

[Committee on Education and the Workforce](#)  
[Hearings](#)

**Testimony of Dr. Joseph F. Kovaleski**

**“Learning Disabilities and Early Intervention Strategies: How to Reform the Special Education Referral and Identification Process”**

**Hearing before the  
Subcommittee on Education Reform  
Committee on Education and the Workforce  
United States House of Representatives**

**June 6, 2002**

Good Morning. Thank you Chairman Castle, Ranking Member Kildee, and all the members of the subcommittee for hosting this hearing and giving me the opportunity to testify on this important issue. My name is Joseph Kovaleski. I am the Director of Pupil Services for the Cornwall-Lebanon School District in Lebanon, PA. Professionally, I am a nationally certified school psychologist and a member of the National Association of School Psychologists. I have directed special education and pupil services for school districts and regional education agencies since 1977.

The issue that we are addressing today, the reform of the special education referral and identification process, has been a controversial and important one since I entered the field of special education 25 years ago. We have long understood that too many students have been over-identified as having learning disabilities. We have seen limited funds for special education overwhelmed by too many students in the system. As students have been found eligible for special education, we have seen general education come to an understanding that it has little responsibility for students with even transient academic and behavior problems. Many teachers have come to believe that any student with any difficulty may have hidden disabilities that prevent them from succeeding in the regular classroom.

Thankfully, during the last decade, we in Pennsylvania had an opportunity to reverse this trend. Today I would like to testify to the success we have had with early intervention with elementary students using prereferral interventions. From 1990 to 1997, I served as the state director of the Instructional Support Team (IST) project in Pennsylvania. This project succeeded in implementing instructional support teams in over 1,700 schools in 500 school districts. I have also consulted with school districts in a number

of other states on initiating the IST program in those areas. In my work with prereferral teams, I have also been in contact with other researchers and practitioners who have had equal success with similar models in other states.

In Pennsylvania, we have had very positive results in limiting over-identification and providing tangible support to general education teachers with our instructional support team model. The process utilizes building-based teams to precisely assess students with academic and behavioral difficulties through curriculum-based assessment and other procedures. The team provides in-class support to the regular classroom teacher over a 50-day period to determine whether the application of effective instructional procedures changes the rate of learning for the student. Students who display meaningful gains through ongoing monitoring of their performance are not referred for a full and individual evaluation for special education. Those students who display resistance to these interventions are referred for evaluation, and typically are later identified as needing special education. These prereferral procedures are, in my view, the most effective way of determining whether a student's difficulties are the result of a lack of instruction rather than a disability, a provision which I was very gratified to see included in the 1997 IDEA amendments.

When schools in Pennsylvania implemented ISTs, 85% of the students identified for the process did not need a further full and individual evaluation for special education. Schools that implemented ISTs had their rates of identification of students with disabilities either plateau or, in many cases, decrease. In a published study on the results of this program, we found that students undergoing the IST process displayed improved achievement on academic learning time measures when schools implemented the program at a high degree of fidelity.

From this experience in Pennsylvania, as well as from my interactions with colleagues from across the country, I offer the following conclusions:

Referrals for special education eligibility screening can be greatly reduced by using an effective prereferral intervention model.

Our experiences with ISTs in Pennsylvania have been replicated frequently with similar models such as instructional consultation teams, problem solving teams, Project ACHIEVE and other models throughout the country. In both published studies of these models as well as reports from practitioners, we know that there is a large group of students who can learn if supported interventions are delivered before pervasive learning problems and learned helplessness develop. Some of these students display rapid growth in

their learning rates when provided with effective instruction. Others may continue to need support throughout their school career, but nonetheless can be effectively educated in a general education setting without special education.

The testing process itself, as it is typically implemented, leads to over-identification.

Without a procedure for early intervention, schools typically rely on the so-called "refer-test-place" practice. It is well known that testing itself, without early intervention, often leads to three types of placement errors. First, students who are academically deficient and resistant to good instruction may still not qualify for special education services because they lack a discrepancy from their assessed intelligent quotients. These students are often identified as slow learners, and in essence are expected to fail. The second error occurs when students with higher IQs with marginal problems are identified for special education because their academic achievement is discrepant from their intelligence, even if these deficiencies could be addressed adequately in the general education program. Finally, testing as the sole identification procedure may result in disproportionate representation of minority students and English language learners in special education programs. Many school personnel will report that not only are there too many students being identified as learning disabled, but the wrong students are qualifying for these programs.

The best way to identify the right students as eligible for special education is by appraising their response to effective instruction.

There is now a 20-year history of research and practice in methods that would allow schools to identify students as eligible for special education through an evaluation of their response to effective instruction. Through methods such as curriculum-based measurement, schools can assess students' rate of learning while they are being provided with strategies that are research-based and supported by instructional support teams. These measurement procedures not only guide the intervention process in a search for what will work for the student, but also produce a reliable and valid set of data that can be used in the eligibility process. With these methods, we can identify students who are not only discrepant from grade expectations, but also those who show resistance to instruction even when carefully taught.

There needs to be a fully funded early literacy program that provides intensive intervention for students who are at risk for not learning to read by the third grade.

The current identification process leading to identification of learning disabilities and other disabling conditions has been correctly criticized because needed special education programs are not delivered until students are discrepant enough from their expected levels, typically in third grade or beyond. By that time, the window for establishing early literacy is passed, and it becomes increasingly difficult to bring students to expected levels of achievement. It is difficult to identify which of the students entering elementary school who show signs they will have difficulty learning to read will ultimately be classifiable as learning disabled. We can, however, identify which students are in need of intensive and timely early literacy programs, and we are very heartened by recent research that shows that these interventions (e.g., phonological and phonemic awareness training) have impressive results with children. These students should not be identified as eligible for special education to receive needed services. Rather, school districts should be allowed to utilize special education funds for early interventions in a non-categorical format, as a method to determine who will ultimately need long-term special education services.

There needs to be coordination at the federal, state, and local levels among federal programs that address overlapping issues such as the development of literacy.

It matters little to school districts which funding stream is utilized to provide needed early intervention. For most school districts, administrators try to patch together federal, state and local funds to provide needed programs. However, with different funding streams, different and often competing mandates result in fragmented educational programs that do not articulate well with each other. It is not unusual to find persons with jobs titles such as special education teacher, remedial reading teacher, and remedial math teacher all working in uncoordinated ways in the same school, while large numbers of students continue to fail to meet basic competencies. There needs to be clear directions to school personnel that services should be coordinated so that a seamless system that prevents students from "falling between the cracks" can be developed. Again, under the direction of the building principal, instructional support teams can be especially useful in assuring that the continuum of services works for children.

Teachers, administrators, and related services personnel address students' needs best when they work together in prereferral teams like instructional support teams.

As schools endeavor to provide services so that all children receive effective educational programs, coordination through a core team, like an instructional support team, is extremely beneficial. Not only can such teams provide assistance to teachers in dealing with individual students who require special interventions, they can also monitor which students are falling behind or are developing problems, so that services can be coordinated so students get the help they need when they need it. Recently developed procedures such as data mining can be especially useful in the hands of building-based teams.

The preamble to the 1997 amendments of IDEA articulated the problems with the over-identification of students as eligible for special education and identified prereferral intervention as an effective technique for assuring that only students who have verifiable disabilities are provided with special education. Unfortunately, in spite of this assertion in the preamble, there was no language in the law itself that stipulated a formal prereferral process. It is time to consider specific language that directs the development of these teams in all schools.

The screening and early identification process needs to address students' emotional and behavioral needs as well as their academic needs.

Much of the focus of this discussion has been on early literacy and the attendant problems of identification of learning disabilities. However, as a school psychologist, I am well aware that a large number of students being identified as needing special education have emotional and behavioral difficulties that lead to both learning and adjustment problems in school. The screening and evaluation process needs to emphasize procedures and interventions for behavioral as well as academic difficulties. The National Academy of Sciences report on minority students in special and gifted education found that the second most common reason for referrals to special education is school behavior. As such, an equal amount of attention should be placed on interventions that have proven to address behavioral issues and mitigate discipline problems. We will need to provide teachers and other school staff with the necessary professional development to address these behaviors through positive behavioral supports.

In summary, we have argued many of the issues raised today for decades. We are now at a point where research has caught up with rhetoric. I

believe that the recommendations that I have made would increase the effectiveness of the general education program which provides services for at-risk students, would facilitate the prevention of academic and behavioral difficulties at primary and intermediate grades, and would reserve needed special education services for those students who are truly eligible.

Thank you for this opportunity to address this forum.

Joseph F. Kovalski, D.Ed  
Director of Pupil Services  
Cornwall-Lebanon School District  
105 E. Evergreen Road  
Lebanon, PA 17042  
717/272-2031 (office)  
717/274-2786 (fax)  
Email (office): jkovalski@clsd.k12.pa.us

### **Publications about Instructional Support Team (IST)**

Brainstorming helps educators address concerns. (1996). Inclusive Education Programs, 3, 1, 11-12.

Conway, S. J., & Kovalski, J. F. (1998). A model for statewide special education reform: Pennsylvania's instructional support teams. International Journal of Educational Reform, 7(4), Oct. 1998, 1-7.

Hartman, W. T. & Fay, T. A. (1996). Cost-effectiveness of instructional support teams in Pennsylvania. Journal of Education Finance, 21, 555-580.

Kovalski, J.F. (in press). Best practices in implementing pre-referral intervention teams. In A. Thomas and J. Grimes (eds.), Best practices in school psychology IV. Washington, DC: National Association of School Psychologists.

Kovalski, J. F., Gickling, E. E., Morrow, H., & Swank, P. (1999). High versus low implementation of instructional support teams: A case for maintaining program fidelity. Remedial and Special Education, 20, 170-183.

Kovalski, J. F., Tucker, J. A., & Duffy, D. J. (1995). School reform through instructional support: The Pennsylvania initiative (Part I). NASP Communiqué, 23, 8 (insert).

Kovaleski, J. F., Lowery, P. E., & Gickling, E. E. (1995). School reform through instructional support - The instructional evaluation: The Pennsylvania initiative (Part 2). NASP Communiqué, 23, 14, 16-17.

Kovaleski, J. F., Tucker, J. A., & Stevens, L. (1996). Bridging special and regular education: The Pennsylvania initiative. Educational Leadership, 53, 44-47.

### Publications about Prereferral Intervention

Batsche, G.M. & Knoff, H.M. (1995). Project AHIEVE: Analyzing a school reform process for at-risk and underachieving students. School Psychology Review, 24, 579-603.

Carter, J., & Sugai, G. (1989). Survey of prereferral practices: Responses from state departments of education. Exceptional Children, 55, 298-302.

Chalfant, J.C. & Pysh, M.V. (1989). Teacher assistance teams: Five descriptive studies on 96 teams. Remedial and Special Education, 10, 49-58.

Flugum, K. & Reschly, K. (1994). Prereferral interventions: Quality indices and outcomes. Journal of School Psychology, 32(1), 1-14.

Fuchs, D., Fuchs, L.S., & Bahr, M. W. (1990). Mainstream assistance teams: A scientific basis for the art of consultation. Exceptional Children, 57, 128-139.

Fuchs, D., Fuchs, L.S., Bahr, M.W., Fernstrom, P. & Stecker, P.M. (1990). Prereferral intervention: A prescriptive approach. Exceptional Children, 56, 493-513.

Graden, J. L., Casey, A., and Bonstrom, O. (1985). Implementing a prereferral intervention system: Part II. The data. Exceptional Children, 51: 487-486.

Graden, J.L., Casey, A., & Christenson, S.L. (1985). Implementing a prereferral intervention system: Part I. The model. Exceptional Children, 51, 377-384.

Nelson, J.R., Smith, D.J., Taylor, L., Dodd, J.M., & Reavis, K. (1991). Prereferral interventions: A review of the research. Education and Treatment of Children, 14(3), 243-253.

Rosenfield, S. (1987). Instructional consultation. Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.

Rosenfield, S. & Gravois, T. (1996). Instructional consultation teams: Collaborating for change. New York: Guilford.

Safran, S. P. & Safran, J.S. (1996). Intervention assistance programs and prereferral teams: Directions for the twenty-first century. Remedial and Special Education, 17, 363-369.

Schrag, J.A. & Henderson, K. (1996). School-based intervention assistance teams and their impact on special education. Alexandria, VA: National Association of State Directors of Special Education.

Sindelar, P.T., Griffin, C.C., Smith, S.W. & Watanabe, A.K. (1992). Prereferral intervention: Encouraging notes on preliminary findings. The Elementary School Journal, 20, 388-408.