member's input, there has been little ownership or commitment on the part of the members to carry out the decisions.

A second hypothesis proposed by decision theorists has been that decisions made by the group were often influenced by established power relationships (Mulder & Wilke, 1970). In most established problem-solving groups, someone has been identified or even emerged in a role of leadership (i.e., school psychologist). The influence of this "leader" has often been greater than that of any other individual and may have even outweighed the views of more

than one group member. This has been demonstrated not only when the leader was designated as such prior to the group convening but also when no leader had yet been identified. Following this theoretical framework, one could expect that in cases where member roles are predetermined, prior expectations associated with each role may influence how the group operates. Thus, participants' roles and prior expectations may have an effect on both the process and ultimate decisions made by the group.

Participatory decision-making theorists have also suggested that satisfaction with small group decision-making can be influenced as much by individuals' roles and expectations as it is by their participation levels (Vroom, 1969). They have implied that the influence of the roles individuals are assigned to play in small groups is so strong that levels of participation alone may not be the greatest determinant of the degree of satisfaction members have with the process. If one or more members are perceived to dominate the group, satisfaction levels of others may decline. Similarly, if one's expectation of what will take place and ultimately result from the group's process is not realized, both satisfaction and commitment to carrying out the decisions of the group may be decreased (Cooper & Wood, 1974).

Expectancy Theory

Perhaps most prominent in the field of human expectancy is the work of Rosenthal and the *self-fulfilling prophecy.* Based primarily as a demonstration of *experimenter bias effects* in his work in the 1960s, Rosenthal brought to the attention of the psychological community how expectations can and will influence outcomes (Darley & Oleson, 1993). Following the publication of Rosenthal and Jacobson's *Pygmalion in the Classroom* in 1968, and Rosenthal & Rubin's famous review in 1978 of over 345 studies on interpersonal expectancy, there remained little doubt regarding applicability of expectancy concepts to educational and social situations.

Though widely criticized, Rosenthal's ideas were not entirely without support. As early as 1928, Thomas and Thomas defined what later became accepted as Expectancy Theory and stated, "If man defines situations as real, they are real in their consequences" (cited in Jones, 1977, p. 1104). At about the same time, Tolman identified three concepts within the realm of what he defined as *Purposive Behaviorism* that formed much of the basis for the present day acceptance of Expectancy Theory and the effects expectations have on outcomes. Tolman explained that much social interaction is approached by individuals in a manner similar to that of a scientist. Each person has had experiences and assumptions that they bring into any given social situation and upon which they systematically generate some hypotheses (expectations). Following

this, they test these hypotheses both against past experiences and beliefs, as well as the new and real information now being presented to them. Tolman explained that the result is, "If an expectancy is confirmed, its probability value is increased; if an expectancy is not confirmed, its probability value is decreased (i.e. it undergoes extinction)" (cited in Jones, 1977, p. 202).

The significance in the applicability of Expectancy Theory to this discussion on MDT activities is that not only can expectations influence outcomes and behaviors, such expectations may influence the outcomes regardless of whether these expectations are true or false. Jones (1977) reviewed much of the research on effects of expectancies. He stated a well known axiom, "Past performance is the best predictor of future performance" (p. 127). Krishna (1971) made a similar determination, stating that expectations have consequences because they exist and regardless of whether or not they are accurate or inaccurate.

Jones (1977) summarized,

> It does not appear necessary that a person have a precise standard against which to compare his/her performance in order for future subjective probabilities to be influenced. The global feedback that one has succeeded or failed in the past appears to be sufficient (p.128). The general hypothesis then is that the subjective probability of success is the key to intra-personal self-fulfilling prophecies. As the subjective probability of

> success increases the likelihood that one will exert whatever effort is required for success also increases (p. 162).

Within the social context of the MDT, one's expectation of the outcome of the meeting, based primarily upon outcomes of similar meetings held in the past can influence one's behavior and attitude toward the MDT process.

Typically, the MDT meeting has been conducted much like any informal business meeting. After introductions are made of all participants, the chairperson explains the purposes of the meeting, the procedures that will be followed, and begins reporting results of the evaluation. In Nebraska, the primary purposes of the MDT are to determine if the child has a disability and to identify his/her educational needs. This sets the stage and expectations for the remainder of the discussion. Most MDT participants are likely to come into the meeting with some prior expectations of the child's educational needs. These are based upon their previous educational experiences with the child, or on the results of assessments they have conducted with the child.

In typical MDT meetings, the majority of the discussion has centered around test results and a variety of pieces of information that focussed on the child's strengths and weaknesses. Due to the fact that the child was not succeeding prior to the referral being made, this information has been more likely to focus on weaknesses than on strengths. This process has been likely to reinforce the

expectation among the team members that the child had a disability.

According to expectancy theorists, expectations can also be based on previous experiences. If the majority of past meetings have resulted in verifying that a child had a disability, the expectation would be that the meeting currently being conducted would have the same outcome. Likewise, if the past meetings have provided a teacher with little helpful information, the expectation would be that the present (and future) MDT meetings would result in the same. If that outcome is realized, it reinforces the expectation and in turn reinforces one's attitude (either positive or negative) toward the MDT process. Expectancy theorists have suggested that not only would an individual be more likely to be satisfied if prior expectations have been met, they may also strive to make certain that such expectancies <u>are</u> met in the future (Feather, 1966; Feather, 1982; Jones, 1977; Rosenthal, 1973).

Applying these constructs of Role, Participatory Decision-Making, and Expectancy Theories to the MDT process in special education, one might conclude that:

1. If the MDT meeting is so constructed that an individual's level of participation and/or expectations are predetermined by their role i.e., chairperson, special educator, teacher, parent, district representative, then participant role is likely to affect the level of satisfaction one has with the process;
2. If the willingness to accept a new idea or change (solution to a problem) is related to level of participation in the decision-making

process, then one would expect those who participate in the MDT the most, to be the most accepting and therefore most satisfied with the process; and

3. If one tends to be more satisfied when their prior expectations are met, then those individuals who expect the MDT to ultimately result in a verification of a disability and eligibility to receive special education services will be more satisfied if the decision of the MDT supports that expectation.

Definition of Terms

Ability/Achievement Discrepancy refers to an established statistical difference between scores a child obtains on individualized ability and achievement tests. It is used by many states, including Nebraska, to determine if a child can be verified by the MDT as having certain disabilities, primarily a Specific Learning Disability (SLD) or a Mental Handicap (MH).

ADA (Americans with Disabilities Act) was passed by Congress in July of 1990. It was primarily designed to protect individuals with disabilities from discrimination in the work force. The provisions of the ADA do however, affect some aspects of schools and education of children, particularly as they apply to accessibility to buildings, classrooms, and programs.

BD (Behavioral Disorder) means a condition exhibiting one or more of a variety of characteristics pertaining to behavior, over a long period of time and to a marked degree, which adversely affects

the child's educational performance, or in the case of children below age five, development. The term includes children with schizophrenia. It does not include children with social maladjustments, unless it is determined that they have behavior disorders. This term parallels the federal definition of Seriously Emotionally Disturbed.

District Representative refers to a representative of the resident school district, other than the child's teacher (usually a school district administrator), who is qualified to provide or supervise the provision of special education, and to approve allocation of school district funds for the provision of special education services. This individual is a required participant in the SAT and IEP meetings, as well as the MDT verification decisions.

Efficacy means effective.

EHA (Education of the Handicapped Act) refers to the first significant special education legislation enacted by Congress. It provided the initial guidelines for agencies to follow regarding services for individuals with disabilities, as well as a funding formula for states to obtain federal financial assistance for implementation of such required programs. It was amended in 1975 by PL 94-142.

EMH (Educable Mental Handicap or Mental Handicap) means significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's

development or educational performance.

FAPE (Free Appropriate Public Education) refers to special education and related services that are provided at public expense, under public supervision and direction, at no cost to parents and in conformity with an individual education program that meets the requirements of 92 NAC 51-007, as well as federal requirements for programs providing services to individuals with disabilities.

IDEA (The Individuals with Disabilities Education Act) was a reauthorization by Congress in 1997 of the original Education for all Handicapped Children Act (PL 94-142) from 1975. This Act confirmed the specific rights and privileges previously established for individuals with disabilities, as well as outlining required procedures that must be followed by any agency receiving federal funds.

IEP (Individual Education Program) shall mean a written statement for a child with verified disabilities that is developed and implemented in accordance with section 007 of Nebraska Department of Education Rule 51 (92 NAC 51).

LRE (Least Restrictive Environment) refers to a requirement in federal legislation that states that each public agency shall ensure:
1. That to the maximum extent appropriate, handicapped children, including children in public or private institutions or other care facilities, are educated with children who are not handicapped; and
2. That special classes, separate schooling or other removal of handicapped children from the regular education environment occurs

only when the nature of severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

MDT (Multidisciplinary Team) refers to a group of persons whose responsibility it is to evaluate the abilities and needs of a child referred for evaluation and to determine whether or not the child meets the eligibility criteria for special education services.

Participant Role refers to a set of required individuals who must participate in the MDT decisions regarding a child's eligibility for special education services, as outlined in the Nebraska Department of Education Rule 51.

Participatory Decision-Making Theory refers to an explanation of how decisions are made in groups, when participants share ownership for, and participation in the task of finding solutions to problems.

PL 94-142 is the legal citation for the Education for All Handicapped Children Act, an amendment of the original EHA, passed by Congress in 1975 and reauthorized as IDEA in 1990. This Act provides that all children, regardless of physical, mental, or emotional handicap, are entitled to a free appropriate public education in the least restrictive environment. In addition, this Act includes a detailed procedure for implementing this policy in school districts, and imposes administrative and reporting responsibilities on state educational agencies.

Referral means the submission of a request for an individual evaluation of a child suspected of having a disability.

Referral-to-Placement refers to the process required for requesting and receiving an evaluation of a child's present level of performance, determination of a disability, eligibility for special education services and educational needs. The process culminates in the development of an IEP and subsequent placement in a special education program to implement the components of the IEP.

REI (Regular Education Initiative) refers to a movement that became prevalent in the mid-to-late 1980s, as proposed by Madeleine Will, to move children with disabilities back into the mainstream of general education programs rather than pulling them out to a separate program. This initiative became the initial push that fueled the present movement for full inclusion of children with disabilities in general education programs.

SAT (Student Assistance Team) refers to a group of persons utilizing problem-solving and intervention strategies to assist the teacher(s) in the provision of general education.

Section 504 (Section 504 of the Rehabilitation Act) refers to federal requirements of employers and agencies serving individuals with disabilities that are contained in the Rehabilitation Act of 1973. Some differences exist in definitions of "disabilities" from those in IDEA or other state special education legislation.

SED (Seriously Emotionally Disturbed) refers to the federal term that parallels Nebraska's definition of "Behavioral Disorder" as

defined previously.

SES (Socioeconomic Status) refers to the combination of educational background of the parents and financial income level of families, often utilized to determine eligibility for federally funded programs designed to assist low income families.

SLD (Specific Learning Disability) refers to 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, think, speak, read, write, spell or to do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems that are primarily the result of visual, hearing, or motor disabilities; or mental handicaps; of behavioral disorders; or of environmental, cultural, or economic disadvantage.

Special Education refers to specially designed instruction, at no cost to the parent, to meet the unique needs of a child with a verified disability, including classroom instruction, instruction in physical education, home instruction and instruction in hospitals and institutions.

Delimitations & Limitations

Delimitation of Design

While it is recognizable that a multitude of intermediate variables may have been present in the multidisciplinary team meetings studied in this research, this researcher restricted the scope of this study to three identifiable and measurable characteristics. These characteristics have been reported in previous research and have been related to Role, Participatory Decision-Making and Expectancy Theories in other established small group decision-making models.

Limitations of Methodology

While self-report survey data may not have been as good an indicator of behavioral change as direct observational data, a number of factors prohibited the collection of observational data and strict adherence to quantitative data analysis.

1. It was this researcher's opinion that collection of direct observational data would have gone beyond the scope of this study. Legal limitations regarding the release of personally identifiable information would have required permission from both school district representatives and parents in order to collect first-hand observational data of MDT participant behaviors. The actual identity of parents who participated in MDT meetings was not available in advance to even obtain their permission to observe the meetings.
2. The assumption of a normal distribution of data could not be met,

since this sample population was not selected on a random basis.
3. Strict adherence to the quantitative analysis of variables in the MDT meeting would not have been possible without disrupting the decision-making process and thus possibly altering both perceptions and behaviors of participants. Therefore, this researcher chose to use self-report survey data to reflect the perceptions of individuals rather than direct observational data regarding MDT members' actual behaviors.

Limitation of Generalizability

MDT requirements and procedures differ slightly among all states. Participant roles and MDT procedures within the context of this study were confined to those outlined by 92 NAC 51 in Nebraska. Therefore, findings of this study may not be generalized to MDT meetings governed by other regulations.

Significance of the Study

A study of the influence participant characteristics have on the satisfaction levels of MDT members is significant for several reasons. First, as educators we must be able to make the best use of the limited resources available to us. Primary among these resources are the time and energy individual teachers have to devote to meeting the diverse needs of their students. Teachers and other school district staff have been placed under greater demands to demonstrate their effectiveness in helping children master certain

skills and attain established outcomes. The reauthorization of IDEA has placed an exclamation point on the requirement that ALL means ALL! No longer is society willing to accept that only certain children deserve to succeed, while educators simply do the best they can with the rest. With these mounting pressures placed upon school district personnel to produce a successful product, there is little time or patience left for school staff to involve themselves with tasks they see as ineffective or of limited value.

Second, the total cost of the referral-to-placement process in determining if a child has a disability and establishing subsequent educational needs has been shown to exceed one thousand dollars per referral in staff time and resources (Parrish, 1993; Weber, 1992). If this process is simply necessary to meet the requirements of the law, but is not valued by participants as having any positive affect on the educational programming for a child, then a less expensive way of accomplishing the same task should be explored.

In addition, as the move toward more inclusive educational opportunities for children with disabilities becomes reality, the existing gap between "special" and "general" education staff and services must be narrowed. Until all participants in one of the most critical components of the referral-to-placement process truly believe that they can work collectively and effectively together in a group problem-solving effort, this gap will continue. Until all school staff accept the responsibility for educating all children, little progress will be made in finding applicable solutions to the

problem. Identifying the contributing factors that make the MDT process more valuable to participants is a first step in bridging the gaps present among all school staff.

Finally, if the goals of providing an equitable and effective level of education for all children are to be realized, the present paradigm of general and special education will have to change. Too much evidence has been collected to ignore the fact that previous models of dealing with children with unique needs through separate programs has not succeeded. The evidence has been clear that it is time to create a new and better system. A careful analysis of the flaws in the current system might be the first step in improving it.

Understanding the impact of the principles of Role, Participatory Decision-Making and Acceptancy Theories on participants' satisfaction with MDT decisions should result in a more effective utilization of the MDT process. Gaining a better understanding of how these principles apply to meetings in special education could be the first step in determining how school personnel can effectively provide the resources that are necessary to ensure that all children will succeed.

CHAPTER 2

Review Of The Literature

Introduction

The Passage of PL 94-142 in 1975 marked the beginning of a significant transformation in the manner in which educational services were to be delivered to children with disabilities in our public schools. Congress made it quite clear in the passage of this Act that school personnel had a responsibility to effectively meet the unique needs of all the children who entered the school doors each day. With this mandate came an established process (a multidisciplinary team approach) for determining whom these children were, their unique needs, and how these needs would be met.

Unfortunately, educators have since found that the procedures required by PL 94-142, and reauthorized in IDEA were much more concrete than the solutions they were designed to provide. Numerous roadblocks have arisen in the past 20 years as school district personnel attempted to follow the required procedures and create an effective means of determining and implementing programming for children with disabilities. In some cases, school personnel adjusted the mandated activities in response to day-to-day realities, falling far from the spirit of PL 94-142 (Smith, 1990). As a result, a multitude of research has been conducted to address the various roadblocks and inefficient practices that have been present in MDT decision-making models in America's schools.

This literature review addressed many of the identified factors and variables that have been demonstrated to affect MDT decisions over the past 20 years. These included such factors as: pre-referral and referral practices; teacher's beliefs and expectancies; assessment/diagnosis and evaluation practices; participation, role and group decision-making; and perceptions and satisfaction levels of multidisciplinary team members. The results of this review were used to support the selection of the three characteristics that this researcher chose to serve as independent variables in this survey study. The literature was presented in an integrative format and served as a basis for generating the major hypotheses of this study. Finally, this study established an expected relationship between the independent variables (role, participation, and expectancy) and the dependent variable of participant satisfaction.

Pre-referral & Referral Practices

In an effort to stem the tide of increasing numbers of children being identified with disabilities, and address the requirements of PL 94-142 to meet children's needs in the Least Restrictive Environment, pressures began mounting to document that these concerns were being addressed. Nebraska regulations issued by the Department of Education (92 NAC-51) in 1982 required that prior to any referral for a special education evaluation of a school-aged child, the district must first document efforts toward resolving the

identified problem(s) within the general education setting. Since the early 1980s, this requirement has been met through the *Student Assistance Team (SAT)* or *Teacher Assistance Team (TAT)* model. The model, originally developed by Chalfant and Pysh in 1979, has received wide implementation in varying degrees across the United States.

The SAT and TAT models have been defined as systematic attempts by special education teachers to assist the classroom teacher in solving a student's learning problem(s). Practices have varied from district to district however, especially regarding the involvement of special education staff. While some school staff have viewed this process as an entirely general education problem-solving approach, others have invited special education staff to serve as resources to their team, yet kept the primary function of the team a general education responsibility. In fact, Nebraska 92 NAC 51 has clearly outlined that the SAT and other pre-referral procedures were the responsibility of the general education staff to demonstrate that all efforts have been made to solve the child's learning problem(s) prior to making a referral to special education for an evaluation. In Nebraska, school personnel have not been authorized to use state special education funds for the purpose of directing these problem-solving meetings, although participation of staff funded through state special education dollars has been allowed.

In reviewing the results of studies regarding the efficacy and

use of the SAT in the evaluation process for children with disabilities, Pugach & Johnson (1989) outlined a number of factors that made this a rather progressive concept in its initial stages during the 1980s. First, they found that by supporting pre-referral intervention, special educators were acknowledging the limitations of the diagnostic and identification procedures specified by PL 94-142. Second, they noted that the concepts upon which the SAT was designed were those of a redistribution of the limited resources available to districts to attempt to resolve children's learning problems. They reported that prior to the implementation of the SAT little evidence existed to document efforts by the general education staff to resolve these problems. They also suggested that the use of SATs gave credence to the notion that classroom teachers were also likely to need problem-solving strategies for children for whom a referral to special education was not a viable option.

Perhaps of most importance, Pugach & Johnson addressed the issue of inappropriate and ineffective identification practices, stating,

> This trend reflects the serious difficulty posed by burgeoning numbers of students in the category of learning disabilities; it attempts to deal with learning and behavior problems that inaccurately may be identified as handicapping conditions at the site of their initial emergence -- the general education classroom (p. 218).

Chalfant and Pysch's SAT model was designed specifically to address this problem and provide teachers with an alternative to the typical "referral-to-verification-to-placement" cycle.

In contrast to Chalfant & Pysh's original "general education" SAT model, Pugach and Johnson (1989) reported that many SATs were run by special education staff much like the MDT process mandated in PL 94-142. The results were a continued hierarchy of "specialists" and lack of value placed on teachers' experiences or expertise, creating ". . . a bureaucratic, and centralized problem-solving process in which specialists occupy the highest position and classroom teachers, the lowest" (p. 219).

Pugach and Johnson (1989) pointed out significant differences in the manner in which SATs were utilized and questioned teachers' perceptions of their value. They suggested that with the formal act of the referral, classroom teachers transferred ownership of the problem to the MDT. They concluded that teachers tended to perceive their responsibilities having been fulfilled and ". . . the issue is now in the hands of professionals who are considered to be better equipped to deal with the problem than the classroom teacher. Solutions to classroom problems are acknowledged as being outside the classroom teacher's control" (p. 218).

In a survey of 49 state special education directors, nearly 70% reported that some form of pre-referral intervention was being utilized. Little evidence has been collected however, to demonstrate how effective these intervention steps have been in resolving

identified learning problems (Carter & Sugai, 1989). Evidence is overwhelming, on the other hand, that referrals for special education services have continued to rise in spite of at least 65% of the states requiring some form of pre-referral intervention steps (Fuchs, Fuchs, et al., 1990).

Due in part to the wide variations in pre-referral intervention practices, few efficacy studies have been conducted. In reviewing the results of previous research on this topic, Sindelar, Griffin, Smith & Watanabe (1992) suggested, "Just as the effectiveness of special education classes and resource rooms have not been demonstrated unequivocally, pre-referral intervention per se is unlikely to be proven more or less effective than any other administrative arrangement to which it is compared" (p. 246).

In their review, Sindelar and Griffin identified five expected outcomes of effective pre-referral intervention (PI) practices:

1. Reduction of the referral rate,
2. Improved academic performance/classroom conduct,
3. Satisfaction expressed by teachers and parents,
4. Teachers should feel successful, and
5. Students should experience improved self-concept.

The evidence suggested that at least two of these goals were being met: (a) higher consumer satisfaction (teachers & parents) and (b) improved student behavior change. In a study of general and special educators' perceptions of efficacy of pre-assessment teams in Kansas, Ormsbee (1993) found that most teachers believed these

teams were effective in designing curricular, environmental and management modifications for students experiencing learning problems. This did not necessarily translate into reduced referrals for special education, however.

The results of previous research have still been inconclusive regarding the impact these practices have had on the referral rate, teacher success and student self-concept (Kuralt, 1990; Sindelar, Griffin, Smith & Watanabe, 1992). In a study of pre-referral intervention team training implemented in three Minnesota schools, the results were mixed. While one school reduced the referral and placement rates, and increased referrals for consultation, the other two schools displayed little change in referral numbers (Graden, 1983).

The success rate depended on a variety of factors involved in how the pre-referral intervention was implemented. A primary factor was the support of the building level administrator (Graden 1983; Graden, Casey & Christensen, 1985). There was also some question regarding how closely most pre-referral intervention practices followed proven techniques of the effective schools research regarding small group decision-making and problem-solving (Sindelar, Griffin, Smith & Watanabe, 1992).

Estep (1994) investigated the influences participant roles played in the effectiveness of pre-referral practices at reducing referral rates. She concluded that although the understood purpose of pre-referral interventions was to reduce the number of students

referred for further evaluation, this depended upon the influence team members had in the discussion. This was particularly true when there was disagreement among the team members. When this situation took place, identifiable roles influenced the decisions, with the classroom teacher having the least influence, and the building principal having the greatest. Special education staff generally served as a catalyst for brainstorming modifications, but did not significantly influence the referral decisions.

Another proven factor has been the referral itself. Ysseldyke and Algozzine concluded that of all the factors influencing the determination of a child's disability, the greatest was simply whether or not they got referred (1982). They suggested that in the majority of cases, it was the teacher's initial decision of whether or not to refer the child that determined if the student would end up with a disability label, not the decisions made by the MDT. In a highly controversial review of the literature, they reported that approximately 92% of all referrals resulted in an evaluation by the special education staff and once evaluated, the chances of being placed in special education was as high as 73%. Overall, an average of 5% of the total school population was being referred each year (Ysseldyke & Algozzine, 1983b).

Not everyone has supported Ysseldyke's claims of inconsistent, inaccurate decision-making practices in the referral-to-placement process. In response to Ysseldyke's studies, Fugate, Clarizio & Phillips (1993) evaluated 236 cases and found that only 50% were

determined eligible. While noting a significantly smaller percentage of children being verified with disabilities, Fugate acknowledged that the teacher's role or the role of the special education staff and the influence these staff had on the MDT decision were variables that impacted the ultimate verification determination. He also noted the significance that pre-referral intervention practices played in reducing the percentage of verified disability cases among the overall referrals sent to the MDT.

Algozzine, Ysseldyke and Christenson (1994) disputed Fugate's conclusions and identified a variety of factors that could have accounted for the differences in referral rates. They continued to stand behind their findings of 1983, and emphasized that regardless of the exact percentages, the issue remained that far too many students were still being unnecessarily referred, evaluated, and inappropriately identified as having a disability.

If between 50-75% of those students referred have actually been diagnosed by the MDT as having a disability, then the criteria teachers used to decide whether or not to refer the child may have been as important as the criteria the MDT used to diagnose a disability. However, the results of research have reflected this criteria to be undefined. Ysseldyke, Algozzine, Shinn and McCue (1982) found no psychometric differences between students in SLD classes (those referred and diagnosed with a disability) and low achievers who had never been referred.

It is possible that teachers have had some other means of

making referral decisions. Maubach (1993) investigated the characteristics of children being referred to the MDT for mental health evaluations and reported that teachers viewed children referred for "regular education team support" as having mainly academic problems, while those referred to special education were considered to be less well-behaved and displaying more acting-out behaviors. Tucker (1980) also found that children from minority and low SES backgrounds were referred more often than other students. Other researchers have shown that teachers referred children from ethnic backgrounds other than their own more frequently than those belonging to their own ethnic group (Tobias & Cole, 1982). Thurlow (1983) also found evidence of teacher bias in decisions made regarding referrals. Boys were referred more frequently than girls, as were students whose older siblings exhibited school problems.

White and Calhoun (1987) found that prior to making referrals, special education teachers often played a part in deciding if the referral was justified. Similar to Ysseldyke's findings, they cited such factors as the local system's tendencies toward referrals, and expertise and previous referral rates of the referring teachers as considerations taken into account by the special education staff before confirming the legitimacy of the referral. The insistence of the classroom teacher was paramount. Even when the special education teacher did not feel an evaluation was necessary, if they could not dissuade the classroom teacher, they bowed to the teacher's insistence upon proceeding with the referral.

White and Calhoun (1987) reported that pressure was often placed on resource teachers from the administrator to make certain the referrals were legitimate. Teachers were reluctant to pass on referrals to the psychologist for testing unless they were convinced the child would be placed. "The ability to predict eligibility was highly valued, 'Psyching the Psychologist' was an important skill according to respondents" (p. 464). Within the state of Nebraska, where districts have often contract with Educational Service Units for psychological testing, the district has been charged an additional fee for each evaluation. One could expect this practice to place pressure on classroom teachers either not to refer at all, or at least to only refer those children with great possibility of meeting the eligibility requirements.

White and Calhoun also found that other external factors influenced referral decisions as well. "Does our system find this type of child eligible?" was a question often considered in this decision-making process (p. 462). Thus, each referral tended to be judged in the context of previous referrals that the special education staff had handled, as did their impression of the referring teacher, "Does this teacher know special children and have they accurately referred in the past?" (p. 462). The "sizing up" of the referral was influenced by the "sizing up" of the referring teacher.

In studying referral procedures in Texas, Wilkinson and Luna (1987) concluded that such procedures were far too complicated, were lacking in effective communication/interaction between

regular and special educators, and that there was a need for systematic in-service training about how to make referrals. They reported that the communication process was viewed as the responsibility of special education staff and that the total referral process was not well monitored across the state. Regular education teachers were uncertain of how the process was supposed to work and received little in-service training to help them. Similar reviews by Chapey (1986) pointed toward a fragmented decision-making process and evidence of conflict among special interest groups involved in the decisions.

There has been some evidence that effective in-service training, being called for by many researchers has had an impact on the pre-referral process. Sarah Kuralt (1990) conducted a multi-year study of implementation of a consultation-based pre-referral intervention program in five school sites. Following the three-year implementation phase, four of the five sites reported continued use and positive effects of the training. Teachers rated their competency in the pre-referral process as important in their role and function and that the treatment package had resulted in increased skill in these areas. Increased reading achievement levels of children referred through this process were also demonstrated.

Thurlow (1983) reviewed six years of research on issues in assessment and identification of learning disabilities with a focus on the referral process. The results of his review confirmed findings of other researchers, reflecting a complicated, yet

unstructured process toward making a referral to special education. Even though some form of formal pre-referral intervention was required by most states, Thurlow found that pre-referral interventions seldom occurred as part of a formal referral process. While teachers reported attempting several pre-referral interventions, the interventions appeared to lack any systematic method of implementation.

Teachers' Beliefs and Expectations

Thurlow's review supported some interesting facts regarding teacher perceptions and expectations about the referral-to-placement process. The characteristics of referred students were described differently by the referring teachers, compared to non-referred students. However, these differences were not differentiated on traditional psychometric measures.

Direct observational data reflecting classroom performance did identify some differences. Poor academic performance alone did not ensure a referral. Thurlow found that generally, behavioral difficulties were evident before a child was referred for low achievement. These differences were not often attributed to a combination of school related factors. Thurlow concluded that most teachers believed these difficulties were due to student or home characteristics. Special education teachers however, were more likely than general education teachers to identify school factors as the cause for students' learning and/or behavior problems.

Good & Brophy (1987) have shown the impact teacher expectations made on student performance. Based on the results of their study, they concluded that teachers responded differently to students who appeared to be high or low performers. The teachers observed in this study also offered students for whom their expectations were high a better quality of instruction. Bahr, Fuchs, Stecker and Fuchs (1991) found evidence of racial bias in teachers' referral rates as well. In a study of 48 classroom teachers' perceptions of students regarded as "difficult to teach", both black and white teachers referred a significantly larger number of black students than white pupils. In reviewing research conducted by Ross and Salvia in 1975, Holland (1980) found that special education programs displayed a disproportionately high incidence of boys, blacks and lower socioeconomic class children. He concluded that,

> When given identical information about pupils, teachers systematically rated attractive students more favorably than unattractive students. Positive labeling (e.g. gifted) generates positive expectancies, and negative labeling (e.g. mentally retarded, emotionally disturbed, learning disabled) generates and maintains negative expectancies (p. 551).

According to Thurlow (1983), when teachers referred a student they expected to receive some form of special education services for that student. "Teachers seem to have much less desire for educational suggestions than they do for student placement" (p. 9).

When special education placements were not made, teachers reported that they expected students to make changes in their task readiness, class preparation and listening skills in order to remain in their classrooms.

Graden (1983) drew a similar conclusion after studying teachers' acceptance to receiving assistance with students having learning problems. She stated that teachers were much less likely to accept consultation as a means of resolving the students' learning problems after the referral process had been completed. She noted however, that teachers who referred students were generally less likely than teachers who did not refer to expect that the referral would lead to a diagnostic label, to practical suggestions, or to a placement. This finding contradicts the conclusion drawn by Thurlow that referring teachers did so with the expectation that the child would be placed in a special education program. However, the results of both Graden and Thurlow's studies reflected that teachers had little expectancy of obtaining worthwhile results from the evaluation process that they would use to change their instruction. The expectations were consistently directed toward an outside special education system ultimately providing services for the child.

In a study of teacher acceptance of assistance and interventions for children with learning problems, Whinnery, Fuchs and Fuchs (1991) found that, ". . . special educators perceived greater competence and willingness to *assist* students with handicaps in the classroom than general educators did to *teach* them" (p. 11).

Classroom teachers were still more receptive to children receiving services outside their classroom than accepting shared responsibility for meeting these children's needs through assistance in their classes. They concluded that the evidence supported previous research indicating, ". . . as a group, general educators do not view themselves as (a) competent to teach children with handicaps or (b) willing to have children with mild handicaps in their classes" (p. 11). These results supported conclusions drawn by Thurlow and Graden that a primary factor influencing teacher referrals was their desire for the child to be placed in some form of special education program outside of their responsibility.

White and Calhoun (1987) found that the completion of the referral form was generally accepted as the responsibility of the classroom teacher. Most classroom teachers reported that this was where their responsibility ended, at least until the recommendations of the MDT were given. They expected the special education staff to continue the process from this stage on. Resource teachers reported that their primary responsibilities during this process involved soothing concerned parents; mollifying staff impatience and disappointment if the process took too long, or if the student did not qualify for special education services; and developing the IEP, once a verification of a disability was made. Although the intent of PL 94-142 clearly pointed toward a collaborative effort in each of these stages of the referral-to-placement process, this did not appear to be common practice, nor was it the expectation of the classroom

teachers to be an integral part of this referral-to-placement process (Wilkinson & Luna, 1987).

White and Calhoun also found that special education teachers believed it was their responsibility to coordinate the referral process and satisfy the referring teacher. This was true even when the student did not appear to have a disability. Most classroom teachers expected the child they were referring to need (and receive) special education services. Resource teachers' actions toward referrals differed significantly however, depending upon their respect for the referring teacher. Some special education teachers in this study reported conducting ongoing academic screening to obtain results which would confirm the premise that no disability existed. They uniformly expressed that it was their responsibility to ". . . soothe the disappointed classroom teacher when students did not qualify for services" (p. 464). On the other hand, when the referral was considered legitimate, many resource teachers reported the practice of "test shopping" to find a way to verify a disability and therefore provide a special education placement. One teacher expressed this practice best, "If the test scores indicate the child is ineligible, but the teacher feels the child needs special help, we try to select other tests that might make the child eligible" (p. 464).

Special education teachers reported they were so concerned with the long-term effect of teacher dissatisfaction over the referral on their professional relationship that they may even "pass

the buck" and request psychological testing even if they believed the request was unwarranted.

This process of segmented responsibility may have been well imbedded in common practices throughout schools. Graden (1983) compared referral-to-placement practices in three separate schools where a new pre-referral intervention system was implemented. While one school did demonstrate changes in both the referral rate and attitude of the staff toward referral alternatives, the remaining two schools showed no observable differences. Graden identified the primary barriers to change in these districts as a belief on the part of the staff that ". . . if it isn't broke, don't fix it. In the eyes of most school personnel in the schools that did not change, the system was not broke" (p. 22).

School personnel generally reported satisfaction with the system and the roles they played within it. Classroom teachers were resistant to a consultation based model over a referral-test-place model. The SLD teachers preferred direct services exclusively over any consultation efforts and school psychologists involved primarily in testing did not wish to change their roles. Calhoun reported, "While some teachers welcomed assistance through consultation, others perceived consultation as a threat to their own competency and to their perception that it is the student who has the problem" (p. 23).

Graden (1983) concluded that, much like the classroom teachers, special education staff were reluctant to change the

traditional referral-test-place process for fear that fewer students placed in special education programs may result in decreased job security. Graden also suggested, " . . . even though most teachers report that testing typically is not helpful for instructional purposes, the mystique of testing, labeling, and placing students in special education remains strong enough to inhibit attempts to change in a positive and useful direction" (p. 23).

Negative perceptions of efficacy and classroom teacher responsibility have not only been built by general educators. Fuchs and Fuchs (1994) identified many of the roadblocks to successful coordination of both special and general education services for children. Among these, they stressed the reluctance of general educators to embrace the responsibility for teaching all children, as well as an equal reluctance on the part of special educators to accept change in their roles and definitions of "success". They suggested that success in the field of special education could not continue to be based on numbers of children receiving services, "The field (of special education) must recognize that it is a part of a larger system, not a separate order" (p. 296). They painted a rather pessimistic view of the future reduction in numbers of children referred for services, noting that the entire movement toward collaboration and increased classroom intervention was, and continues to be one-sided. "REI was a *special education* initiative. Perhaps this is because special education was viewed nationally as a separate concern, maybe because of general educators' greater

interest in excellence than equity" (p. 299).

Stainback, Stainback & Moravek (1992) agreed with this premise, citing the history of special education as its own worst enemy toward changing attitudes and perceptions of general educators. "Because special education has operated for so long, many schools unfortunately do not know how to adapt and modify the curriculum and instructional programs to meet diverse student needs" (p. 40). Fuchs and Fuchs (1994) also supported this conclusion. "If providing the mainstream with a dumping ground were not complicity enough, special education's tendency to locate students' learning and behavior problems within the child has absolved general educators of responsibility for the children they have removed from their system" (p. 302).

Pugach (1988) concluded that special educators have been as great a contributor as general educators to the classroom teachers' prevailing perception of the purpose of referring students for help. Citing the emphasis on training institutions to teach general education teachers to confer with and receive assistance from specialists, she noted:

> . . . getting help is the model of problem-solving, the preferred response to student problems. The act of the referral starts the pattern of locating the problem within the student and fails to encourage the teacher to reflect on the possible contribution of the teaching process to the problem (p. 56).

In this hierarchical approach to classroom problem-solving, Pugach suggested that general classroom teachers were trained to be the recipients of advice from special education consultants and not to initiate the problem-solving process, other than to make a referral. "Their role as professional problem-solvers is devalued from the outset . . . this system is set up to ignore their expertise and knowledge, as well as the knowledge of other classroom teachers as a source of advice" (p. 56).

Ysseldyke, Algozzine and Richey (1982) found that perceptions and expectations of MDT members also played a significant role in the outcome of the MDT meeting. Following the research of Brophy and Good on teacher expectations in 1976, they surveyed 223 school professionals and found that MDT members consistently overestimated the frequency of children likely to qualify for special education services as having a disability. Teachers had a high expectation that each child having difficulty learning also had a disability. This was especially true in regard to children coming from ethnic minority groups or low income families. They concluded that MDT members' expectations prior to the data being presented to them were likely to influence their decisions regarding the presence of a disability.

The solutions to changing attitudes and expectations on the part of both general and special educators have remained unsolved. Gerber (1988) stated, "A greater tolerance level can not be attained through brute force attempts to absorb current special education

functions into regular classrooms" (p. 309). In citing the evidence of mounting pressures and responsibilities placed upon the classroom teachers, with limited resources upon which to rely, he suggested, "They can transfer responsibility for slow-learning students' achievement to others -- bilingual education, compensatory education, remedial education, or special education" (p. 312). This has been an apparent reversal of the movement from special educators to get classroom teachers to become more accepting. Gerber contended that until the necessary resources were provided for these teachers to adequately meet the increasing demands placed upon them, their tolerance levels for children's diversified needs would not increase.

Assessment, Diagnosis & Evaluation Practices

Perhaps greatest among the factors that have influenced the ultimate decisions made by the MDT have been those involving the actual assessment methods and verification criteria under which the MDT must operate. The controversy over these issues has resulted in a large volume of research throughout the decades of the 1980s and 1990s. Much of this research has centered on inconsistencies and weaknesses evident in many of the evaluation practices, as well as confusion and disagreement over the variety of definitions of each disability. Most studies focussed on problems with verification of a learning disability, which has not only been the fastest growing category of students requiring special education services, but also

the most controversial.

Furlong and Feldman (1992) reported evidence that MDT decisions were highly subjective in nature. For example, eligibility decisions for learning disability programs based on discrepancy formulas have been shown to result in a rate of misdiagnosis as high as 32% (McLesky, 1989) or even 47.5% (Furlong & Yanagida, 1985). Furlong and Feldman reviewed previous studies and concluded that a strict adherence to such discrepancy formulas with no regard to regression procedures contributed to both over identification (Chalfant, 1989; Hallahan, Keller & Ball, 1986; Kavale, 1987) and under identification (Dangel & Ensminger, 1988; McClesky, 1989).

In the forefront (and often on the firing line) of much of the MDT eligibility decision-making research have been Ysseldyke and Algozzine, working jointly out of the University of Minnesota and University of Florida, respectively. The most notable of their joint studies involved five years of data collection at the Institute for Research on Learning Disabilities in Minnesota. The results revealed numerous problems inherent in the typical MDT assessment and decision-making process, as well as inconsistent adherence to any established criterion for special education eligibility (1983a, 1983b).

In reviewing results from two studies conducted in 1979 and 1980, Ysseldyke, Algozzine, and Mitchell (1982) reported that educational personnel tended to use a large variety of assessment devices in the MDT decision-making process. Ysseldyke, Algozzine

and Mitchell videotaped 38 MDT meetings and analyzed the content of these meetings to determine how all of this information was actually used. They found that at least in relationship to diagnosis of a learning disability, a positive relationship existed between the amount of data collected and reviewed by the MDT and the final decision ($r = .52$). The more test information that was presented at the MDT, the more likely a verification of a disability would be made. Over all, 70% of the MDT decisions resulted in the verification of a disability, which supported earlier claims that the most important factor determining whether or not a student received special education services was the referral itself. They determined that once referred, nearly 3/4 of the students were identified as having a disability.

Ysseldyke, Algozzine, and Mitchell also found that regardless of the amount of test data collected and reported about a student, much of the MDT discussion did not relate to this information, nor to the decisions of the team. In analyzing the actual conversations during the MDT meetings, they reported that 83% of the statements made by team members were unrelated to the ultimate decision or the criterion being used by most teams to determine learning disability verifications, i.e discrepancy formulas.

They concluded:

> Based on these findings it appears as if eligibility decisions were made on some basis other than the common criteria evaluated in this study. The data we

> collected did not support the belief that teams use specific criteria when making eligibility decisions or that assessment data are used to support or refute eligibility. In more than half of the cases in which decision makers were presented with data indicative of *normal* or average performance, they declared students eligible for special education services (p. 42).

Thurlow and Ysseldyke (1980) studied teachers' use of test data in interventions with students with learning disabilities and found that teachers did not refer to the data or use it in either planning or intervention activities. They found that little evidence existed to support the assumption that test data were being used by teachers in the MDT process. They concluded that eligibility decisions were made in spite of data that either supported or refuted the evidence of a disability.

In a separate study, Algozzine and Ysseldyke (1981) presented assessment information on children to 224 school personnel who typically would comprise an MDT in their schools. They found that 51% of the time, these individuals recommended special education placements for children, even though all assessment scores fell within normal limits. They suggested that far too often, members of the MDT accepted a "better safe than sorry" approach to the disability decision. Since there was no 100% accurate method of guaranteeing that a child had a disability, and it was evident that the child was not presently succeeding, the team members

considered the diagnosis of a disability as one way to ensure the child would get some kind of help. Their conclusions supported a need to educate MDT members on the definitions of disabilities, and perhaps how to improve the utilization of the assessment data presented to them.

Ysseldyke and Algozzine were some of the first and most critical of researchers in the area of inconsistent MDT decision-making procedures. Such criticism has continued since their original studies and reviews brought the issues to the forefront of discussion among educators. Using the area of learning disabilities as a platform for study, Hammill (1990) reviewed differences among a variety of disability definitions utilized by MDTs. His conclusions supported previous criticism of the procedures used by MDTs to reach decisions. While he found that considerable agreement existed among the definitions and determining factors in diagnosing a learning disability, many lacked specificity and resulted in confusion on the part of the team members who were given the task of sorting the information. Similar confusion has been noted in definitions and eligibility criteria by other researchers: Learning Disabilities (Adelman, 1992; Frankenberger & Franzaglio, 1991; Mercer, Sears, & Mercer, 1990; Ysseldyke, 1983); Mental Retardation (Utley, Lowitzer & Baumeister, 1987); and Language Disorders (Gibbs & Cooper, 1989).

If the eligibility decision and the process used to reach it have been flawed or inconsistent, one might logically question whether or

not teachers have used the information in their instructional approaches to students following the MDT. Thurlow and Ysseldyke (1980) studied the teachers' use of test data in interventions with students with learning disabilities and found that teachers did not refer to the data or use the results in either planning or intervention activities. They found that little evidence existed to support the assumption that test results were being used by teachers in the MDT process. They concluded that eligibility decisions were made in spite of data that either supported or refuted the evidence of a disability.

Reynolds (1988) studied the teacher's use of MDT information to instruct students through data collection on the role of the school psychologist in the MDT and the impact he or she may have had on instructional practices. He reported that school psychologists spent more time engaged in determining eligibility for special education than any other activity. He noted that the structure of the special education system demanded the school psychologist spend the majority of their time engaged in the assessment process. In referring to his research on Aptitude-Treatment Interaction, he noted that norm reference assessment lived up to little of its promise in being used for classification, grouping and treatment decisions. He concluded that traditional assessment and classification decisions made by MDT members did not result in differentiated instruction by teachers. He supported Ysseldyke's findings that test results were not utilized appropriately by most

MDT members and concluded, "Typically, special education programs provide the same instruction and use the same fundamental teaching methods that have already failed the child in the regular classroom" (p. 325).

The debate has continued however, with many prominent researchers in the field of school psychology and special education attacking the identification process required under IDEA (McGrew, Algozzine, Ysseldyke & Thurlow, 1995). Kavale and Fuchs (1994) began reexamining the issue of disability verification. Both authors had been prominent in the early debates of the 1970s on this topic. Focusing solely on the area of learning disabilities, which had generated the most controversy over the past 30 years, they reviewed research conducted by Ysseldyke, Reynolds, Algozzine, Shinn and numerous other authors. They concluded that a correct diagnosis could be made if assessments were conducted in a thorough manner and MDT members closely weighed the data presented to them. They cautioned against any wide-spread reforms of special education services, based on an assumption that such services were not successful, and suggested that reforms of this nature were politically based rather than research based. They called for continued research into the actual decision-making process that school staff have used in the MDT, as well as its relationship to the instruction that followed.

Participation, Role, and Group Decision-Making

While the primary purpose of the MDT in the referral-to-placement process has been that of verifying the existence of a disability, of more pragmatic value to the classroom teacher is its ability to help solve the learning problems outlined in the teacher's referral for evaluation. The results of research on problem-solving team methods have consistently identified factors that must be present for the team to be successful. Parallel research regarding the inclusion of these factors in MDT processes has shown that far too often, they were not present (Abelson & Woodman, 1983; Elliot & Sheridan, 1992; Male, 1991; Pfeiffer, 1980; Ysseldyke, Algozzine, & Allen, 1981; Ysseldyke, Algozzine & Mitchell, 1982).

In reviewing the research on team effectiveness and its implications for MDTs in schools, Abelson and Woodman (1983) identified three key factors that must have been present to ensure MDT success, (a) the level of effort team members make to problem-solving, (b) the amount of knowledge and skill that is available within the group, and (c) the way the team chooses to go about the task of reaching solutions.

Abelson and Woodman also stated that the process of effective problem-solving has three components:

1. Goal setting,
2. Interpersonal communications, and
3. Role clarification.

Together, these six factors supported the theoretical premises outlined in Chapter 1 of this study regarding Participatory Decision-Making Theory, and formed a critical link in explaining why MDT participants may, or may not be satisfied with the MDT process and/or outcomes. Participatory decision-making theorists suggested that participation in a decision-making process was positively related to the individual's level of satisfaction with, and commitment to the process (Argyris, 1973). Abelson & Woodman (1983) contended that the level of effort that members put into the team process affected their level of success. This could be extended to support the premise that this same amount of effort could affect team members' levels of satisfaction as well.

In examining the level of effort team members made toward accomplishing the team's goals, the research has shown that participation by MDT members varied by members' roles. Often, the dominant participants were the school psychologists or other identified team chairpersons (Abelson & Woodman, 1983; Elliot & Sheridan, 1992; Pfeiffer, 1980; Yoshida, Fenton, Maxwell & Kaufman, 1978; Ysseldyke, Algozzine & Allen, 1981).

In contrast, those more directly related to the child's learning problems, whom were primarily responsible for carrying out any identified solutions, were typically less involved in the decision-making process (Gerber, Banbury, Miller & Griffin, 1986; Kirshner, 1991; Shriver & Kramer, 1993). Pfeiffer (1980) identified a variety of problems inherent in this contrast of member participation and

the failure of problem-solving teams to work effectively, and concluded, "Regular education teachers are typically the least involved professional discipline in the team decision-making process. Similarly, parents are seen as relatively uninvolved in the process" (p. 389).

Ysseldyke, Algozzine & Allen (1981) reached a similar conclusion and suggested that this lack of participation may have been related to regular classroom teachers and parents perceiving themselves as having a lack of skill or expertise from which to contribute to the problem-solving discussion. Ysseldyke, Algozzine and Allen reviewed 30 videotaped special education team problem-solving meetings. Following these meetings they asked participants to respond to four statements:

1. I am satisfied with the outcome of this meeting,
2. My view of the child changed significantly as a result of attending this meeting,
3. My presence at the meeting was necessary, and
4. The team approach is an effective way to make decisions about students.

They found that while teachers' levels of participation ranged from 3-82% of the time, the average was only 27%. Surprisingly, in contrast to what Participatory Decision-Making Theory would suggest, no relationship was shown between participation and satisfaction with the outcome. While in seven of the 30 meetings, teachers only participated less than 60 seconds, all teachers

reported satisfaction with the outcome. Only 13% believed that their views had changed as a result of the meeting. The researchers suggested that too often, dominant roles of participants other than the classroom teacher did not allow for true group decision-making to occur. Teachers filled a very passive role in the problem-solving process, and apparently were satisfied with that role. They concluded, "Information is not being offered by the teacher because no one is requesting or eliciting it" (p. 164).

According to McFarland (1994), in reviewing findings of earlier MDT studies, parents reported feeling their input was unimportant, did not understand the information being discussed, and often were involved only in signing the final MDT document. Other researchers concurred (Fleming & Fleming, 1983a; Frankenberger & Harper, 1988; Koch, 1986; Pfeiffer & Hefferman, 1983) and suggested that the role the psychologist took in the MDT may have determined the level of participation and commitment team members had toward the problem-solving process.

In separate studies of MDT staff interactions, using a SYMLOG method of analysis, Conso (1987) and Bundy (1990) both concluded that the school psychologists were perceived to dominate the MDT and that the overall format for the meeting was highly task oriented. Bundy also found parents to be perceived as submissive and less positive than school professionals during the meetings.

Gilliam & Coleman (1981) surveyed 130 MDT participants, following the conclusion of the MDT meetings. They found that while

parents, regular education teachers and principals were ranked highly in regard to their importance on the decision-making team, their contributions and influence toward the outcome was not validated by post conference surveys.

While much of the research concerning MDT efficacy is now over 15 years old, very little seems to have changed since this issue was first addressed in the late 1970s and early 1980s. More recent reviews by Amedore & Knoff (1993); Elliot & Sheridan (1992); Gimbel & Huebner (1994); McFarland (1994); and Simeonsson et al. (1995) have continued to focus on deficiencies in the traditional MDT model. Specifically, the evidence reflected a lack of participation on the part of parents and classroom teachers and identifiable differences in the level of satisfaction of participants, based on the role they played in the MDT meeting. While researchers seem to have succeeded in identifying these problems, little has been done to correct them.

The development of clear goals and common expectations on the part of MDT members has been lacking in traditional MDT meetings (Fenton et al., 1979a; Fleming & Fleming, 1984; Fox, 1989; Kavale & Farness, 1987; Male, 1991; Thurlow & Ysseldyke, 1982; Wood, 1984). Kabler & Genshaft (1983) reviewed much of the literature regarding MDT participation and concluded, "MDTs do not utilize a systematic decision-making process. The team members do not seem to recognize the need for adopting a logical and sequential decision-making approach for use by the team" (p. 151).

They also acknowledged the significance the role of the MDT chairperson played in helping the team meet its goals, "Since MDTs have a designated leader, or team coordinator, it is incumbent upon this professional to ensure that MDTs operate in a structured manner in order to derive the benefits of team collaboration and group decision-making" (p. 156).

They concluded that even though group decisions could be superior to those made by individuals, simply meeting the legal requirements of the MDT have not assured that a group of individuals functioned as a team and rendered higher quality decisions. When MDTs neglected to use systematic decision-making procedures, both the quality and acceptance of responsibility of the decisions made were reduced.

Similar conclusions were drawn by numerous researchers regarding confusion among MDT members' roles, and the lack of ownership for the decisions made by the team (Anderlini, 1983; Fleming & Fleming, 1983b; Frankenberger & Harper, 1988; Koch, 1986; Pfeiffer & Tittler, 1983; Pugach, 1985; Ysseldyke & Thurlow, 1983). Much of the blame has been directed toward the role the school psychologists or other team chairpersons played in directing the meetings, dominating the discussions, and reinforcing the perception of other team members that their input was less valuable (Pfeiffer & Hefferman, 1983; Knoff, 1983, 1984; Nash, 1990; Pryzwansky, 1981; Thomas, 1988; Widerstrom, Mowder & Willis, 1989). The results of these independent researchers in MDT studies

have supported Participatory Decision-Making Theory constructs that levels of participation related positively to both satisfaction and ownership for decisions made by the group.

Perceptions & Satisfaction

If it is true, as the research conducted in the last two decades has suggested, that most MDT meetings have not reflected effective problem-solving methods in their group decision-making activities, then a high degree of frustration and dissatisfaction by the members of those teams could be expected. Applying both Participatory Decision-Making and Role Theory to the MDT setting, one would expect that levels of satisfaction by group members might be directly related to their roles and participation levels in the meetings.

Cooper and Wood (1974) analyzed 120 members' levels of participation and satisfaction in small group problem-solving activities similar to those created in MDT meetings. They found that those members who participated the most expressed the greatest degree of satisfaction with the outcome. However, in contrast to Participatory Decision-Making Theory, team members' satisfaction levels were significantly greater with non-commitment to the decision than under commitment conditions. Thus, members expressed a much greater degree of satisfaction with the group process if they did not have to commit to actually implementing the results.

Ysseldyke, Algozzine & Mitchell (1982) reached a similar conclusion in their work with MDT members and those members' abilities to successfully solve problems. The results of their study reflected:

1. It was difficult to find team meetings that actually were true decision-making meetings,
2. Most team members claimed they had little power or influence in the decision-making process, and
3. Individuals participating in MDT meetings did not want to assume responsibility for the decisions that were made.

In their study of teachers' perceptions of the special education referral process, including the MDT meeting, Ysseldyke, Algozzine & Allen (1981) found that 38% of the teachers indicated having negative expectations for the team decision-making model to result in any positive instructional assistance to them in resolving the problems outlined in the referral. Nearly 1/2 of the teachers indicated that the chances of satisfactorily resolving referral problems through the MDT process were highly dependent upon the skills of the facilitator (generally the school psychologist) rather than the combined expertise of the group. This would support other studies cited in this review that reflected a belief on the part of classroom teachers that they had little influence, expertise or ownership for helping to solve the issues presented in the MDT meeting. These results suggested that not only was the ownership of the problem perceived to lie outside of the teachers'

responsibility (the child), but ownership for the solution did as well (the team chair or facilitator).

In a study of 40 MDT meetings, consisting of 147 team members, Pfeiffer (1981) identified 21 problem areas consistently reported by members as roadblocks to successfully solving referral problems. The greatest roadblock perceived by MDT participants (83%) was a lack of options or solutions from which to choose. Thus, even with the advantages of having multiple participants to participate in the problem-solving task, solutions were not always identified. Between 40% and 50% of the participants expressed frustration over the lack of time to adequately discuss the data, a lack of opportunity to follow up on decisions they made, and a lack of resources to implement the solutions that the MDT generated. Nearly 1 out of every 5 participants stated that personnel relevant to effective decision-making were not present in the meeting, and that both parental and regular education teacher involvement in the decision-making process were lacking.

Kaiser and Woodman (1985) drew similar conclusions in studying the use of group decision-making techniques in MDT meetings. They found that most MDT meetings used a "traditional" interacting group approach, characterized by unstructured discussion and decision-making. They concluded that in order to increase effectiveness, teams needed to educate parents and teachers on how to participate in this type of problem-solving effort.

As would be predicted by both Participatory Decision-Making and Role Theory, Huebner and Gould (1991) found that the school psychologist most frequently filled the role of the chairperson on the MDT, was most heavily involved in the discussions, and consistently reported a high level of satisfaction with the process. They surveyed 177 school psychologists about their roles in the MDT process and their levels of participation and satisfaction with the outcome. Of nine previously identified problem areas posed to them, school psychologists identified only five as being "moderate" concerns:

1. Clarity of team goals,
2. Individual team member's roles,
3. Efficacy of team decision-making,
4. Collaboration and trust, and
5. Attention to discussing interventions (solutions).

Inadequate participation on the part of parents and general education teachers, and a lack of follow-up were perceived as only "minor" problems.

Frankenberger and Harper (1988) surveyed 235 MDT participants and found that school psychologists were perceived as being the most influential in the MDT process, with special education teachers influencing the decisions to a smaller degree. The influence by parents and classroom teachers was considered very small. In comparing the results to studies conducted by the same authors two years earlier (1986), they found that the most

frequent participants in the MDT were also those filling the roles considered most influential by other team members. While the order of rankings changed slightly between participation and influence, the school psychologist ranked highest in both categories, followed by the special education teachers. Parents, teachers and speech pathologists were consistently ranked next in level of participation and influence. When influence alone was factored out, the classroom teacher was ranked 9th, behind both the building principal and parents. They concluded that certain professionals clearly were judged to be contributing information that was viewed as being more important than others in making decisions.

Amedore & Knoff (1993) studied the roles of school psychologists in 57 school districts in New Jersey. Identified as the greatest problems facing them in their task to conduct successful MDT meetings were to clearly define the roles of members and to move beyond the limits imposed by traditional MDT structures that they viewed as being inhibiting factors to successful collaborative problem-solving.

Although school psychologists have reported a high level of both participation and satisfaction in the MDT process, responses from parents have not been nearly as positive. Shriver & Kramer (1993) studied the involvement and satisfaction levels of parents with special education evaluation and placement teams. They found that parents with higher levels of income and education were significantly more likely to indicate that their input into the

decision-making process was considered unimportant to team members, and that they were dissatisfied with the MDT process. In contrast, parents from lower income and education groups expressed greater satisfaction. Over 59% of the parents were not aware of their right to attend the meetings and nearly 25% were not even sure what the disability was that the teams determined their child had. Regardless of income or education levels, the majority of parents responded that they were satisfied with their input and involvement in the IEP development following the MDT meeting. However, as was the case in MDT activities, parents with higher levels of education indicated a greater desire to participate in the IEP process.

Gimbel & Huebner (1994) investigated the parents' perceptions of MDT activities and their satisfaction with the referral-to-evaluation process. They found the parents' level of satisfaction particularly with the role of the school psychologist in the evaluation process was positively correlated with their degree of involvement and frequency of contacts with this person. Six functions of the school psychologist were identified and ranked by parents. The roles of assessment and consultation were consistently ranked highest. However, Gimbel & Huebner concluded that most parents had a desire for school psychologists to perform a variety of activities in addressing the needs of their children, rather than the traditional roles of conducting and reporting test results.

McFarland (1994) studied parents' perceptions of an integrated format for MDT meetings, following the identified principles of

effective group decision-making, compared to a traditional MDT approach to problem-solving. Parents reported significantly greater levels of participation and satisfaction with the integrated approach, in which all members were considered equal in value and influence. Under this model, members were trained to acknowledge and reinforce the contributions of each member. No individual assumed the role of leadership, and the focus of the MDT discussion was placed on characteristics of the child, rather than on results of tests. McFarland recommended the integrated model as a positive alternative to traditional "round robin" test reporting techniques, that she claimed have proven to be ineffective in getting parents or classroom teachers to participate, collaborate on possible solutions, or take ownership for implementing MDT recommendations.

The results of a study by Simeonsson, Edmondson, et al. in 1995 supported the findings of other researchers in identifying the important links among the expectations of team members, their roles, and both participation and perceptions about their efficacy. In this study, most professionals indicated a low level of satisfaction in meeting the perceived needs of parents. Parents were relatively satisfied with their needs having been met. Green and Shinn (1995) also found parents to be satisfied, primarily based on the level of caring they perceived in the special education staff serving their child, rather than any identified academic growth. Little reference was made to the MDT process or meeting itself. These findings seem to contradict other studies that suggested a link between low level

participation and dissatisfaction.

Simeonsson and Edmondson also found a variety of differences in the expectations parents and professionals had regarding the MDT. For example, 79% of professionals expected parents to want answers to their questions, but only 37% believed they provided them. Professionals expected parents to be confused, afraid or worried, while most parents did not identify these as areas of concern. Over 80% of the parents reported expectations of receiving recommendations on ways to help their child, while less than 40% of the professionals claimed to be providing them. Similarly, though 77% of the parents expected the MDT purpose to be clearly defined, only 37% of the professionals believed they had succeeded in defining it.

In outlining the problems faced by typical MDTs, the researchers stated:

> Parents have typically been restricted to passive participation, limited to providing facts on family background, completing structured questionnaires, and responding to specific questions about their child's history or current functioning. If active parental participation is our goal, it is necessary to direct our inquiry toward expectations and perceptions relevant to the experiences of parents, with a shift of focus solely on facts to one that includes impressions and insights (p. 201).

Summary

After over 20 years of discussion, research, controversy, and review, it does not appear that we have successfully resolved many of the issues surrounding the efficacy of the MDT approach to problem-solving mandated back in 1975. We have continued to be faced with (a) a lack of equal participation among team members, (b) limited collaborative efforts toward reaching solutions to children's learning problems, (c) confusion regarding individual members' roles and expectations, (d) a wide range of differences among team members regarding their level of satisfaction with the whole MDT process, and (e) perhaps only limited ownership for carrying out the decisions made by the team. Researchers have still been unable to confirm that the time, effort, and combination of resources put into the MDT process have resulted in any change in how the child has been taught. Equally uncertain is the question of whether MDT members believe that it was worth their time and effort to participate in this problem-solving activity.

CHAPTER 3

Methods

Research Design

One purpose of survey research has been to generalize from a sample to a population, so that inferences could be made about some characteristic, attitude or behavior of that population (Fowler, 1993). Since collecting first-hand observational data from all the possible MDT meetings being conducted across the state of Nebraska was impractical, this researcher chose a survey research design as the best method of data collection for this study. In addition, this researcher believed that the presence of an outside observer in a school district's MDT meeting might have altered the participation levels of the MDT members. Since participation served as one of the independent variables being studied, the presence of an observer would not only have required administrative and parental permission, but might also have served as an unwanted, intervening variable that could have effected the results.

While survey data may not have been as accurate an indicator of participation in the MDT as actual observational data, the use of a survey was the most practical means of collecting information regarding individual's beliefs (expectancy and satisfaction levels), that were goals of this study. Survey data had the advantage of being more economical to collect, provided a relatively rapid return rate in data collection and provided a means of identifying

attributes of a population (all MDT participants in Nebraska) from a small group of individuals (sample of MDT members willing to respond).

The survey data collected in this study were cross-sectional in nature. The school psychologist in attendance at each MDT meeting instructed the participants to respond to the survey on the basis of the MDT in which they had just participated, rather than generalizing their perceptions from other MDT meetings. Data were collected from 33 different MDTs conducted in school districts between April and June of 1998. Each of five identified members of the MDT was asked to complete a survey instrument.

Population

The population in this study consisted of all MDT participants in each school district in Nebraska. The exact size of this population could not be determined accurately. Given that (a) there were over 600 school districts in this state, and (b) a minimum of five participants would have been required on each MDT, the actual population to be studied could have reached as many as 3,000 people if each district had held only one MDT meeting. While school staff in some Nebraska school districts may not have conducted any MDT meetings during the 1997-1998 school year, many others may have conducted anywhere from 10-100 such meetings. With a total population of 39,185 school-age children with disabilities in Nebraska in 1997, and a requirement of an MDT meeting being held at

least once every three years, an average of 13,061 MDT meetings would have been required (Nebraska Department of Education Statistical Report, 1997-1998).

Based on these estimates, the actual population of MDT participants would have been far too large to study directly. The complex nature of this population required that survey data be taken from a much smaller and more easily accessible sample.

Sample

The sample for this study was selected through a two-phase process. In February of 1998, requests were sent to every Special Education Director in Nebraska, requesting permission to conduct the study with their MDT participants. By the end of March, permission was obtained to conduct the study in 32 school districts or Educational Service Units (ESU) across Nebraska. Those districts agreeing to allow the surveys to be distributed ranged in size from very small communities (500 people or less) to the metropolitan area of Omaha (over 350,000).

Once written permission was granted by the district's or ESU's Special Education Director to participate in this study, a second phase of sample selection was conducted. The surveys were distributed to 75 school psychologists who worked in each of the 32 participating schools. Each school psychologist and their respective MDT members were then given the option to either participate in the study, or return the surveys without completing them. Those school

psychologists and their MDT members who agreed to participate in the study made up the final sample population. Thus, this sample was a purposive sample, selected on the basis of (a) convenience, (b) willingness of school administrators to allow the surveys to be distributed in their district, and (c) willingness of subjects to respond.

Instrumentation

The survey being used in this study was designed in a two-stage process. The initial slate of questions was developed by the researcher, using a forced choice four-point Likert-type scale, based on 21 years of experience in conducting, reviewing, or participating in MDT meetings in Nebraska. These questions were piloted with the special education staff and parents of the Norfolk Public School district in Northeastern Nebraska. The pilot surveys were distributed and returned to the examiner in the fall of 1997. Staff were asked to respond to the survey questions and to rate each question on a five-point scale regarding its ability to correctly identify the independent and dependent variable that it was designed to address. Recommendations or comments provided by the respondents in this pilot study were considered in the final revisions of the survey instrument.

During the pilot project, responses to individual items within each of the categories of participation, expectation and level of satisfaction were compared with total scores for these categories

to determine internal consistency and appropriate placement as measures of these variables. Those items with too wide a range of responses among MDT participants in the pilot group were eliminated. Items for the final survey were then selected on face validity and internal consistency measures. A copy of the initial questions from the pilot survey is contained in Appendix A.

Procedure

Survey packets were mailed to school psychologists in each of the 32 school districts whose Special Education Director had agreed to allow their staff and parents to participate in the study. Directions were included in each packet, instructing the school psychologist to read directly from a script that informed the MDT participants of the purpose of the study, the types of questions contained in the surveys, and the fact that their participation in the study was totally voluntary. MDT participants were instructed to enclose their completed surveys in a sealed envelope and return them to the school psychologist at the conclusion of the MDT meeting. Those members choosing not to participate could simply seal the envelope and return it to their school psychologist.

A postcard reminding the school psychologist to conduct the survey and return the results was mailed two weeks after the initial mailing of the surveys. After three weeks, a second reminder was sent to any school psychologist who had not returned the surveys. Due to the late date at which the survey packets were distributed

and the close of the regular school year (May or June), no further follow-up was conducted on the remaining surveys.

School psychologists were selected to distribute and collect the final surveys, since these individuals were required participants in the majority of MDT meetings being conducted in Nebraska for school-age children. The school psychologists have often served as chairpersons of these meetings, have been quite familiar with the roles of the remaining required MDT participants, and therefore could most easily request each participant to complete the surveys before they left the MDT meeting.

The participating school psychologist was instructed to distribute and collect the surveys at the conclusion of the MDT meeting, and return them to the examiner in an enclosed, postage-paid envelope, within one day of the meeting. In the event that a required MDT member left prior to the conclusion of the meeting, the school psychologist was asked to follow up with that individual the next school day to complete the survey. If all five of the required MDT members were not present at the MDT, the school psychologist was directed to distribute and collect the surveys at the next MDT in which all five members were present.

Since it is possible that MDT formats, participation levels and satisfaction levels may have changed over the past 5-10 years, participants were instructed by the school psychologist to respond to the survey in regard to the MDT they had just completed, rather than asking them to generalize their feelings toward all MDT

meetings over a long period of time in which they were members. Each school psychologist was instructed to collect the completed surveys and return them by mail to the examiner within one week following the MDT.

This means of data coliection was selected as being the most cost efficient, most consistent, and immediate in regard to quickly and accurately collecting data. This researcher believed it also created less intrusion into the total MDT process in each participating district and therefore was less likely to serve as an additional variable in the results obtained from the surveys. Surveys were coded by school district number and the position of the MDT member (i.e. teacher, parent, school psychologist, etc.) No further identification was necessary for the purposes of this research, ensuring anonymity of the respondents and confidentiality of their responses.

Data Analysis

Types of Statistical Analysis

Five types of statistics were used to analyze the data collected in this study. These included, (a) Descriptive statistics, (b) One-way Analysis of Variance, (c) Simple Linear Regression Analysis, (d) Multiple Regression Analysis, and (e) Independent *t*-test. In all of the hypothesis testing, the 0.05 level of significance was used. Table 3.1 on the following page reflects the type of statistical analysis used to address the eight research hypotheses.

Table 3.1

Method of Data Analysis Used To Analyze Each Research Hypotheses

Research Hypotheses	Variables	Statistical Method of Analysis
1.	Role vs. Satisfaction	ANOVA (1 Way)
2.	Participation vs. Satisfaction	Simple Linear Regression Analysis
3.	Expectation vs. Satisfaction	Simple Linear Regression Analysis
4.	Worth Time & Effort	Mean of Items 15,16, 21
5.	Role vs. Participation	ANOVA (1 Way)
6.	Role vs. Expectation	ANOVA (1 Way)
7.	Part. & Expect. vs. Satisfaction	Multiple Regression Analysis
8.	Disability Confirmation	Independent t-test

Hypothesis Testing

Due to the fact that survey results in this study were collected over a period of weeks, rather than at any one given point in time, it is possible that these results may have differed, as a

result of the time period in which they were collected. It has been this researcher's experience that scheduling of MDT meetings toward the end of the school year often became difficult. As a result, all of the participants invited to the MDTs may not have been able to attend the meetings, or there may not have taken ample time to adequately respond to all of the educational needs presented during these meetings.

If factors such as time pressure and fatigue on the part of school staff at the end of the school year were present in some, but not all of the MDT meetings in which the surveys were distributed, one could expect that the perceptions of the individuals who completed the surveys may have been effected. This possible bias in participant response, based upon the time interval in which responses were received was analyzed through the use of a One-Way Analysis of Variance (ANOVA) statistic. The results of this analysis are reported in Table 4.4 and Table 4.5 in Chapter 4.

Reliability Analysis

The internal reliability of the questions used to assess each independent variable was analyzed through the use of the Cronbach's Alpha Reliability Test. This statistical analysis was used to determine if questions within each category on the survey appeared to be assessing the same factor. The results of the Cronbach's Alpha Test are reported in Table 4.6 in Chapter 4.

CHAPTER 4

Results

This study evaluated the relationship between a variety of variables present during Multidisciplinary Team (MDT) meetings in special education and the level of satisfaction participants had in the MDT meeting. Chapter 4 includes a description of the data and an analysis of any statistical significance of differences among the identified variables in the study.

Survey Responses

One hundred forty-two responses to the survey instrument used in this study were returned from school psychologists representing 33 separate MDT meetings. These meetings were conducted within 15 of the original 32 school districts or Educational Service Units (ESUs) asked to participate. Table 4.1 on the following pages reflects the breakdown by population of those communities in which surveys were returned. The number of responses returned from each community/school district or Educational Service Unit (ESU) are enclosed in parenthesis.

Table 4.1

Population Breakdown of Communities Responding to the Surveys

Population Area		Number of Responses		Percent of Return
		District	Total	
A.	Metropolitan (Pop. >335,000)		52	36.6%
	Omaha Public Schools	(25)		
	Millard Public Schools	(19)		
	Westside Community Schools	(8)		
B.	Large Towns (Pop. 20-50,000)		34	24%
	Grand Island	(15)		
	Norfolk	(14)		
	North Platte	(5)		
C.	Medium Sized Towns (Pop. 3-8,000)		34	24%
	McCook	(5)		
	Seward	(5)		
	ESU 14 & Sidney	(10)		
	Fall City	(4)		
	ESU 16 (Ogallala)	(5)		
	Broken Bow	(5)		

Table 4.1 (cont.)

Population Breakdown of Communities Responding to the Surveys

Population Area		Number of Responses		Percent of Return
		District	Total	
D.	Small Towns (Population < 3,000)		22	15.4%
	ESU 1 (Wakefield)	(9)		
	ESU 8 (Neligh)	(9)		
	ESU 15 (Trenton)	(4)		

Unequal numbers of responses were obtained from each of the different participant roles in the 32 MDT meetings making up this sample. Table 4.2 on the following page reflects the number of responses returned from team members comprising each of the five roles on the MDT.

Table 4.2

Sample Size by each of Five Identified MDT Roles

MDT Role	Number of Responses
Parents	23
Classroom Teachers	29
Special Educators	32
School Psychologists	33
Administrators/District Representatives	25
TOTAL	142

In addition to the 142 responses received, 13 survey packets were returned, indicating that the school psychologist chose not to participate in conducting the study. An additional 12 survey packets were returned by school psychologists who stated they did not have enough time remaining in the 1997-1998 school year to participate in the study, but would be willing to do so in the fall of 1998. Due to the possibility that the additional time variable between spring and fall MDT meetings may have affected the results, the researcher chose not to extend the study, and to use the results obtained in the spring of 1998. No responses were received from the 17 remaining school psychologists to whom original survey packets were distributed.

Internal Reliability

The internal reliability of the questions contained in each independent variable was analyzed through the use of the Cronbach's Alpha Reliability Test. This analysis was used to determine if questions within each category, i.e. expectation, participation, satisfaction, appeared to be assessing the same variable. The results of the Cronbach's Alpha Test are listed in Table 4.3 below.

Table 4.3

Cronbach's Alpha Test of Reliability of Survey Questions for Independent Variables of Expectation, Participation and Satisfaction

Variable	Alpha Level	Survey Question
Expectation	0.7861	Items #1-7
Participation	0.8299	Items # 8-14
Satisfaction	0.8598	Items #15-26

Alpha levels for the Cronbach's Alpha Test must be greater than 0.70 to reflect a high degree of reliability. All three reliability scores exceeded the 0.70 level and reflected that responses to survey questions consistently aligned with the independent variable they were designed to assess.

Response Bias

Response bias was analyzed through the use of a One-Way ANOVA, based on responses received at two week, three week, and four week intervals. Table 4.4 below and Table 4.5 on the following page, reflect the results of this ANOVA.

Table 4.4

Means & Standard Deviations of Responses at Two, Three, and Four Week Intervals

Group	Count	Mean	Standard Deviation	Standard Error
Week 2	75	38.2667	5.3785	.6211
Week 3	48	35.1250	7.3792	1.0651
Week 4	19	38.5789	5.5908	1.2826
TOTAL	142	37.2465	6.2967	.528

Table 4.5

ANOVA of Satisfaction Responses X Intervals of Return at Two, Three, and Four Week Intervals

Source	D. F.	Sum of Squares	Mean Squares	F Ratio	Prob.
Between Groups	2	327.8250	163.9125	4.3294	.0150*
Within Groups	139	5262.5482	37.8601		
TOTAL	141	5590.3732			

* $p < 0.05$

The F-ratio of 4.3294 was significant ($p < 0.05$) and reflected a statistical difference among satisfaction levels of MDT participants. A Tukey HSD Test was used to determine which two groups resulted in significantly different scores. The results of the Tukey HSD are listed in Table 4.6 on the following page.

Table 4.6

Tukey HSD Test of Differences Between Satisfaction Responses X Intervals of Return at Two, Three, and Four Week Intervals

Response Group		N	Mean	Differences Between Groups		
		142		1	2	3
Group #1	(Week 2)	75	38.2667		*	
Group #2	(Week 3)	48	35.1250	*		
Group #3	(Week 4)	19	38.5789			

* Denotes a significant difference between group mean scores.

The results of the Tukey HSD Test reflected that a significant difference in satisfaction levels was identified between MDT participants whose responses were returned after week #2 and those returned after week #3. A determination of the possible reasons for this statistical difference between the first two return intervals extended beyond the scope of this study. This result contradicts the premise presented by this researcher in Chapter 3 that survey results obtained nearer the end of the school year (week #4) may have yielded different results from those obtained earlier (week #3 or week #2).

While responses from surveys returned during the first interval (week 2) were statistically greater than those in the second interval (week 3), the mean scores in all three intervals reflected positive satisfaction levels. Since the means of all three response groups reflected positively toward their level of satisfaction in the MDT meetings, the statistically significant differences between week #2 and week #3 should not have effected the overall interpretation of participant responses on the survey instrument.

Research Hypothesis #1

The MDT members' roles, as defined in 92 NAC 51 are related to the levels of satisfaction members have with the meeting.

A One-Way Analysis of Variance (ANOVA) test was conducted to determine if significant differences in satisfaction levels (mean score of responses to questions 15-26) existed among the five participants' roles. The results of this ANOVA are reported in Table 4.7 on the following page.

Table 4.7

Analysis of Variance of Participant Role and Mean Satisfaction Scores

Role	N	Mean	S. D.	D. F.	F-Ratio	p
Parents	23	37.2609	8.1420			
Teachers	29	36.0000	8.1372			
Sp. Ed. Teachers	32	39.2500	4.8059			
Psychologists	33	37.5455	4.2873			
Administrators	25	35.7200	5.5492			
Between Groups				4	1.5010	.2053
Within Groups				137		
TOTAL				141		

The statistically insignificant F-Ratio of 1.5010 indicated that there were no significant differences in satisfaction levels among MDT participants, regardless of the role they served on the team. Mean scores for all five participant groups reflected consistently positive responses to satisfaction questions on the survey. The results of this ANOVA did not support the hypothesis that the MDT members' roles were related to their levels of satisfaction with the meeting.

Research Hypothesis #2

The MDT members' participation levels during the team's discussion are related to the levels of satisfaction that members have with the meeting.

A Simple Linear Regression Analysis was used to determine if a relationship existed between MDT members' levels of participation in the MDT meeting (survey questions #8-#14) and their levels of satisfaction (questions #15-26) with the meeting. In addition, this analysis determined if team members' participation levels could be used to predict their levels of satisfaction. The results of this Simple Linear Regression Analysis are reported in Table 4.8 below and Table 4.9 on the following page.

Table 4.8

Mean and Standard Deviation for Satisfaction and Participation Scores

Variables	N	Mean	S. D.
Satisfaction	142	37.246	6.297
Participation	142	21.524	4.920

Table 4.9

Simple Linear Regression Analysis of Participation and Satisfaction Levels in MDT Meetings

R	=	.61559
R Square	=	.37895
Standard Error	=	4.97990

F = 85.42407 p = 0.0000*

* $p < 0.01$

The results of the Simple Linear Regression Analysis reflected a correlation between participation levels and satisfaction levels of team members (R = .61559). The F-ratio of 85.42407 reflected that this relationship was significant beyond the 0.99 confidence level. The Coefficient of Determination for this relationship (R Square = 0.37895) indicated that approximately 38% of the variance in the satisfaction levels of MDT participants could be predicted on the basis of their level of participation in the meeting. Thus, the relationship between participation and satisfaction levels of participants in the MDT meetings allowed us to predict approximately 38% more of the variance in team members' satisfaction levels than could have been done by chance. The

hypothesis that the MDT members' levels of participation in the meeting were related to their levels of satisfaction was supported.

Research Hypothesis #3

The MDT members' predetermined expectations of the outcome of the MDT meeting are related to the levels of satisfaction that members have with the meeting.

A Simple Linear Regression Analysis was used to determine if a relationship existed between MDT members' expectations of the outcome of the MDT meeting (questions #1-7), and their resulting level of satisfaction with the meeting (questions #15-26). In addition, this analysis determined if team members' expectation levels could be used to predict their levels of satisfaction. The results of this Simple Linear Regression Analysis are listed in Table 4.10 below and Table 4.11 on the following page.

Table 4.10

Mean and Standard Deviation for Satisfaction and Expectation Scores

Variables	N	Mean	S. D.
Satisfaction	141	37.241	6.319
Expectation	141	23.149	3.349

Table 4.11

Simple Linear Regression Analysis of Participants' Expectations and Levels of Satisfaction in MDT Meetings

R	=	.54111
R Square	=	.29280
Standard Error	=	5.33288
F = 57.54990		p = 0.0000*

* $p < 0.01$

The results of the Simple Linear Regression Analysis reflected a correlation between participant expectation and satisfaction levels (R = .5411). The F-ratio of 57.54990 reflected that this relationship was significant beyond the 0.99 confidence level. The Coefficient of Determination for this relationship (R Square = 0.29280) indicated that approximately 29% of the variance in the satisfaction levels of MDT participants could be predicted on the basis of their expectation of the outcome of the meeting. In summary, the relationship between participant expectations and levels of satisfaction in the MDT meetings allowed us to predict approximately 29% more of the variance in team members' satisfaction levels than we could have simply from guessing. The

hypothesis that the MDT members' expectations of the outcome of the meeting were related to their levels of satisfaction was supported.

Research Hypothesis #4

The MDT members perceive the MDT meeting to be a valuable use of their time and energy in developing strategies that they believe will result in improved student performance.

A simple combined mean score of all participants' responses to questions #15, #16 and #21 was used to determine the value participants placed on the MDT meeting. The mean scores, standard deviation, and score ranges for participants on questions #15, #16 and #21 are reflected in Table 4.12 below.

Table 4.12

Combined Mean Score of Questions #15, #16 and #21

N	Mean	S. D.	Range	
			Minimum	Maximum
142	3.23	0.55	1.33	4.00

Scores of either 1.00 or 2.00 on this survey instrument reflected negative perceptions of the MDT meeting. Scores of either 3.00 or 4.00 reflected positive perceptions of the meeting. A score

of 2.50 was used as the midpoint between negative (2.00) and positive (3.00) responses. The mean score of 3.23 was above the midpoint (2.50) which indicated that most participants responded positively to questions #15, #16, and #21. While the mean range of scores (1.33-4.00) suggested wide variability in responses among participants, only 37 of the total of 426 responses to the three survey questions were negative (below 2.50). The data reflected therefore, that MDT participants did perceive the meeting to be a valuable use of their time and energy in developing strategies that they believed would result in improved student performance.

Research Hypothesis #5

The MDT members' roles, as defined in 92 NAC 51 are related to their levels of participation with the MDT meeting.

A One-Way ANOVA was used to compare mean scores between the 5 participant roles (independent variable) and their levels of participation (dependent variable) to determine if a relationship existed between their roles and their participation levels in the meeting. Results of this ANOVA are listed in Table 4.13 on the following page.

Table 4.13

ANOVA of Participant Role and Level of Participation in the MDT Meeting

Role	N	Mean	S. D.	D. F.	F-Ratio	p
Parents	23	18.6522	4.4885			
Teachers	29	20.9655	5.4673			
Sp. Ed. Teachers	32	23.2813	3.5125			
Psychologists	33	25	2.8284			
Administrators	25	18.0800	4.5727			
Between Groups				4	14.0475	.0000*
Within Groups				137		
TOTAL				141		

*$p < 0.01$

The F-Ratio of 14.0475 was significant beyond the 0.99 confidence level and reflected a statistically significant difference among the MDT members' perceived levels of participation, based on the role they served in the meeting. Mean scores indicated that school psychologists reported participation levels to be the highest of all five role groups, followed closely by special education teachers, then classroom teachers, parents and administrators, in

order of decreasing levels of participation.

A Tukey HSD Test was used to make pairwise comparisons among the five role mean scores in the ANOVA. This test identified the pairs of mean scores that were significantly different at the 0.05 level of significance. The results of the Tukey HSD Test are listed in Table 4.14 below.

Table 4.14

Tukey HSD Test of Mean Scores and Differences Between MDT Participation Means by Participant Role

Role Groups	Mean	Differences Between Groups				
		1	2	3	4	5
1. Parents	18.6522					
2. Teachers	20.9655					
3. Sp. Ed. Teachers	23.2813	*				*
4. Psychologists	25	*	*			*
5. Administrators	18.0800					

* Reflects significant differences between group mean scores

The results of the Tukey HSD Test reflected that school psychologists reported to have participated more frequently in the MDT meetings than individuals occupying any of the remaining roles. In addition, special education teachers reported their level of participation to be more frequent than did either classroom teachers or school administrators. While differences in participation levels were noted among classroom teachers, parents and administrators, these differences were not statistically significant. The comparisons of mean scores among these three role groups reflected that members filling these roles participated in the meetings at a similar level.

The self-report data from the group of teachers regarding their level of participation in the MDT meetings reflected a wide range of responses. While some classroom teachers reported to have participated in the MDT discussions on a frequent basis, others indicated they had little input during the MDT discussion. Due to this large variance in responses, a follow-up Test of Homogeneity of Variance (Cochran's C) was conducted to determine if the variances among participation levels involving this role group were due to role differences, rather than to variances within the group. Results of the Cochran's C Test are listed in Table 4.15 on the following page.

Table 4.15

Test of Homogeneity of Variances (Cochran's C) for Participation Levels by Role

Group	Range	
	Minimum	Maximum
Parents	10.0000	25.0000
Teachers	6.0000	28.0000
Sp. Ed. Teachers	14.0000	28.0000
Psychologists	18.0000	28.0000
Administrators	9.0000	27.0000

Maximum Variance/Minimum Variance = 3.736 $p = .043^*$

Cochran's C = Max. Variance/Sum (Variances) = 0.3275

$^* p < 0.05$

Cochran's C Test of Homogeneity of Variance requires that the ratio between the maximum and minimum variances be no greater than 3.0 in order for the results of the ANOVA and Tukey HSD Test to be valid. The results listed in Table 4.15 reflected that this ratio was above the level required and therefore violated the homogeneity test. Due to the violation of the Test of Homogeneity therefore, the

reader should interpret the results of the ANOVA for Research Hypothesis #5 with caution. These results may not have been reflective of the general population in reference to the group of classroom teachers that comprised this sample.

However, the mean participation scores in Tables 4.13 and 4.14 reflected a real difference between some groups of participants, based on their roles. This researcher believes that discounting the relationship reflected by this data would have led to an incorrect conclusion. It is reasonable to expect that such wide differences in participation may still have been reflective of the normal distribution of teachers in schools. Some teachers may have invested a greater degree of time and resources than others into solving the learning problems of the child they referred for evaluation. Past experiences in MDT meetings (either positive or negative) could have resulted in a wide range of levels among teachers regarding how much time they invested in the MDT discussions regarding the child they referred. Classroom teachers who have actually worked at solving the child's learning problems prior to making the referral were likely to have been more involved in the MDT problem-solving process than those who might have used the referral as their first step toward helping the child. Although the violation of the Test of Homogeneity invalidated the relationship shown between teachers' roles and participation levels from a statistical standpoint, the hypothesis that such a relationship existed was supported by the differences in mean scores.

Research Hypothesis #6

The MDT members' roles, as defined in 92 NAC 51 are related to the expectations members have regarding the outcome of the MDT meeting.

A One-Way ANOVA was used to determine if the roles of MDT participants (independent variable) had a relationship to their expectation levels (dependent variable) of the MDT meeting. The results of this ANOVA are listed in Table 4.16 below.

Table 4.16

ANOVA of Role and Expectation Levels of MDT Participants

Role	N	Mean	S. D.	D. F.	F-Ratio	p
Parents	23	22.8261	3.8335			
Teachers	29	22.4138	4.3303			
Sp. Ed. Teachers	32	23.5313	2.6395			
Psychologists	33	24.2188	2.4328			
Administrators	25	22.4400	3.2285			
Between Groups				4	1.6328	.1695
Within Groups				136		
TOTAL				140		

Table 4.16 reflects that no significant differences existed among any of the roles in regard to their expectations of the MDT meeting ($p > 0.05$). Mean scores for all five roles were positive (above 14.0). Thus, based on responses to questions #1-7, all five role groups indicated an expectation of the outcome of the MDT meeting to be positive. The data therefore did not support the hypothesis that the MDT members' expectations of the outcome of the meeting were related to the roles they served on the multidisciplinary team.

Research Hypothesis #7

The combined factors of the MDT members' participation levels and expectations of the MDT meeting can increase the ability to predict the levels of satisfaction that members have with the meeting.

As reported earlier in Table 4.9, levels of participation were able to predict 38% of the variance in satisfaction levels of participants. In addition, Table 4.11 reflected that participants' expectations of the value of the MDT meeting predicted 29% of the variance in satisfaction levels. A Multiple Regression Analysis was used to determine if the combination of these two variables increased the predictability of satisfaction variance when compared to their predictability when analyzed separately. Table 4.17 and Table 4.18 on the following pages show the results of this analysis.

Table 4.17

Mean and Standard Deviation for Satisfaction, Participation and Expectation Scores

Variables	N	Mean	S. D.
Satisfaction	141	37.241	6.319
Participation	141	21.496	4.907
Expectation	141	23.149	3.349

Table 4.18

Multiple Regression Analysis Between Expectation and Participation Levels Combined and Satisfaction Levels

Multiple R	=	.68311
R Square	=	.46664
Standard Error	=	4.64805

F = 60.36755 p = .0000*

*p < 0.01

The results of this Multiple Regression Analysis reflected that a correlation existed between the combined variables of participation and expectation, and the level of satisfaction team members had with the MDT meeting (Multiple R = .68311). The F-Ratio of 60.36755 confirmed that this relationship was statistically significant ($p < .01$). The Coefficient of Determination for this relationship (R Square = .46664) indicated that approximately 47% of the variance in the satisfaction levels of MDT participants could be predicted on the basis of combining data from their participation levels and expectations of the outcome of the meeting. This was compared to the ability of these two variables to predict satisfaction levels independently at 29.2% (expectations) and 37.9% (participations). This data supported the hypothesis that the combination of participation and expectation levels increased the ability to predict team members' levels of satisfaction in the MDT meeting.

Research Hypothesis #8

The degree of confirmation by the MDT of members' expectations of the child's eligibility for special education services is related to the levels of satisfaction that members have with the meeting.

This question attempted to determine if MDT participants were more satisfied when the MDT decision confirmed their expectations about the possibility of the child having a disability

than when the MDT decision contradicted those expectations.

An independent t-test was used to compare satisfaction levels of those individuals whose expectations of a possible disability were met (Group 1) to those whose expectations of a disability were not confirmed by the MDT (Group 2). The results of this t-test are reflected in Table 4.19.

Table 4.19

Independent t-Test for Expectations of a Disability and Confirmation by the MDT

Source	N	Mean	S. D.	t-Value	D. F.	p
Group 1	59	36.2712	5.795			
Group 2	82	37.8659	6.582			
				-1.49	139	.130

The results of the independent t-test reflected no significant difference in satisfaction levels between those participants whose predetermined expectations of a disability were confirmed by the MDT and those whose expectations were not confirmed by the final MDT disability decision. This analysis addressed the confirmation or contradiction of participant's expectations, regardless of what those disability expectations were. No attempt was made to

determine a difference between those who expected a disability diagnosis by the MDT and those who expected that the child did not have a disability.

Regardless of the participants' expectations prior to the MDT meeting, their satisfaction levels remained positive, even if that expectation was not confirmed. The results of this independent *t*-test did not support the hypothesis that MDT members' satisfaction levels were related to the degree of confirmation by the MDT of the participants' expectations of the child's eligibility for special education services.

CHAPTER V

Discussion

Summary

The purposes of this study were to explore the applicability of Role Theory, Participatory Decision-Making Theory, and Expectancy Theory in special education multidisciplinary team (MDT) meetings. Comparisons were made between the independent variables (role, expectation and participation) and the dependent variable (satisfaction). Additional comparisons were made using role as an independent variable and either expectation or participation as dependent variables.

Survey instruments were mailed to school psychologists in 32 selected Nebraska school districts. One hundred forty-two responses were collected from participants in 33 MDT meetings, conducted in 15 different Nebraska school districts or Educational Service Units between April and June of 1998.

The eight hypotheses addressed in this study were:

H_1. The MDT members' roles, as defined in 92 NAC 51 are related to the levels of satisfaction that members have with the meeting.

H_2. The MDT members' participation levels during the team's discussion are related to the levels of satisfaction that members have with the meeting.

H_3. The MDT members' predetermined expectations of the outcome of the MDT meeting are related to the levels of satisfaction that members have with the meeting.

H_4. The MDT members perceive the MDT meeting to be a valuable use of their time and energy in developing strategies that they believe will result in improved student performance.

H_5. The MDT members' roles, as defined in 92 NAC 51 are related to their levels of participation in the MDT meeting.

H_6. The MDT members' roles, as defined in 92 NAC 51 are related to the expectations that members have regarding the outcome of the MDT meeting.

H_7. The combined factors of the MDT members' participation levels and expectations of the MDT meeting can increase the ability to predict the levels of satisfaction that members have with the meeting.

H_8. The degree of confirmation by the MDT of members' expectations of the child's eligibility for special education services is related to the levels of satisfaction that members have with the meeting.

Conclusions

Research Hypothesis #1

The MDT members' roles, as defined in 92 NAC 51 are related to the levels of satisfaction that members have with the meeting.

1.) Parent
2.) Classroom Teacher
3.) Special Educator
4.) School Psychologist
5.) Administrator/District Representative

Within the 33 MDT meetings that comprised the results of this study, the majority of members in all five role groups reported a high level of satisfaction. There were no significant differences in satisfaction levels among any of the five role groups addressed in this study. These results indicated that regardless of the roles the team members served, team members believed the MDT process was successful in meeting their needs as an effective problem-solving activity.

The results did not support the hypothesis that MDT members' satisfaction levels were related to the roles they served on the team. Contrary to Role Theory, which has suggested that roles could influence one's responses, participation, interaction, and thus satisfaction in a group decision-making activity, very little difference was evident in the level of satisfaction participants expressed on the survey instrument.

Among the five role groups comprising the sample, special education teachers reflected the highest level of satisfaction, followed by school psychologists, parents, classroom teachers and administrators. The responses from school psychologists reflected the smallest standard deviation within their role group, while responses of both the parent and classroom teachers had a wider range, with standard deviations for each of their role groups nearly twice that of the school psychologist group.

The positive responses from parents supported previous findings by Gimbel and Huebner (1994), and Green and Shinn (1995)

in which parents reported being satisfied with the MDT process. In contrast, the positive responses from classroom teachers contradicted findings of Ysseldyke, Algozzine and Allen (1981) in which teachers were not convinced that the MDT would result in any positive instructional assistance to help them resolve the learning problems of the child.

Research Hypothesis #2

The MDT members' participation levels during the team's discussion are related to the levels of satisfaction that members have with the meeting.

An analysis of the data indicated that team members' participation levels accounted for nearly 38% of the variance in their satisfaction levels in the meeting. A linear relationship between participation levels and satisfaction levels was identified ($r = .61559$). Team members who reported a high degree of participation in the MDT discussions were more likely to also report a high degree of satisfaction with the MDT meeting than members who reported a low level of participation. This would support the premise of Participatory Decision-Making Theory that those individuals most involved in a group problem-solving activity would be more satisfied with the decisions made by that group. From a practical standpoint, this reflected an important relationship that may be useful in improving the effectiveness of this type of problem-solving activity.

Participatory decision-making theorists have suggested that active participation in a group problem-solving activity can result not only in greater satisfaction but also in a greater commitment to implementing any decisions or actions that come out of the problem-solving activity (Argyris, 1973). The results of previous research have indicated that there has often-times only been a limited level of commitment to implementing changes from the MDT, and that few of these recommendations actually ended up in the educational plan for the child (Fuchs, 1994; Pugach, 1988; Thurlow & Ysseldyke, 1980; Stainback, Stainback & Moravek, 1992).

These results suggested one possible way to improve upon the problem of low levels of commitment on the part of MDT members toward finding solutions to children's learning problems. By monitoring, encouraging, and attempting to maintain the active participation of all MDT members, it is possible that the MDT chairperson can increase not only the satisfaction levels of the team members, but perhaps their commitment to carrying out the decisions of the group.

Research Hypothesis #3

The MDT members' predetermined expectations of the outcome of the MDT meeting are related to the levels of satisfaction that members have with the meeting.

The analysis of the data indicated that the expectations team members had of the outcome of the meeting providing them with

information they believed to be of value accounted for slightly over 29% of the variance in their satisfaction levels. A linear relationship between expectations and satisfaction levels was identified ($r = .5411$). Team members who expected the MDT to be a positive experience and result in information they could use to help the child were more likely to also report a positive level of satisfaction with the outcome of the meeting than team members who expressed negative expectations regarding the MDT meeting.

This finding moderately supported the premise of Expectancy Theory that one's expectations can and will influence their overall perceptions, as well as their decision-making in a social context. The results also supported the premise by Rosenthal (1973) that individuals not only will be more satisfied if their expectations are met but might also strive to make certain those expectations are met.

The data suggested that the content or process of the MDT did not change the preconceived ideas of participants regarding what was going to transpire in the meeting. This finding supported previous research regarding the referral-to-placement process that indicated teachers believed the child had a disability when they made the referral and were likely to recommend special education placements for students, regardless of what transpired during the MDT, because doing so reinforced their expectations (Ysseldyke & Algozzine, 1981; Ysseldyke, Algozzine & Mitchell, 1982).

One possible implication of this finding is noteworthy. While

this study did not analyze the actual discussions of the MDT meetings, this finding raises some doubt regarding how effective the MDT process is likely to be in changing people's preconceived perceptions about the child. This may be particularly true in regard to the perceptions of classroom teachers. If teachers already believe the learning problem lies within the child when they make the referral for an evaluation, as noted earlier in the literature review of this study, and the information presented during the MDT does not change their perceptions, then it is likely that they will leave the MDT meeting with that same belief. The premise that the child "owns" the problem may be a self-fulfilling prophecy that only reinforces a learning situation in which the problem is left up to someone other than the teacher to help resolve.

Research Hypothesis #4

The MDT members perceive the MDT meeting to be a valuable use of their time and energy in developing strategies that they believe will result in improved student performance.

Analysis of the data confirmed that the majority of participants perceived the MDT meeting to be a valuable use of their time and energy in developing strategies that would result in improved student performance. This finding supported the results obtained by some authors regarding parent satisfaction levels (Gimbel & Huebner, 1994; Shriver & Kramer, 1993). However, it contradicted previously cited research regarding the negative

expectations educators had of the MDT meeting resulting in positive educational assistance to teachers (Ysseldyke, Algozzine & Allen, 1981).

The range of mean scores for the three questions making up these data were quite wide (1.33-4.00). However, of the possible 426 individual responses comprising this three-question data set, only 37 (8.69%) were negative. The majority of responses were therefore positive.

While these results may have appeared to be redundant of the results reported for research question #1, these data were analyzed on responses to only three survey questions specific to the value of the meeting, and whether or not the results of the meeting would have any positive impact on the child's learning. In contrast, research question #1 included a much broader array of questions regarding satisfaction levels with the entire MDT process. Both results however, confirmed the perceived positive value MDT participants had in the MDT meeting.

This finding is important because it implies some improvement in the perception of MDT participants in comparison to studies conducted in the early 1980s. If this sample of Nebraska MDT members is reflective of the larger population, this finding suggests that school personnel have improved the MDT process and its ability to meet the needs of the multidisciplinary teams' participants. Following Expectancy Theory, this in turn should result in a greater commitment toward action by team members on

the recommendations of those teams.

Research Hypothesis #5

The MDT members' roles, as defined in 92 NAC 51 are related to their levels of participation in the MDT meeting.

Analysis of the data indicated a significant difference in participation levels of MDT members, depending upon the role each member served on the team. As a group, school psychologists reported to have participated in the MDT discussions much more frequently than did parents, classroom teachers, or administrators. In addition, special education teachers reported to have participated in the MDT discussions more frequently than either parents or administrators.

These results supported the premise of Role Theory that within group problem-solving activities, certain roles tend to dominate. Within the context of the MDT school psychologists have traditionally served in the roles of chairpersons. Their time has typically been spent reporting on the results of tests conducted with the child. School psychologists have also tended to participate in the discussions at the greatest levels. The special education teachers have also reported test results and have been looked upon by other team members as having the greatest degree of expertise regarding recommendations for improving performance of a child with a disability.

The results supported previous research that MDT meetings

were typically dominated by the school psychologist and special education teachers, with parents and classroom teachers contributing at a minimal level (Abelson & Woodman, 1983; Elliot & Sheridan, 1992; McFarland, 1994; Shriver & Kramer, 1993; Ysseldyke & Algozzine, 1981). As noted in the text accompanying Table 4.5, the reader should be cautious however, in interpreting these data in reference to participation levels of classroom teachers. Due to the wide variance in responses of this role group within the sample (S. D. = 5.4673), the teachers comprising this sample may not have accurately represented the total population.

In terms of practical implications, these findings were consistent both with previous research, and the experiences of the examiner in the last 23 years as an educator and researcher in Nebraska. Having served in each of the roles of classroom teacher, special education teacher, school psychologist and administrator in MDT meetings over this 23 year time-span, this researcher concluded that these results were typical of what has been observed in participation levels of MDT members, including those of classroom teachers. While the results did not support the premise that the roles the participants played directly impacted their level of satisfaction in the MDT process, it did support the affects those roles had on the members' levels of participation.

Following the premises of Participatory Decision-Making Theory, one might expect that the efficacy of problem-solving teams such as the MDT would be decreased by the presence of dominant or

passive team members. In reality however, within any social setting some people prefer to become more involved than others. Multidisciplinary teams may reflect an example of this preference.

While members filling some roles in this study reported higher levels of participation than others, the efficacy of the meetings as perceived by the team members was still high. The fact that most survey respondents indicated a high level of satisfaction, even if they reported a low level of participation suggested that it was not necessary for there to be equal or even similar levels of participation among the members in order for participants to be satisfied with the meeting's outcome.

Research Hypothesis #6

The MDT members' roles, as defined in 92 NAC 51 are related to the expectations that members have regarding the outcome of the meeting.

No significant differences existed among expectation levels of the outcome of the MDT as a result of the roles members served on the team. In general, all five role groups responded positively regarding their expectations of the MDT meetings being worth their time and effort to attend.

This hypothesis was based in part on 15 years of experience by this researcher as either a special education teacher or school psychologist in Nebraska schools between 1980 and 1995. During this time period, classroom teachers and school administrators

frequently commented negatively toward their responsibility of having to attend the MDT meetings. Some school staff also indicated that they did not believe the MDT meetings they had attended in the past provided them with any information about the child that they did not already know.

The findings of this study did not support the premise that classroom teachers or school administrators would view the MDT process less positively than special educators, parents, or school psychologists. This is encouraging since it suggests an improvement has been made in the perceptions of individuals filling the roles of classroom teachers and school administrators in Nebraska school districts toward MDT meetings.

Research Question #7

The combined factors of the MDT members' participation levels and expectations of the MDT meeting can increase the ability to predict team members' satisfaction levels with the meeting.

The results indicated that the combination of team members' participation and expectation levels increased the ability to predict the variance in satisfaction levels over either of these variables when analyzed separately. This finding supports the premises of both Participatory Decision-Making Theory and Expectancy Theory. These results indicated that team members who reported the highest expectations of the meeting being worth their time and effort to attend and the highest level of participation were more likely to

report high levels of satisfaction than other team members. A linear relationship was identified between the factors of expectation and participation together and satisfaction (Multiple R = .68311). Taken independently, the participation and expectation levels of participants accounted for 38% and 29% respectively of the satisfaction variance. Taken together, they were able to predict nearly half (46.7%) of that variance.

This finding is important both in a statistical and a practical sense. It supports the premises of both Participatory Decision-Making Theory and Expectancy Theory, as outlined previously in this chapter. Based on these theories, higher levels of satisfaction among MDT members can be expected to positively influence the commitment on the part of team members to carrying out the decisions of the group. This in turn should result in improved performance for the child. For the MDT chairperson, the knowledge that by keeping both expectations and participation levels high among the team members one might positively influence the efficacy of the meeting is an important key concept for which to strive.

Research Hypothesis #8

The degree of confirmation by the MDT of members' expectations of the child's eligibility for special education services is related to the levels of satisfaction members have in the meeting.

An analysis of the data reflected no statistically significant differences between the mean satisfaction scores of those

individuals whose expectations of the child's disability were confirmed by the MDT and those whose expectations were not confirmed. This analysis was restricted to two items on the survey, asking if the participant believed the child had a disability prior to the MDT convening, and if the MDT confirmed that belief. Fifty-nine respondents indicated that the MDT confirmed their prior expectation of whether or not the child had a disability, while 82 participants' expectations were not confirmed by the MDT decision. In the analysis, no distinction was made regarding what the expectation of the individual was (disability or no disability). The independent t-test simply analyzed the degree of agreement between the individual's expectation, and the MDT decision.

These findings contradicted principles upon which Expectancy Theory was based. Individuals will attempt to make their expectations become reality (Feather, 1982, Rosenthal, 1973). Based on this theory, one would have expected a decreased level of satisfaction on the part of individuals who were unsuccessful in confirming their predetermined expectations regarding the child's disability. Although responses from 82 of the 141 team members reflected that their previous expectations about the child's disability were not confirmed by the MDT, satisfaction levels remained high. This finding also contradicted previously cited research on the referral-to-placement process that suggested a strong relationship between expectations of teachers that a child had a disability, and the MDT decision confirming that expectation

(Ysseldyke, Algozzine & Richey, 1982).

From a practical standpoint, this finding is encouraging. It implies that team members retained a positive perception of the value of the MDT meeting, even if the decisions the team made did not confirm their predetermined perceptions about the child. Whether or not those positive perceptions of the meeting influenced their decisions regarding how to effectively teach the child was beyond the scope of this study to determine.

Recommendations

Based on the preceding conclusions, the following recommendations are set forth:

1. Replication of this study with a larger sample, and in other states than Nebraska is recommended. The limitations and delimitations of this study did not allow for the results to be generalized to a larger population of parents and educators in public schools. In addition, the results of the tests for response bias reflected differences in responses, based on when the surveys were returned. It is recommended that any replication of this study be designed to account for any possible response bias resulting from time periods in which survey responses are returned.
2. The wide range of responses among classroom teachers regarding their self-reported level of participation suggested that this sample may not have been representative of the population of classroom teachers. Replication of this study with a larger sample

is recommended to determine if these participation results for classroom teachers might still have been valid. Additional research is also recommended to determine if teacher participation levels in MDT meetings among the population actually do vary as much as this study suggested, and possible reasons for that variation.

3. The results of this study indicated that some educators and parents were satisfied with their inactive roles in the MDT process. This study only addressed the perceptions team members had of the team's effectiveness in developing solutions to children's learning problems. The actual efficacy of the MDT as a problem-solving team can not be determined solely on the basis of team members' perceptions. Therefore, further study is recommended to determine if dominant and/or passive roles of MDT members have any actual impact on the decisions made by the team.

Much like the expectations a patient has when visiting a doctor for treatment of an illness, parents and classroom teachers in MDT meetings might expect the "experts" to give them advice. Using this analogy, an equal level of participation among all team members may be neither realistic nor desirable as a means of ensuring an effective decision-making process. Further research is recommended to determine if actual participation levels of team members has an impact on their ability to generate solutions to the learning problems presented to them by the referring teachers.

The Integrative MDT Model developed by McFarland (1994) and outlined briefly in the literature review of this study places a

greater degree of emphasis on a child-focussed discussion in the MDT. This strength-based approach to addressing the child's learning problems encourages greater participation among the classroom teachers and parents, and relies less on the roles of the school psychologists and special educators to report test results. Further research regarding the use of models like this one could help determine if increasing parent and classroom teacher participation in the MDT meetings and focussing on the child's strengths rather than a traditional deficit approach can actually result in a more effective problem-solving method for making educational recommendations.

4. The MDT meeting is an important step in the process of identifying a child's educational needs and in making recommendations regarding how best to meet these needs. Research containing longitudinal case studies is necessary to determine if the recommendations of the multidisciplinary teams in special education are actually being used by school staff to positively impact the child's learning rate in the remaining steps in this educational decision-making process.

This study confirmed that MDT participants in selected Nebraska schools perceived the meetings to be worth their time and energy to attend. These team members indicated that they believed the recommendations of the teams would have a positive impact on the learning rate of the children being assessed by the MDT. However, these beliefs do not guarantee that the next steps of the

process (development and implementation of the IEP) will be successful. Actual observational data collection of MDT meetings and longitudinal studies of the impact the MDTs' decisions have on student performance are necessary.

The referral-to-placement process relies upon a sequence of decisions regarding the referred child's learning problems and possible solutions to those problems. The MDT plays an important role in this decision-making process. However, unless future researchers can demonstrate that the recommendations of the MDT are actually being carried out by the IEP team and eventually result in improved performance on the part of the child, the positive perceptions demonstrated in this study will be less meaningful in terms of the real value the MDT contributes toward the educational program for children with learning difficulties.

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APPENDIX A

Sp. Ed. Director Letter

Date: _____

Dear Special Education Director/Supervisor,

I am a University of Nebraska doctoral student, and have been conducting research on the efficacy of special education programs since 1983. Currently, I am addressing the effectiveness of multidisciplinary team meetings, through a sample of MDT meetings across Nebraska.

I am requesting your permission to distribute surveys to your staff and parents following MDT meetings held in April and May of 1998. The purpose of this study is to determine if a relationship exists among the roles; expectations; levels of participation; and satisfaction of MDT members.

With your permission, surveys will be sent to one or more of your school psychologists, to be distributed to five of the MDT members at the end of one meeting. Each respondent will complete the survey, seal it in an envelope, and give it to the school psychologist at the end of the meeting. The school psychologist will return all the surveys to me. All responses will remain anonymous, coded only by the role (i.e. parent, teacher) that the individual served on the team.

Please indicate your willingness to participate in this study by returning this form in the enclosed envelope. Results of the study will be returned in the fall of 1998 to all school districts agreeing to participate.

Sincerely,

Bradley Conner
University of Nebraska Doctoral Student
1624 West Berry Hill Drive
Norfolk, NE 68701

****

Permission for District Participation

School District/ESU Name: _____

Special Education Director/Supervisor: _____

_____ Yes, I agree for our school district/ESU to participate in this study.

_____
(Signature)

APPENDIX B

School Psychologist Cover Letter

Date: _____

Dear School Psychologist,

I am a doctoral student at the University of Nebraska, conducting research on satisfaction levels of MDT participants in Nebraska schools. The purpose of this research is to determine if the factors of participant role, participation level and expectations have an influence on the level of satisfaction MDT participants have in the meeting. The Special Education Director from your school district or educational service unit has granted permission for you to participate in this study, by distributing and collecting responses to the enclosed questionnaires. The study is designed to take a very small amount of time, and to have no impact upon the results of your MDT meeting. Results of this state-wide research project will be returned in the fall of 1998 to your Special Education Director. It is expected that the information gathered through this project will assist school district personnel in identifying factors which may improve the function of MDT meetings in meeting the needs of students with disabilities in our state. Your voluntary participation in this study is greatly appreciated.

Directions:

Following the conclusion of your next MDT meeting to determine eligibility of a school-age child, you are asked to read the script on the following page; distribute and collect the five enclosed questionnaires (in the envelopes, labeled by member role). The questionnaires are to be completed by the following MDT members:

1.) School Psychologist or Psych. Assistant
2.) Classroom or general education teacher
3.) Special education teacher or Speech Pathologist
4.) School Administrator or administrative designee
5.) Parent

If any of the five members are not present and the MDT is still conducted, please mark their envelope "ABSENT" and return it with those that are completed. If any members choose not to participate, mark their envelope "DECLINED" and return it with those that are completed. If an identified participant is unable to complete the questionnaire immediately following the MDT meeting, please attempt to collect their completed questionnaire within three days following the meeting.

Once all participants have completed their questionnaire, collect them in the labeled, sealed envelope. Return all five questionnaires in the enclosed, stamped, manila envelope to me within one week following the MDT meeting date.

Thank you, in advance, for your voluntary cooperation with this study. Your help is a vital part of the success of the total project. If you have any questions, or difficulties responding to this request for assistance, please contact me at:

Brad Conner
1624 West Berry Hill Dr.
Norfolk, NE 68701
(402) 379-9325

APPENDIX C

School Psychologist Script

Directions:
Please read the following script at the introduction of the MDT meeting and hand out the envelopes at the end of the meeting to each of the five members identified by role on the cover of their envelope.

Our district has agreed to participate in a research project being conducted through the University of Nebraska. This research will collect responses to questionnaires from schools across Nebraska. The purpose of this research is to find out if the team member's role, expectations and level of participation in Multidisciplinary team meetings effect how satisfied participants are with the meeting. The results will be used to try to improve MDT meetings for children with disabilities in Nebraska schools.

At the conclusion of today's meeting, I will give an envelope containing a 30 item questionnaire to five members of our team. The questionnaire is expected to take no more than 5-10 minutes to complete. When you have completed the survey, you should seal it inside the envelope and turn it in to me. I will mail the sealed envelopes directly back to the researcher.

There are no risks involved in completing this questionnaire. Your responses will remain completely confidential and will be combined with many others across Nebraska. The results of the study will pertain to all schools participating, and will not be used to identify you, or our school.

Your participation in this study is completely voluntary. If you choose not to participate, simply seal the envelope and turn it in to me at the end of the meeting. I would be happy to answer any questions you have, or you may contact the researcher directly at the number listed on your envelope.

Thank you.

University of Nebraska Lincoln

Department of Educational Administration
1204 Seaton Hall
P.O. Box 880638
Lincoln, NE 68588-0638
(402) 472-3726
FAX (402) 472-4300

APPENDIX D

MDT PARTICIPANT
Letter of Consent

IRBAPP#98-04-343EX

Dear Participant,

The enclosed survey is part of a doctoral study I am conducting through the University of Nebraska- Lincoln. The purpose of this study is to find out if team member's role, expectations and level of participation in Multidisciplinary Team meetings effect how satisfied participants are with the meeting. The results of this study will be used to try to improve MDT meetings for children with disabilities in Nebraska schools.

The Special Education Director from your school has agreed for members of this Multidisciplinary Team to participate in this study. **However, your participation is completely voluntary. You are not required to complete the enclosed questionnaire, if you do not want to. By completing the questionnaire, you are giving consent to participate in this study.** This will have no impact on the outcome of the MDT in which you have just participated. You will not be identified by name, and your responses will remain anonymous.

If you agree to participate in this study, please complete the enclosed questionnaire, seal it in the manila envelope provided and give it to the School Psychologist at your meeting. He/she will return all completed questionnaires directly to me. The questionnaires will be kept in a secure place until 6 months following completion of this doctoral study, and then will be destroyed. Only a summary of the data will be presented in a report, which may be published or presented at professional meetings.

If you choose not to participate in this study, simply place the questionnaire in the manila envelope, seal it, and turn it in to your School Psychologist.

Thank you, in advance, for your cooperation with this study. If you have any questions about your rights as a research participant, please call me at the number listed below, or the University of Nebraska-Lincoln's Institutional Review Board at 402-472-6965.

Bradley R. Conner
Principal Investigator
(402) 379-9325

Dr. Miles Bryant
Secondary Investigator
(402) 472-0975

APPENDIX E

Participant Satisfaction in MDT Meetings

(Pilot Questionnaire)

The purpose of this study is to select questions which will help determine the level of satisfaction each participant has with the Multidisciplinary Team (MDT) meeting process in Special Education. Please respond to the survey questions below in relation to the MDT meeting you recently attended.

General Information:

Date of MDT meeting: _____ School Name: _____

Student's Grade: _____

Approximate Length of Meeting : _____ hours _____ minutes

Did the MDT decide this child has a disability? _____ YES _____ NO

My role on the MDT was (check one):

_____ Parent
_____ Classroom Teacher
_____ Special Educator (Resource Teacher; Speech Pathologist; Consultant; etc.)
_____ School Psychologist
_____ Administrator/District Representative

Directions: Please read the statements beginning with #1 on the following pages, and circle the letters which correspond with how much you agree or disagree with each statement. If you find the statement confusing, or it does not apply to the MDT meeting you just attended, circle "NA".

Strongly Agree SA
This statement clearly reflects the MDT in which I recently participated.

Agree A
This statement is generally true about the MDT in which I recently participated.

Disagree D
This statement is generally false about the MDT in which I recently participated.

Strongly Disagree SD
This statement does not at all reflect the MDT in which I recently participated.

Not Applicable NA
This statement is too difficult to answer or does not apply to the MDT in which I recently participated.

Expectations:

1.	I expected the team to decide that this child has a disability.	SA	A	D	SD	NA
2.	I expected the meeting to provide me with ideas about how best to work with this child.	SA	A	D	SD	NA
3.	I expected the MDT to decide in which Special Education program this child should be placed.	SA	A	D	SD	NA
4.	I expected the team members to review this child's strengths.	SA	A	D	SD	NA
5.	I expected the meeting to provide me with test results about this child.	SA	A	D	SD	NA
6.	I expected the team members to review this child's weaknesses.	SA	A	D	SD	NA
7.	I expected the meeting to be worth my time and effort to attend.	SA	A	D	SD	NA
8.	I was nervous about attending this MDT meeting.	SA	A	D	SD	NA

General Procedures:

9.	The MDT discussion primarily focused on the child's strengths.	SA	A	D	SD	NA
10.	The MDT discussion primarily focused on the child's weaknesses.	SA	A	D	SD	NA
11.	I was introduced to the other MDT members.	SA	A	D	SD	NA
12.	Comments were primarily addressed toward the Chairperson of the MDT.	SA	A	D	SD	NA
13.	The purpose of the MDT meeting was clearly explained at the beginning of the meeting.	SA	A	D	SD	NA
14.	All MDT members were expected to agree on the decisions reached by the team.	SA	A	D	SD	NA
15.	The student was present during this MDT.	SA	A	D	SD	NA
16.	At least one team member disagreed with the recommendations made by the team.	SA	A	D	SD	NA
17.	The recommendations made by the team primarily reflected the views of the MDT Chair.	SA	A	D	SD	NA
18.	Test results were provided to me before I arrived at the meeting.	SA	A	D	SD	NA

19. All MDT members were present until the meeting ended.	SA	A	D	SD	NA
20. One person was identified as the "Chair" of this MDT meeting.	SA	A	D	SD	NA
21. I spent time preparing information for this MDT meeting before I arrived.	SA	A	D	SD	NA
22. A written agenda for the MDT meeting was provided to me.	SA	A	D	SD	NA
23. An agenda, either written or verbally explained, was followed by the team members.	SA	A	D	SD	NA
24. The MDT meeting was held separately from the IEP (Individual Educational Plan) meeting.	SA	A	D	SD	NA
Participation:					
25. I was an active participant (contributed information, or asked questions) in the discussions during this meeting.	SA	A	D	SD	NA
26. I was a passive listener, (just listened to others speak).	SA	A	D	SD	NA
27. I was asked for my opinion by at least one other MDT member.	SA	A	D	SD	NA
28. The conclusions of the MDT reflected input from all members.	SA	A	D	SD	NA
29. I took written notes during the meeting.	SA	A	D	SD	NA
30. I had enough time to provide my input during the meeting.	SA	A	D	SD	NA
31. I asked at least one question during the meeting.	SA	A	D	SD	NA
32. I responded to at least one question posed by another member of the team.	SA	A	D	SD	NA
Satisfaction:					
33. I felt overwhelmed during the meeting.	SA	A	D	SD	NA
34. I understood the conclusions made by the MDT.	SA	A	D	SD	NA
35. The MDT resulted in practical ideas which I could use to help this child learn.	SA	A	D	SD	NA
36. I understood who was responsible for carrying out the recommendations made by the MDT.	SA	A	D	SD	NA
37. I agreed with the decisions made by the MDT.	SA	A	D	SD	NA

38. The information discussed was confusing.	SA	A	D	SD	NA
39. I felt comfortable expressing an opinion which differed from that of other team members.	SA	A	D	SD	NA
40. I found this meeting to be worth my time and effort to attend.	SA	A	D	SD	NA
41. The information discussed at this meeting helped me better understand how this child learns.	SA	A	D	SD	NA
42. The meeting was conducted in an efficient manner.	SA	A	D	SD	NA
43. This MDT meeting was too lengthy.	SA	A	D	SD	NA
44. I intend to change the way I work with this child as a result of the information I obtained in this meeting.	SA	A	D	SD	NA
45. I felt comfortable participating in this meeting.	SA	A	D	SD	NA
46. My opinions were welcomed and respected.	SA	A	D	SD	NA
47. Too much time was spent completing paperwork during the MDT meeting.	SA	A	D	SD	NA
48. I understand why this child did, or did not qualify for Special Education services.	SA	A	D	SD	NA
49. The MDT meeting was scheduled at a convenient time for me to attend.	SA	A	D	SD	NA

Directions: Please complete each statement below:

50. The primary purpose of an MDT meeting is to:
(check one)

_____ verify a disability and eligibility for special education services
_____ Identify the child's strengths and weaknesses
_____ Identify the child's learning style
_____ provide recommendations of how to help the child learn
_____ provide modifications in how teachers should teach the child
_____ review the results of tests conducted with this child
_____ brainstorm solutions to the child's learning problems

Directions: Please complete each statement below:

51. Using the scale below, identify the level of participation each member had in this MDT meeting, (levels can be used more than once).

Dominant	Active Participant	Passive Listener	Not Involved
4	3	2	1

School Psychologist _____
School Administrator _____
Special Education Teacher _____
Regular Education Teacher _____
Parent _____

52. Using the scale below, indicate the level of influence each member had on the decisions reached by other team members, (levels can be used more than once).

Greatly	Moderately	Minimally	Not at all
4	3	2	1

School Psychologist _____
School Administrator _____
Special Education Teacher _____
Regular Education Teacher _____
Parent _____

53. Check the approximate amount of time spent during this MDT on the following activities:

	0-10%	11-25%	26-50%	over 50%
a.) reporting test results	_____	_____	_____	_____
b.) discussing the child's strengths	_____	_____	_____	_____
c.) discussing the child's weaknesses or needs	_____	_____	_____	_____
d.) discussing how to help the child improve	_____	_____	_____	_____
e.) deciding if the child has a disability	_____	_____	_____	_____
f.) other (please explain below)	_____	_____	_____	_____

_____

_____

54. Were any individuals absent from this MDT whom you think should have been in attendance?

_____ Yes _____ no

If you answered "yes" above, please list them:

_____

_____

Please add any comments, or suggestions on this page and return this questionnaire in the enclosed envelope. Thank you for your participation in this study.

APPENDIX F

Participant Satisfaction in Multidisciplinary Team (MDT) Meetings Questionnaire

General Information:

Date of MDT meeting: _____ School Name: _____

Approximate Length of Meeting : _____ hours _____ minutes

My role on the MDT was (check one):

_____ Parent
_____ Classroom Teacher
_____ Special Educator (Resource Teacher; Speech Pathologist; Consultant; etc.)
_____ School Psychologist
_____ Administrator/District Representative

I believe the primary purpose of this MDT meeting was to:
(check one)

_____ decide if the child has a disability and is eligible for special education services
_____ Identify the child's strengths and weaknesses
_____ Identify the child's learning style
_____ provide recommendations of how to help the child learn
_____ provide modifications in how teachers should teach the child
_____ review the results of tests conducted with this child
_____ brainstorm solutions to the child's learning problems
_____ other: Please explain _____

_____

Directions: Please read the statements beginning with #1 on the following pages, and circle the letters which correspond with how much you agree or disagree with each statement, regarding the MDT meeting you just attended. If you find the statement confusing, or it does not apply to the meeting you just attended, circle "NA".

Strongly Agree SA
This statement clearly reflects the MDT in which I recently participated.

Agree A
This statement is generally true about the MDT in which I recently participated.

Disagree D
This statement is generally false about the MDT in which I recently participated.

Strongly Disagree SD
This statement does not at all reflect the MDT in which I recently participated.

Not Applicable NA
This statement is too difficult to answer or does not apply to the MDT in which I recently participated.

Expectations:					
1. I expected the meeting to result in new ideas about how best to help this child learn.	SA	A	D	SD	NA
2. I did not expect any improvements in the child's performance to result from this meeting.	SA	A	D	SD	NA
3. I expected the team members to review this child's strengths.	SA	A	D	SD	NA
4. I did not expect to learn any new information about this child which I could use to help him/her learn.	SA	A	D	SD	NA
5. I expected the team members to review this child's weaknesses.	SA	A	D	SD	NA
6. I did not expect the meeting to be worth my time and effort to attend.	SA	A	D	SD	NA
7. I did not want to attend this meeting.	SA	A	D	SD	NA
Participation:					
8. I prepared information to discuss, prior to the meeting.	SA	A	D	SD	NA
9. I was an active participant (contributed information, or asked questions) in the discussions during this meeting.	SA	A	D	SD	NA
10. I was a passive listener, (just listened to others speak).	SA	A	D	SD	NA
11. I took written notes during the meeting.	SA	A	D	SD	NA
12. I had enough time to provide my input during the meeting.	SA	A	D	SD	NA
13. I did not ask any questions during the meeting.	SA	A	D	SD	NA
14. I responded to at least one question posed by another member of the team.	SA	A	D	SD	NA
Satisfaction:					
15. The MDT meeting resulted in practical ideas which I can use to help this child learn.	SA	A	D	SD	NA
16. I found this meeting to be worth my time and effort to attend.	SA	A	D	SD	NA
17. The information discussed at this meeting did not help me understand how this child learns.	SA	A	D	SD	NA
18. I intend to change the way I work with this child as a result of the information I obtained in this meeting.	SA	A	D	SD	NA

19. I felt comfortable participating in this meeting.	SA	A	D	SD	NA
20. The meeting was conducted in an efficient manner.	SA	A	D	SD	NA
21. I believe that this child's performance will improve as a result of this meeting.	SA	A	D	SD	NA
22. This MDT meeting was too lengthy.	SA	A	D	SD	NA
23. The MDT meeting was scheduled at a convenient time for me to attend.	SA	A	D	SD	NA
24. I agreed with the decisions made by the MDT.	SA	A	D	SD	NA
25. I felt comfortable expressing an opinion if I disagreed with other team members.	SA	A	D	SD	NA
26. My opinions were welcomed and respected.	SA	A	D	SD	NA

Please answer the following questions by checking either "yes" or "no".

28. Prior to the meeting, did you believe this child had a disability?
_____ Yes _____ no

29. Did the team decide that this child does have a disability?
_____ Yes _____ no

30. Was anyone missing from the meeting whom you believe should have been in attendance?
_____ Yes _____ no

Please list any missing members:_____

Please add any comments, or suggestions on this page and place this questionnaire in the enclosed envelope. Thank you for your participation in this study.

APPENDIX G

University of Nebraska Lincoln

Research Compliance Services
Institutional Review Board
103 Whittier Bldg.
2955 'W' Street
P.O. Box 830849
Lincoln, NE 68583-0849
(402) 472-6965
FAX (402) 472-9323

April 23, 1998

Mr. Bradley Conner
1624 West Berry Hill Drive
Norfolk NE 68701

Dear Mr. Conner:

IRB # 98-04-343 EX

TITLE OF PROPOSAL: **Effects of Participant Role, Participation and Expectancy on Level of Satisfaction in Special Education Multidisciplinary Teams**

This letter is to officially notify you of the approval of your project by the Institutional Review Board for the Protection of Human Subjects. This project has been approved by the Unit Review Committee from your college and sent to the IRB. It is the committee's opinion that you have provided adequate safeguards for the rights and welfare of the subjects in this study. Your proposal seems to be in compliance with DHHS Regulations for the Protection of Human Subjects (45 CFR 46) and has been classified as exempt.

1. Enclosed is the IRB approved Informed Consent form for this project. Please use this form when making copies to distribute to your participants. If it is necessary to create a new informed consent form, please send us your original so that we may approve and stamp it before it is distributed to participants.

This project should be conducted in full accordance with all applicable sections of the IRB Guidelines and you should notify the IRB immediately of any proposed changes that may affect the exempt status of your research project.

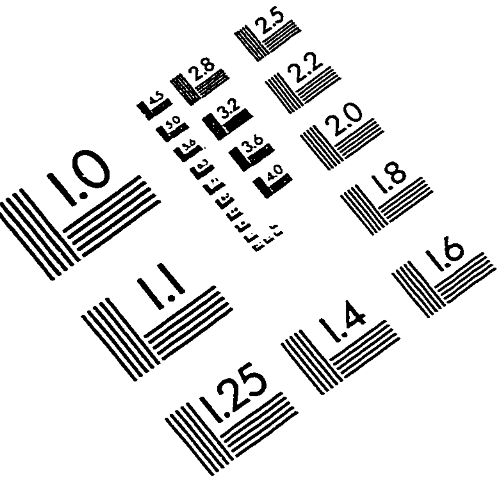
Sincerely,

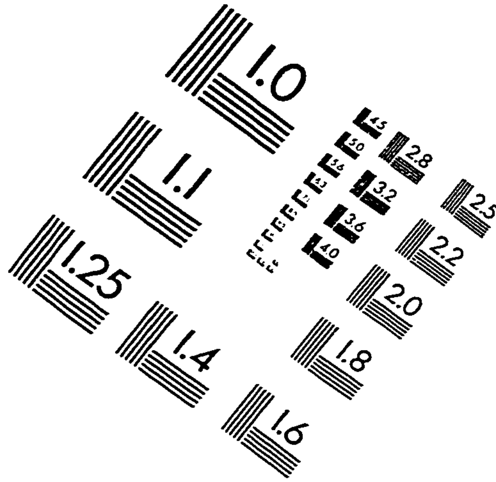
Bob Reid

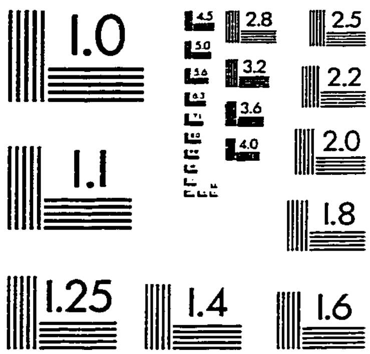
Robert Reid, Chair
for the IRB committee

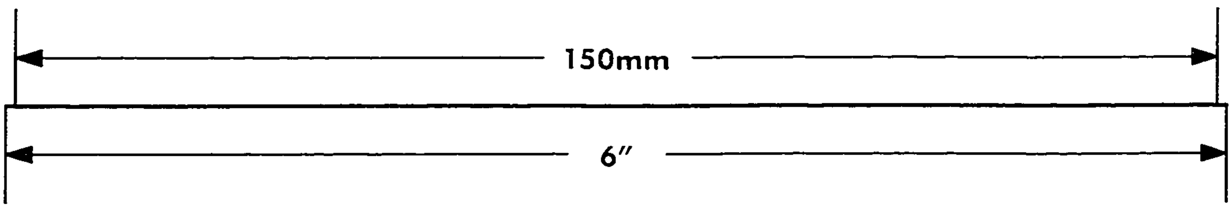
xc: Dr. Donald Helmuth
Faculty Adviser
Unit Review Committee

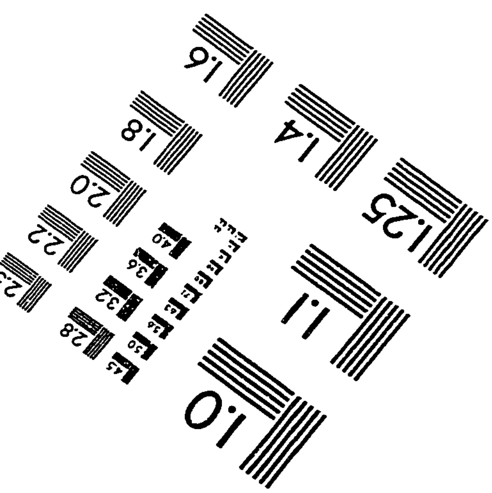
IMAGE EVALUATION TEST TARGET (QA-3)











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