

How To Make A Million Dollars Teaching In Utah

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How Do You Make A Million Dollars, Teaching In Utah?

- a. Teach one million hours
- b. Teach one million children
- c. Write one-hundred thousand career ladder proposals
- d. Work part-time at Wall-Mart
- e. All of the above

I teach because there are some things worth knowing, and therefore worth sharing. I teach because it is my passion, and I teach because it is my conviction that learning and sharing useful strategies and techniques can make a difference in the lives of students with disabilities and their families. Why do YOU teach? Would you rather teach children and youth, or complete compliance and related paperwork?

Diagnosis And Assessment: Who Cares???

With the exception of perhaps Al Gore, few would support the notion that the clerical tasks of special education have lessened over time. Much of the increased paperwork tasks are related to legal and compliance issues, but not all. Proper diagnosis and assessment of learning problems IS time consuming, and DOES involve tasks that may take the practitioner away from teaching children. Why then should we learn and practice new or improved diagnostic and assessment strategies?

How can we as teachers design and deliver an individualized program of instruction if we cannot base our choices on an accurate diagnosis and assessment of cause(s) of learning failure? Do physicians skip the diagnosis of the medical complaint and advance directly to the treatment? Differential diagnosis and assessment strategies will improve teaching, and improve outcomes for children and youth with disabilities. A full and complete initial evaluation will save teachers time, in that assessment results will yield strategies that are designed specifically for that student, based on pertinent data.

Assumptions of differential diagnosis and assessment of learning problems in schools:

- Assessment without diagnosis does not support students and teachers.
- Assessment that leads to qualification, but does not lead to better teaching/learning does not support students and teachers.
- Assessment that only yields an IQ score and confirms a student's academic weakness does not support students and teachers.
- Assessment that does not relate to typical school-based tasks does not support students and teachers.
- Some students demonstrate school failure, but standardized assessment does not yield an aptitude/achievement discrepancy, and they do not "qualify" for special education services.
- Some students "qualify" for special education services according to the discrepancy estimator, but do not require specialized instruction.



- Some teachers rely on a statistical discrepancy formula, rather than on a full understanding of the diagnostic data and professional team experience.
- Traditional aptitude/achievement discrepancy procedures may give a false image of a special education student's aptitudes and limitations, leading to the under-identification of students with certain processing disorders.
- There is a marked lack of alignment of qualification and assessment criteria between qualification for services under IDEA'97 for school age individuals, and the Americans With Disabilities Act (ADA) for individuals no longer attending school. Many students who qualify as having specific learning disabilities in school do not qualify as having learning disorders as adults, and are not eligible for adult support services.

This is the first installment in an ongoing series of articles on the diagnosis, assessment and treatment (intervention) of learning problems in school age children and youth. The opinions and observations expressed are those of the author, and do not necessarily align with or reflect those of the Utah State Office of Education (USOE) as delineated in the Special Education Rules (June 2000). All practitioners are encouraged to consult the USOE Special Education Rules for further legal information and guidelines. Readers with differing viewpoints or perspectives are encouraged to dialogue with the author, and submit rebuttals or articles to the *Utah Special Educator* to present their perspectives.

Diagnosis and assessment is not the same thing.

Diagnosis: choosing one of a set of labels that best fits an individual's difficulties and (insofar as possible) their origins. This is the WHAT in the disability, and a differential diagnosis is essential in identifying or labeling the learning difficulty or disorder. This is analogous to the medical model, in which the practitioner must first identify and categorize the salient set of characteristics demonstrated, in order to provide appropriate treatment. For example, some symptoms of the common cold and influenza may appear similar to the average person, but to the trained professional, the treatment of each is very different. Educators may consider the medical model when designing interventions to address school failure. The better (or more precise) the diagnosis, the higher prediction of success using appropriate validated practices.

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Assessment: Any procedure that measures or describes. This often refers to integration of several pieces of information, in order to reach a judgment about an individual's mental health or fitness for an assignment. If you own real property or an automobile, you are familiar with the assessment process. Assessment refers to the process of determining how much, or to what extent, something is related to other somewhat similar things. The assessment process (formal and informal) is described as a team process under IDEA'97. Strategies and measures used are chosen by the team in consultation with the USOE rules, and are related to the referral question. For example, if the referral is for reported reading comprehension difficulties, then the team designs a strategy of assessment that will compare the student's present level of achievement in this area to other students of approximately the same age.

Use The Best Tool For The Job

There are many valid and reliable instruments available to professionals designed to diagnose and assess the range of disabling conditions as outlined in the USOE state rules and regulations and IDEA'97. A list of those measures approved for use in Utah can be found in the state rules and in the latest version of the Estimator (7.0). It is the purpose of this series of articles to outline the advantages of a new tool with a wide range of utility in the diagnosis, assessment and intervention of learning problems in individuals throughout their lifespan.

Thirteen reasons to consider adopting and using the WJ III in the diagnosis and assessment of learning problems:

1. New norms on a large representative population sample, ages 2-90+. Advantages of using the same instrument throughout the life span are many, and data obtained is extremely useful for individuals transitioning from school to work or higher education.
2. Increased validity/utility of diagnostic information for early childhood populations. Special consideration was given by the test authors to provide useful information for kindergarten age children who may be experiencing learning difficulties.
3. Further refinement in Carroll-Horn-Cattell (C-H-C) model of cognition, highly related to typical school tasks.
4. Yields standardized scores, Ages 2-90+ in all seven specific learning disabilities areas (only 6/7 approved for qualification use have been approved by USOE at this time).
5. Addresses the need for identifying the "...disorder in a basic psychological process" as outlined by the federal definition of specific learning disability. Diagnoses the reason or background for learning failure, according to one of seven intracognitive processing domains, most highly related to typical school tasks. These include: 1) Comprehension-Knowledge; 2) Long-Term Retrieval; 3) Visual-Spatial Thinking; 4) Auditory Processing; 5) Fluid Reasoning; 6) Processing Speed, and, 7) Short-Term Memory. In the C-H-C model employed by the WJ III, the underlying cognitive causes of learning failure are identified, leading to the identification of appropriate accommodations or modifications as required for that student to access the general curriculum.
6. Increased bilingual utility, including Spanish responses and Cognitive Academic Language Proficiency (CALP) scores. The WJ III allows practitioners to accept correct responses in either English (preferred), or Spanish in most of the cognitive subtests and three of the achievement subtests. The diagnostic inter-relationship between data from the WJ III and other measures, such as the WJ Language Survey, Bilingual Verbal Abilities Test (BVAT) and the Universal Nonverbal Intelligence Test (UNIT) can assist practitioners to differentiate English Language Learners (ELL) without

specific learning disabilities from ELL students with disabilities.

7. Predicted achievement cluster scores in reading, mathematics, written expression and oral language. This provides a comparison between a student's predicted level of achievement (potential) and his/her present level of educational performance (PLEP). For teachers, this helps to answer the question of whether a student is working to his/her potential at the present time, or whether further instruction is warranted.
8. Increased diagnostic utility of reading problems, with Phonemic Awareness cluster and Phoneme/Grapheme Awareness scores and assessment subtests. Phonological awareness is identified in the professional literature as the best predictor of early reading acquisition, and early identification of a processing weakness may indicate the need for early intervention strategies.
9. New achievement subtests to measure the importance of cognitive fluency (three new subtests) and achievement fluency (automaticity) in reading, mathematics and written expression.
10. New Attention/Concentration cluster score to differentiate those problems related to specific learning disabilities, versus attention (NOT diagnosis/replacement of ADHD). Four subtests measure different facets of attention to pinpoint possible weaknesses, which may be related to school failure.
11. New subtests to examine working memory, identified in the professional literature as related to attention. Examination of working memory skills may provide practitioners with information on a student's ability to perform the complex task of holding information in awareness while performing a complex mental operation on it.
12. Computerized scoring and brief interpretive report (in English or Spanish) included with the cognitive and achievement test kits. Practitioners can choose from many different levels of interpretation, discrepancy procedures, and can add or delete information in a word processing program for a more extensive written report. An expanded version of the interpretive report writer is expected to be available sometime in 2001-2002.
13. A teacher-friendly WJ III Compuscore and Profiles Program which yields actual discrepancy norms, not estimates of discrepancy, and assists IEP teams in the identification and qualification of students with true specific learning disabilities.

The price of obtaining new knowledge and understanding different procedures regarding testing is never cheap, and often the learning curve appears steep. What teacher has copious free time? Yet, who would knowingly patronize a medical, legal or financial professional who has not upgraded their skills with knowledge of the newest validated information and practices. As educational professionals, should we demand anything less of ourselves and of each other? This author has found the WJ III to be an incredibly powerful educational tool worthy of examination and adoption. Assessment results have the power to significantly improve outcomes for students with disabilities. The diagnosis and assessment information available will assist practitioners and IEP teams to identify reasonable and required accommodations and modifications necessary for students to access the general curriculum. Is this not why you teach? Would this be worth learning? Is it worth a million dollars in teacher effectiveness and student learning?

Training in the administration and interpretation of the WJ III is available to interested school districts and institutions of higher learning in Utah. Contact this author at the Utah Professional Development Center (UPDC, formally the Utah Learning Resource Center, ULRC) for further information 801-272-3431. ■