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Collaboration Models and Projected Outcomes for School-Based Language Therapy: Sampling the Buffet

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ABSTRACT

It is evident through the research on collaborative and classroom-based language therapy that certain program outcomes are commonly envisioned for successful collaborative interventions. This report provides a synthesis of the research and describes a number of considerations for planning collaborative service delivery. Suggestions are given for demonstrable outcomes for teams to specify and attempt. Particular aims are suggested for professionals to consider when providing classroom-based services that coordinate language therapy services and reading/language arts instruction.

DAVID AND ME: A VIGNETTE

It was the last week of the school year, a balmy day in June. I was providing contract services to children attending an excellent elementary school in an affluent community. My first session of the morning was with David, a boy with developmental learning and motor delays whose primary placement was in an academically rigorous third grade class.

David and I had worked one-on-one for an hour per week all year. I'd spent many hours preparing challenging language-based work for him, some that interfaced with his classroom work and some that targeted specific IEP language objectives. At his parents' request, I'd designed weekly homework assignments that he had faithfully completed with parent input. We'd worked consistently and I felt quite accomplished in many of our outcomes, particularly in that I'd helped him learn a lot about constellations, a difficult topic being covered in his science curriculum.

David and I had a good rapport and I think we understood each other. He was on his way to becoming a young man with a dry sense of humor and a preference for keeping his feelings pretty much to himself. We spent our last session together wrapping up some work. I was just about to present him with the customary speech-language therapy parting trinkets—flashy stickers, erasers in the shape of comical figurines, novelty pencils—when I looked

up and saw David's lips and chin were quivering and his eyes were filled with tears.

"Mrs. Pershey," he said tentatively, "I like you and I don't want you to be mad at me."

"No, David, I won't be mad. What's wrong?" I said, feeling somewhat tentative myself.

His first sob escaped him, and then several others. Finally he said, "It's just that I don't want you to be my teacher next year."

I was pretty surprised by that. "Why not?"

Through his tears, he explained, "I have so many teachers. My regular teacher, and the teachers that come to my class, and the tutors that I go to see during school, and the speech teacher in my class, and you, and the OT during school, and the special gym teacher, and the PT after school, and the soccer coach, and the karate teacher, and the piano teacher, and Sunday school, and all those people at camp during the summer. I thought you'd be the one who wouldn't mind it if I quit."

"Are you quitting any of the others?"

"If I can."

So, effectively, I'd been fired by a nine-year old. David explained that he was afraid to discuss his problem with his parents, so he figured that he'd just dismiss me directly and they'd never find out. What I had been about to tell David before he offered his confession was that the temporary caseload increase that had caused his district to hire a contractor was resolved and I would not be back in the fall. But I also had to tell David that this would probably not help him with his problem of too many teachers. A staff speech-language pathologist would probably just replace me. He needed to let his parents know that he felt very stressed.

"Would you do it?" he asked.

Given his trust in me, how could I refuse? I called his mom, and she agreed to come to school to see the building SLP and me. When I told her how I'd been discharged of my duties, she laughed, then she cried. The other SLP and I were a little misty, too, as I recall. We agreed that his parents' concerns and the interventions that they and their school could provide had become too much of a good thing.

The result? The team met to explore ways that staff could collaborate on David's behalf. Territories needed to be let go while specialists' areas of expertise would still be utilized. It was decided that there needed to be a learning center in David's classroom where he and other children could work with specialists in a more contextual setting. The atmosphere in David's home needed to change from "The more you do, the better you'll be" to "Let's choose what really matters and concentrate on doing it well." It was planned that David and the building SLP would meet in his classroom to work on the parts of the grade four social studies curriculum that involve written language and comprehension of abstract concepts. He'd also attend adaptive physical education and karate class. The classroom teacher and SLP would confer with the resource and learning disabilities teachers, PTs and OTs as needed, allowing David to simplify his life.

WHAT'S REALLY NEEDED IN COLLABORATIVE SERVICE DELIVERY

Collaborative service delivery is needed for a multitude of reasons. Sometimes, as in David's case, the need arises from a surplus of special education efforts. More likely, the need results from shortages of personnel and time or from a district philosophy that supports integrating special needs services. It's important to note that the rationale for collaboration is likely to be unique to each setting, just as the need for collaboration in David's setting was unique to the circumstances of his particular family and school.

Numerous reports describe how collaborative service delivery is envisioned. In order for collaborative service delivery to become a reality, it is imperative that each setting examine its own needs, resources, philosophies, curriculum, scheduling, and geography. Perhaps most importantly, it is important for a team to set up realistic target outcomes for a collaborative model that the team predicts they have a good chance to achieve.

I have reviewed several sources of information on collaborative models of speech-language service delivery, particularly those pertaining to coordination of language intervention with reading and language arts instruction. I've also reviewed ideas for adapting reading/language arts instruction for students with language concerns and examined several books on school reform. Taken together, these findings imply a "buffet" of outcomes that can suggest program design to school-based SLPs and their collaborators, who are likely to be regular education classroom teachers but may also be reading/language arts teachers, reading specialists, resource and learning disabilities teachers and tutors, special education classroom teachers, or other personnel involved in providing reading and/or language instruction to students with language concerns. Also mentioned in this report are resources on staff development and rethinking school culture that may aid schools or districts in their attempts to provide collaborative models of service delivery. I hope that reading this summary of considerations can help teams plan the collaboration outcomes that will be successful at their sites. Keeping these overall collaboration outcomes in mind

may assist teams in planning students' specific behavioral outcomes that are contextual and relevant to classroom success.

So, as you read through this research summary, dig in heartily to the buffet of ideas presented. But also be aware that children's appetites can fluctuate—at times they consume smaller portions than adults would wish to dole out, while at other times their capacities are surprising—so prepare children's portions to meet their needs and be responsive to how their needs change. Bon Appetit!

COLLABORATION MODELS AND PROJECTED OUTCOMES: SAMPLING THE BUFFET

I. SAMPLING RATIONALES FOR COLLABORATIVE SERVICE DELIVERY

A review of the literature reveals several well-stated rationales for collaborative service delivery. It appears that similar considerations are often cited throughout the research. In summary, rationales for collaboration address the following circumstances and needs.

Perceptions of Differences:

- Students who leave class for special services may miss important parts of classroom academics and socialization. Their absence from aspects of classroom life promotes a perception of these students as deficient and as requiring quasi-medical interventions. Collaborative service delivery promotes a vision of classrooms as learning communities that permit flexible demands for students with varying abilities.
- Inclusive services allow children with typically developing language that to learn that they are more like the students with language limitations than they are unlike them, thus minimizing perceptions of differences. For instance, engaging in frequent interactions allows regular education students to learn when it's appropriate to ask their special needs peers if they need help and when to refrain from doing so. One study (Marmer, 1997) reported that regular education students were found to be more accepting and understanding of special needs peers following their experience in an integrated classroom.

Peer Relations:

- Inclusive services allow children with language concerns to be exposed to typically developing peers and learn from their examples.
- Inclusive services may alleviate the sense of isolation that may be felt by students who spend a large part of the day separated from their classmates and may reorient a student's perception of school from a place where he confronts his deficits every day to a place where he achieves functional outcomes as a member of a learning community.

Classroom Performance:

- Language therapy in the regular education classroom that mirrors instruction planned for the whole class has greater authenticity and relevance for special needs students. Students see direct application of what the SLP is teaching. Differences in contexts may make it impossible for classroom application of skills learned in pull-out therapy to ever occur (Falk-Ross, 1997). In-class activities can be designed so that there is an immediate need for generalization of target skills or strategies. Students are not left to wait for the opportunity to apply the behaviors that the SLP has been teaching them. SLPs are present to cue students to appropriate times for using target behaviors.
- Working on curricular objectives relieves students of additional pull-out therapy objectives. This may reduce stresses and demands students are experiencing, especially those students who receive multiple interventions from a variety of professionals.
- SLPs become familiar with the classroom curriculum and social climate and are better able to interpret these perceptions to the students on their caseloads. In-class language therapy uses therapy time to teach behavior patterns that will allow students with language concerns to adapt to a their classroom environment.

II. SAMPLING COLLABORATION OUTCOMES

Of the 5.4 million special education students in the United States today, 43% are in inclusion programs of some sort for at least 80% of the school day (McLaughlin, 1997). Even given this number of programs, no two sites may find their programs and outcomes to be exactly alike. Collaborative models of service delivery need to be defined locally, contextually, and flexibly. Configurations for partnerships require regular review and revamping as needed. Frequent team dialogue about goals and instructional strategies is a must. Professionals need the autonomy to design programs that reflect their own educational philosophies in accord with district, state, and federal mandates. It is evident throughout the research that the following interdependent outcomes are commonly foreseen for successful collaborative interventions.

Team Participation:

- All team members sense ownership of the collaborative process. No one feels that he or she doesn't know the "right way" to plan and teach in collaboration.
- All team members become involved in developing IEPs and can and do follow them. Professionals agree on IEPs to which they can realistically adhere and which list outcomes that the team agrees are functional and relevant for students. The team process fosters professional respect and equality. Any sense of polarization between regular and special education is minimized.

IEP team leaders are organized and democratic. Everyone's need to be involved in decision-making is honored, and decision-making is approached systematically (Donaldson & Christiansen, 1990; Landerholm, 1990). Team members who have perceived themselves as overwhelmed or disempowered are given voice.

- Teams try to anticipate problems that might arise and discuss them ahead of time. Is there consistent and sufficient administrative backing? Are students' families supportive—how have public relations efforts been going? Have collaborating professionals had a say in the compositions of the classes they will be teaching together, or must they adjust to some unknowns? What sorts of disabilities do students have, and how familiar are staff with these conditions? How is time arranged? Will there be interruptions to continuity of service? Are materials appropriate and sufficient? Will noncaseload students be distracted by multiple activities taking place in their classroom or be under-stimulated by multi-level instruction?
- There is a plan in effect for ongoing information gathering by team members that will facilitate review of the outcomes of the collaboration. Teachers and therapists function in part as researchers, utilizing methods of documenting team process outcomes that may include custom designed outcome analysis forms, team members' journal entries, notes of discussions and consultation sessions, and write-up of anecdotes and vignettes of the collaboration process. Ownership of program evaluation can help keep all team members involved and optimistic that changes for the better can be implemented when participants document the need.
- Parents of students with and without IEPs are primary participants in collaborative service delivery. Parents are involved in the classroom for a wide variety of activities, both academic and social.

Administrative Support:

- Administrators commit to providing teachers and SLPs with co-planning time during contracted work hours. Flexible, differentiated, or rotating scheduling is implemented when needed to deliver service and provide planning time.
- Caseload size is reasonable enough to allow SLPs time to design contextualized interventions that are integrated with curriculum at a variety of grade levels.
- Educators and SLPs are given opportunities for professional development, networking, and mentorship that will foster collaborative service delivery. Professionals who feel that their preservice education and inservice training to date have not included information that is needed to foster collaboration must identify for themselves what they need to learn and where they will go to learn it. For example, a SLP may want to enroll in a uni-

versity course on children's literature and a classroom teacher may want to attend a workshop on language development in children with attention deficit disorders. It may be necessary for professionals and administrators to identify sources of internal and external funding for professional development.

- All team members are provided with information on technical supports (internet access, e-mail, distance learning, teleconferences) that might benefit their collaborative efforts and access to these is provided whenever possible.

Flexibility:

- Differentiated models of service delivery are offered at the preschool, elementary, middle, and high school levels. At each level a continuum of placements and supports allows for case by case decisions on providing students with the least restrictive educational environment for receiving language therapy (Willis, 1994).

III. SAMPLING SPECIFIC OUTCOMES FOR LANGUAGE INTERVENTION COORDINATED WITH READING/LANGUAGE ARTS INSTRUCTION

SLPs can develop strategies for coordinating language therapy with reading/language arts teaching by examining journals and texts geared to teachers of preschool, elementary, middle, or high school reading/language arts. A monthly perusal of two journals in particular, *The Reading Teacher* and *Language Arts*, is an excellent way to begin.

SLPs might consider of the following suggestions for coordination of reading/language arts instruction with language therapy.

Assessment:

- Assessment is conducted for the purpose of instructional problem solving and to gain a descriptive review of the child (Carroll and Carini, 1991). Assessment done by SLPs is relevant to students' school success and shows a student's preparedness for specific aspects of classroom instruction (Rakes, 1990).

SLPs can use alternative and informal assessments of reading/language arts behaviors to inform language therapy objectives. Determining objectives is often completed more efficiently by examining a student's classroom performance (via observations that track and monitor performance, work samples, written profiles of the student, interviews with students, parents, and teachers, review of records, and team meetings) than by administering standardized tests. Tests may only identify deficits in language splinter skills that may not add up to competent language performance in the classroom.

Reassessment should reveal where classroom performance has improved and findings will inform the direction that subsequent instruction will take.

Instructional Design:

- IEP goals and objectives for caseload students are kept foremost in mind by the SLP but are integrated as seamlessly as possible into classroom content and instructional practices. Instruction is context based, rather than deficit based (Iskowitz, 1997A). IEP objectives "complement traditional educational goals rather than vie for time with them" (Iskowitz, 1997B, p. 6). This would require IEP writers to examine actual curricular demands and content area standards and to cluster relevant objectives.
- Language therapy parallels the reading/language arts tasks demanded of the other students in the class. Teachers and SLPs work together to choose assignments to target both curricular and IEP objectives. Interventions that help students be in touch with classroom demands and that improve motivation, participation, and self-awareness in the classroom are key. Coaching strategies, multi-sensory learning, modeling, and using different forms of feedback are a part of the intervention process (Norris, 1989; Falk-Ross, 1997).
- Reading/language arts instruction serves in part as a vehicle for strengthening the social relations and friendships of all of the students in the class. Membership in the classroom community of learners is not diminished for students with language concerns.
- Teachers and SLPs are cognizant of whole language teaching approaches and are in agreement on how to best utilize these approaches in mixed-ability classrooms. Functional outcomes for students include interacting with interesting and motivating language "wholes" (e.g., tradebooks, fairy tales, authentic correspondence, songs, environmental print) as well as gaining the ability to take apart language and examine its parts (e.g., main idea sentences, suffixes, punctuation, phonology) and, perhaps most importantly, reassembling the parts to use language to be meaningful and situationally correct (Chaney, 1990; Hoffman, 1990; Westby & Costlow, 1991; Hoffman & Norris, 1994).
- In-class language therapy is scheduled for sufficient blocks of time to allow for facilitating the student's participation in student-teacher discourse routines, such as question and answer sessions, as well as in peer discourses such as cooperative learning activities (Falk-Ross, 1997).
- SLPs can utilize hypermedia programs to design of customized software, adaptable to any student's needs.

Collaborative Teaching:

- Collaborative teaching may alleviate the sense of isolation from the school curriculum that may be felt by SLPs who only or primarily provide pull-out services. A

primary concern of SLPs is that they are unfamiliar with regular education curricula, guided courses of study, and grade level performance objectives (Chester, 1996; Disney, Givler, & McGraw, 1996; Iskowitz, 1997B, Iskowitz, 1997A).

- Collaborative interventions are based upon the regular education curriculum but do not merely deliver the curriculum. As curriculum is being addressed, collaborating SLPs are not just duplicating the teacher's role. SLPs are modifying curricular demands and teaching students strategies to complete academic tasks.
- Role differentiation between teacher and SLP is determined by the teaching partners to suit their own styles and needs (Casby, 1988; Hoffman, 1990; Chester, 1996; Elksnin & Capilouto, 1994; Falk-Ross, 1997). Shared decision-making leading to mutually agreed upon expectations is a desirable outcome. SLPs are never under-utilized as tutors or teachers' aides in the classroom. SLPs work with small groups, large groups, whole classes, pairs, and individual students. SLPs and teachers agree on issues such as disciplinary style and whether teachers will leave the room during the SLP's instructional time. Designing a learning center, communication center, or conference center where the SLP and caseload and non-caseload students can have a home base may facilitate students' perceptions that the SLP is an integral part of their classroom routine (Falk-Ross, 1997).
- Collaborating professionals may design record-keeping forms to document what is done by SLPs in the classroom every session, whether that is direct teaching one-to-one, facilitating small groups, leading the whole class, circulating to assist with seat work, consultation with teachers, modifying materials, supplying alternate materials, reviewing student work, updating student records, reassessing progress, etc. Teachers might also document their reactions, questions, comments, and suggestions after every session to provide feedback to the SLP.
- SLPs and teachers coach typically developing children to peer tutor students with language needs; sometimes, language-identified children also tutor their peers. A sense of partnership in learning can grow. Be aware, however, that too many peer tutoring responsibilities can cause students to burn out and feel a sense of resentment toward teachers and special needs students.
- Regular education teachers may feel unprepared to teach students with language needs who are in their classrooms (Iskowitz, 1997A). SLPs may facilitate teachers' sensitivity to the needs of students with language concerns and bolster their confidence and skill by providing teachers with informational materials such as a glossary of terms used by SLPs or a summary of language development expectations for a given age range. When SLPs provide these materials, effectiveness might be facilitated by scheduling a date to meet with the teacher to follow-up on the teacher's understanding and

application of the information that was provided (Andover Public Schools, 1981; Knoff, McKenna, & Riser, 1991; Pershey, 1992; Pershey, 1993).

- Modelling is mutual and comfortable. Classroom teachers and SLPs share teaching strategies and other skills with a sense of partnership and collegiality in an atmosphere that is supportive of risk-taking. The aim is to become "knowledgeable about the other's scope of practice" (Iskowitz, 1997A, p. 46) and to cross over to the techniques and materials of other disciplines to increase one's repertoire of teaching behaviors. This may also allow teachers to feel more adept when the SLP is not present.

CONCLUSIONS

Empowering professionals, reaching all children who need assistance, providing classroom modifications, individualizing expectations, and promoting classroom success are suggested as primary outcomes of collaborative service delivery. Collaboration allows professionals to focus language intervention on the student's main "jobs" in life—attaining meaningful learning and enjoying positive social relationships at school. The ultimate outcome of collaborative efforts may be a synergistic effect on service delivery.

DIRECTIONS FOR FUTURE RESEARCH

I am interested in interviewing and documenting the successes of effectively collaborating teams. If your team would like to be interviewed, please contact me at m.pershey@csuohio.edu or pershey@en.com. I am also forming a newsgroup to share collaboration information. The newsgroup will provide networking information such as suggestions for collaborative teaching, readings, conferences, and contacts for SLPs who would like to become a mentor or mentee of other SLPs who provide collaborative service delivery. Please contact me by e-mail to receive the newsgroup address.

RESOURCES*

- American Speech-Language-Hearing Association. (1989). *School meeting kit*. Rockville, MD: American Speech-Language-Hearing Association.
- American Speech-Language-Hearing Association. (1991). A model for collaborative service delivery for students with language-learning disorders in the public schools. *Asha*, 33 (Suppl. 5), 44-50.
- Bird, J. et.al. (1995). Phonological awareness and literacy development in children with expressive phonological impairments. *Journal of Speech and Hearing Research*, 38 (2), 446-462.
- Blum, R.E. & Arter, J.A. (1996). *A handbook for student performance assessment in an era of restructuring*. Alexandria, VA: Association for Supervision and Curriculum Development.

*Consult When Envisioning Outcomes for Collaborative Service Delivery

- Bryte, K. *Classroom intervention for the school-based therapist: An integrated model*. San Antonio, TX: Communication/Therapy Skill Builders.
- Bush, C.S. *Collaborating with teachers and parents: Methods, materials, & workshops*. San Antonio, TX: Communication/Therapy Skill Builders.
- Buttrill, J., Niizawa, J., Biemer, C.T., & Hearn, S. (1989). Serving the language learning disabled adolescent: A strategies-based model. *Language, Speech, and Hearing Services in Schools*, 20 (2), 185-204.
- Caine, R.N. & Caine, G. (1997). *Education on the edge of possibility*. Alexandria, VA: Association for Supervision and Curriculum Development.
- Catts, H.W. & Kamhi, A.G. (1987). Intervention for reading disabilities. *Journal of Childhood Communication Disorders*, 11 (1), 67-79.
- Catts, H.W. (1991). Facilitating phonological awareness: Role of speech-language pathologists. *Language, Speech, and Hearing Services in Schools*, 22 (4), 196-203.
- Coufal, K.L. (1993). Collaborative consultation for speech-language pathologists. *Topics in Language Disorders*, 14 (1), 1-14.
- Deal, J.E. (1997). Some thoughts on speech language pathology services in the schools. *Communication Matters*, 26 (1), 5.
- Denton, M. & Foley, D.J. (1994). The marriage of special and regular education through inclusion. *Teaching and Change*, 1 (4), 349-368.
- Elksnin, L.K. (1997). Collaborative speech and language services for students with learning disabilities. *Journal of Learning Disabilities*, 30 (4), 414-426.
- Elksnin, L. & Capilouto, J. (1994). Speech-language pathologists' perceptions of integrated service delivery in school settings. *Language, Speech, and Hearing Services in Schools*, 25, 258-267.
- Franklin, E.A. (1992). Learning to read and write the natural way. *Teaching Exceptional Children*, 24 (3), 45-48.
- Gilles, M. (1986). Language through reading. *British Journal of Special Education*, 13 (2), 71-73.
- Ginsberg, M.B., Johnson, J.F., & Moffett, C.A. (1997). *Educators supporting educators: A guide to organizing school support teams*. Alexandria, VA: Association for Supervision and Curriculum Development.
- Goldsworthy, C.L. (1995). *Developmental reading disabilities: A language based treatment approach*. San Diego: Singular Publishing.
- Hargreaves, A. (1997). *ASCD Yearbook: Rethinking educational change with heart and mind*. Alexandria, VA: Association for Supervision and Curriculum Development.
- Hixon, P.K. (1993). An integrated approach to program development. *Topics in Language Disorders*, 14 (1), 41-57.
- Hoggan, K.C. & Strong, C.J. (1994). The magic of "Once upon a time": Narrative teaching strategies. *Language, Speech, & Hearing Services in Schools*, 25, 76-89.
- Hoskins, B. *Developing inclusive schools*. San Antonio, TX: Communication/Therapy Skill Builders.
- Jacobs, H.H. (1997). *Mapping the big picture: Integrating curriculum and assessment K-12*. Alexandria, VA: Association for Supervision and Curriculum Development.
- Jaeger, E.L. (1996). The reading specialist as collaborative consultant. *The Reading Teacher*, 49 (8), 622-629.
- Joyce, B. & Showers, B. (1988). *Student achievement through staff development*. New York: Longman.
- Kendall, J.S. & Marzano, R.J. (1996). *Content knowledge: A compendium of standards and benchmarks for K-12 education*. Alexandria, VA: Association for Supervision and Curriculum Development.
- Kibby, M.W. (1995). *Practical steps for informing literacy instruction*. Newark, DE: International Reading Association.
- Malloy, W. (1997). Responsible inclusion: Celebrating diversity and academic excellence. *NASSP Bulletin*, 81, 80-85.
- Mamchur, C. (1996). *A teacher's guide to cognitive type theory and learning style*. Alexandria, VA: Association for Supervision and Curriculum Development.
- Marzano, R.J. (1992). *A different kind of classroom: Teaching with dimensions of learning*. Alexandria, VA: Association for Supervision and Curriculum Development.
- Marzano, R.J. & Kendall, J.S. (1996). *A comprehensive guide to designing standards-based districts, schools, and classrooms*. Alexandria, VA: Association for Supervision and Curriculum Development.
- McNeill, J.H. & Fowler, S.A. (1996). Using story reading to encourage children's conversations. *Teaching Exceptional Children*, 28 (4), 43-47.
- National Joint Committee of Learning Disabilities (1991). Providing appropriate education for students with learning disabilities in regular education classrooms. *Asha*, 33 (Suppl. 5), 15-17.
- Nelson, N.W. (1985). Teacher talk and child listening—Fostering a better match. In C.S. Simon (Ed.), *Communication skills and classroom success: Assessment of language-learning disabled students* (pp. 65-104). San Diego: College Hill Press.
- Peters-Johnson, C. (1991). *Collaborative Consultation as a Service Delivery Model*. Paper presented at the Massachusetts Speech-Language-Hearing Association Annual Convention.
- Pomperaug, CT Regional School District. (1996). *A teacher's guide to performance-based learning and assessment*. Alexandria, VA: Association for Supervision and Curriculum Development.
- Scala, M. A. (1993). What whole language in the mainstream means for children with learning disabilities. *The Reading Teacher*, 47 (3), 222-229.
- Schon, D.A. (1988). *Educating the reflective practitioner*. San Francisco: Jossey-Bass.
- Semel, E., Wiig, E.H., & Secord, W.A. *CELF-3 observational rating scales*. San Antonio, TX: Communication/Therapy Skill Builders.
- Shapiro, R.B. et al. (1988). The speech-language pathologist: Consultant to the classroom teacher. *Reading Improvement*, 25 (1), 2-9.
- Silliman, E. et al. (1993). Documenting authentic progress in language and literacy learning: Collaborative assessment in classrooms. *Topics in Language Disorders*, 14 (1), 58-71.
- Silliman, E., Wilkinson, L.C. & Hoffman, L.P. (1998). *Assessing and building competence in language and literacy: Children's journeys through school*. San Diego: Singular Publishing.
- Simon, C. (1987). Out of the broom closet and into the classroom: The emerging SLP. *Journal of Childhood Communication Disorders*, 11 (1), 41-66.

Sparks, D. & Hirsch, S. (1997). *A new vision for staff development*. Alexandria, VA: Association for Supervision and Curriculum Development.

Stackhouse, J. & Wells, B. (1997). *Children's speech and literacy difficulties: A psycholinguistic framework*. San Diego: Singular Publishing.

Sylwester, R. (1995). *A celebration of neurons: An educator's guide to the human brain*. Alexandria, VA: Association for Supervision and Curriculum Development.

Thomas, S. & Oldfather, P. (1995). Enhancing student and teacher engagement in literacy learning: A shared inquiry approach. *The Reading Teacher*, 49 (3), 192-202.

Tomlinson, C.A. (1995). *How to differentiate instruction in mixed-ability classrooms*. Alexandria, VA: Association for Supervision and Curriculum Development.

Wallach, G.P. & Miller, L. (1988). *Language intervention and academic success*. Boston: College Hill Press.

REFERENCES CITED

Andover Public Schools. (1981). *Speech Pathologist—consultant to the classroom teacher: A handbook for implementation*. Andover, MA.

Carroll, D. & Carini, P. (1991). Tapping teachers' knowledge. In Perrone, V. (Ed.), *Expanding student assessment*. Alexandria, VA: Association for Supervision and Curriculum Development.

Casby, M.W. (1988). Speech-language pathologists' attitudes and involvement regarding language and reading. *Language, Speech, and Hearing Services in the Schools*, 19 (4), 352-361.

Chaney, C. (1990). Evaluating the whole language approach to language arts: the pros and cons. *Language, Speech, and Hearing Services in the Schools*, 21, 244-249.

Chester, D. (1996). *The role of the speech pathologist in an integrated curriculum: What do SLPs really think?* Unpublished paper, Cleveland State University.

Disney, S., Givler, S., & McGraw, D. (1996). Changes and challenges: The role of the SLP in the schools. *Hearsay, The Journal of the Ohio Speech and Hearing Association*, 11 (1), 43-46.

Donaldson, R. & Christiansen, J. (1990). Consultation and collaboration: A decision-making model. *Teaching Exceptional Children*, 22-25.

Falk-Ross, F. (1997). Developing metacommunicative awareness in children with language difficulties: Challenging the typical pull-out system. *Language Arts*, 74 (3), 206-216.

Hoffman, L.P. (1990). Transdisciplinary team model: An alternative for speech-language pathologists. *Texas Journal of Audiology and Speech Pathology*, 16 (2), 3-6.

Hoffman, P.R. (1990). Spelling, phonology, and the speech-language pathologist: A whole language perspective. *Language, Speech, and Hearing Services in Schools*, 21 (4), 238-243.

Hoffman, P.R. & Norris, J.A. (1994). Whole language and collaboration work: Evidence from at-risk kindergartners. *Journal of Childhood Communication Disorders*, 16 (1), 41-48.

Hoskins, B. (1990). Collaborative consultation: Designing the role of the speech-language pathologist in a new educational context. *School Speech-Language Pathology*, 1, 29-36.

Iskowitz, M. (1997A). Collaborative service delivery models. *LLD Advance*, 7 (31), 6, 46.

Iskowitz, M. (1997B). Inclusion breaking new ground.

Iskowitz, M. (1997C). Faster generalization with individualized instruction. *Advance*, 7 (33), 5, 50.

Knoff, H.M., McKenna, A.F. & Riser, K. (1991). To what extent is the effectiveness scale: Investigating the characteristics of the scale. *School Psychology Review*, 20 (1), 81-96.

Landerholm, E. (1990). The transdisciplinary team approach. *Exceptional Children*, 66-70.

Marmer, L. (1997). Early inclusive education promotes success. *Advance*, 7 (33), 16.

Miller, L. (1989). Classroom-based language intervention. *Speech, and Hearing Services in Schools*, 20 (2), 153-158.

McLaughlin, C. (1997). Inclusion program is individualized. *Advance*, 7 (33), 20.

Nelson, N.W. (1989). Curriculum-based language assessment. *Language, Speech, and Hearing Services in Schools*, 20 (4), 170-184.

Nelson, N.W. (1996). Seven Habits of Highly Effective Teachers. (with apologies to Stephen Covey: Focusing on the Nine Habits of Effective Teachers. *Hearsay, The Journal of the Ohio Speech and Hearing Association*, 11 (1), 11-25.

Norris, J. (1989). Providing language remediation in the classroom: An integrated language-to-reading intervention model. *Language, Speech, and Hearing Services in Schools*, 20 (2), 205-218.

Pershey, M.G. (1992). *Developing Oral Language Skills in the Classroom*. Paper presented at the Summer Reading Institute, University of Lowell.

Pershey, M.G. (1993). *Questions and Answers on Inclusion Practices*. Paper presented at the Trainer Institute, Middleton, MA.

Rakes, T.A. (1990). Interactive assessment in the classroom: A list of related behaviors. *Diagnostic*, 16 (1), 25-28.

Struck, M. (1997). Computers in classroom help students learn. *Advance*, 7 (33), 11.

Westby, C.E. & Costlow, L. (1991). Implementing individualized instruction in a special education class. *Topics in Language Disorders*, 11, 69-84.

Willis, S. (1994). Making schools more inclusive: Addressing disabilities in regular classrooms. *ASCD Curriculum Update*. VA: Association for Supervision and Curriculum Development.

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