SCHOOL PSYCHOLOGISTS' PERSPECTIVES ON THE USE OF AN INTEGRATED
EDUCATION EVALUATION REPORT TEMPLATE

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ABSTRACT

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When it is suspected that a student may have a disability as defined by the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) or Section 504 of the Rehabilitation Act of 193 ("Section 504"), the school conducts a comprehensive evaluation of that student. School psychologists, along with special education teachers, social workers, speech and language therapists, school nurses, general education teachers, and other relevant staff members may all participate in gathering assessment information relevant to the presenting concern and write their findings in a report. Some schools choose to include each discipline's assessment in one comprehensive multidisciplinary report. For these schools, the use of a computer integrated educational evaluation report is a likely choice. Some districts have developed a template to use for integrated reports.

As part of a program evaluation, interviews were conducted with school psychologists in the Ann Arbor Public School District who were currently using an integrated education evaluation report template in everyday practice. The purpose of this study was to gather input regarding the perceived advantages, disadvantages, and professional challenges associated with using a computerized integrated educational evaluation report. The results showed that the majority of the psychologists agreed on their responses to the interview questions. The overall advantages included the integrated template's comprehensiveness, flexibility, its integration, and the resulting picture it gives of the child. Though some potential limitations were mentioned, the overall disadvantages appeared to be a result of the way the team used the template rather than being limitations of the template itself.

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CHAPTER I

INTRODUCTION

The United States Department of Education has the official mission "to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access" (Federal Role in Education, 2012). Some students may need more individualized instruction to achieve this educational excellence. A three-tiered model has been developed so that students may receive the correct instruction or intervention for them to succeed. The three tiers are *universal*, *targeted*, and *intensive*. The universal tier is the curriculum and instruction appropriate for the majority of students, while targeted and intensive interventions are more specifically catered to the individual needs of the student who does not make satisfactory progress in the universal curriculum (Ysseldyke et al., 2006).

When it is suspected that a student may have a disability as defined by the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) or Section 504 of the Rehabilitation Act of 1973 ("Section 504"), the school conducts a comprehensive evaluation of that student. School psychologists, along with special education teachers, social workers, speech and language therapists, school nurses, general education teachers, and other relevant staff members may all participate in gathering assessment information relevant to the presenting concern and write their findings in a report. Some schools have individual reports for each discipline involved whereas others prefer to include each discipline's assessment in one comprehensive report.

For schools that choose to write one comprehensive report, the use of a computerized integrated educational evaluation report is a likely choice. For example, the State of Indiana formed a workgroup with the goal of developing a template of a computerized integrated

educational evaluation report available for use statewide. It is likely that school districts and other states nationwide are doing the same (Bustanoby, Nellis, Kreuger, Piade, & Haute, 2013).

As with any change, school psychologists likely perceive potential advantages and disadvantages to reporting their findings within an integrated education evaluation report. Identifying the advantages and disadvantages of computer-based integrated education evaluation report programs may help states and school districts develop a report template that is useful and meets professional standards for writing effective reports.

The purpose of this study was to gather input regarding the perceived advantages, disadvantages, and professional challenges associated with using a computerized integrated educational evaluation report from school psychologists who work in a district that has been using such a program since 2002.

CHAPTER II

LITERATURE REVIEW

This section reviews the literature on history of report writing, best practices in report writing, and describes the computerized integrated educational evaluation report system that was evaluated in this study.

History of Report Writing

Writing a psychological report is an important part of the assessment process for any psychologist. Psychologists must consider the anticipated readers of the report when deciding what information to include as well as how to organize the report. Psychologists from diverse specialty areas (e.g., clinical, school) must consider the format and content appropriate to their roles and the service delivery setting when preparing a psychological report (Ownby, 1997).

Compared to psychologists who work in non-school settings, school psychologists have a different focus in reporting assessment findings due to their unique roles and the special considerations of school-based practice. That is, their reports will explore the child in the educational setting and focus on academic skills as well as behavioral functioning in the classroom (Jacob & Kleinheksel, 2012). The student's ability to succeed in the classroom is a major emphasis in their assessment and report writing. School psychologists are unique in that their reports and assessments may be used to determine eligibility for special education services under the IDEA and school accommodations under Section 504. Because of this, school psychologists must follow federal and state laws and regulations for special education assessments and tailor their reports accordingly. Their role in determining eligibility requires working closely with general and special education teachers, speech pathologists, social workers, and school administrators, as well as parents. In addition, ethically, school

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psychologists are obligated to encourage decisions that are in the best interests of the student. They are mindful of the potential impact of a school psychological report on a child's future (Ownby, 1997).

Psychological reports may serve multiple functions. They provide assessment-related information to all concerned parties and they provide a source for forming clinical hypotheses, developing appropriate interventions, and informing those involved in program evaluation and research (Sattler, 2008). Bradley-Johnson and Johnson (2006) pointed out that reports provide assessment information relating to referral concerns and documentation of background information, observations, and information from interviews as well as information from test materials. Reports also provide recommendations for addressing referral concerns (Bradley-Johnson & Johnson, 2006). Some information included in reports may serve as baseline information for evaluating a student's progress after interventions have been implemented or changes have occurred over time (Sattler, 2008).

The main purpose of writing a comprehensive report is to communicate results in a manner that will allow the reader to understand the reasons for the recommendations made and assist educators and parents in making informed choices about a student's academic, social, and behavioral needs. If this communication is effective, the reader can use the recommendations as guidelines for developing interventions for the student. The report must be professional, comprehensive, and practical to reach the many different types of readers for whom it is intended (Pierangelo & Giuliani, 2006).

Legal and Ethical Issues with Reports

As Jacob and Kleinheksel noted (2012, p. 134), the National Association of School Psychologist's (NASP) *Principles for Professional Ethics* (2010) and the IDEA Part-B regulations pertaining to student evaluations agree that:

> children must be assessed on the basis of testing and evaluation procedures that are *multifaceted* (based on a variety of assessment tools and strategies), *comprehensive* (the child is assessed in all areas related to the suspected disability), technically adequate and *valid* for the purpose used, *fair* (nondiscriminatory), and *useful* (provide information that directly assists in determining educational needs). (34 C.F.R. § 300.304; also NASP *Principles for Professional Ethics* [2010] Standards II.3; II.3.1, II.3.3-II.35, and II.8).

Though the obligation under NASP's ethics code standard II.3.4 requires that the student be assessed in all areas that may be related to his/her disability, this does not mean that the school psychologists must personally collect all the required data. Many individuals from the evaluation team collect information in their area of expertise.

The report from a school evaluation team also acts as a legal document and can be used in an IDEA or Section 504 due process proceeding or a court of law (Sattler, 2008). The Michigan Revised Administrative Rules for special education (2005) set out certain requirements for evaluation reports in the schools. Rule 340.1721a requires that, as part of the evaluation procedure for determining whether a student is eligible for special education services, the multidisciplinary evaluation team (MET) must complete a diagnostic evaluation as well as prepare a written report for the individualized education program (IEP) team. The MET is defined as a team of qualified professionals involved in the psychoeducational

evaluation of a child with a suspected disability under IDEA or Section 504. The term "MET"
no longer appears in federal law, but is still an accepted term in the state of Michigan. Other
states may refer to METs with different terms.

Consistent with ethics guidelines and law, this education evaluation report must
contain information about the student's current level of educational performance and the
individual educational needs of the student. A variety of sources of information should be
employed in each area, including parental input.

Ethically and legally, all professionals involved in writing the multidisciplinary team
evaluation report must understand that they are obligated to safeguard the confidentiality of
sensitive and private information. Unless the information is pertinent to the determination of
services and there is parental permission to include any sensitive information, then the writer is
advised not to include it in the formal report. Sensitive private information should only be
shared with other school professionals with parent permission and only on a need-to-know
basis (Jacob, Decker, & Hartshorne, 2011).

Best Practices in Psychoeducational Report Writing

When writing school psychoeducational reports, the psychologist takes many elements
into account. The report must consider the audience for which it is written. The readers can
range from parents and guardians to teachers, probation officers, attorneys, judges, future
teachers and physical and mental health providers as well as many others. Regardless of the
reader, the report should be written in a way that all concerned parties are able to understand
the results and recommendations (Sattler, 2008).

The psychological report must include information from multiple assessment
techniques (Ownby, 1997; Sattler, 2008), and typical reports include, but are not limited to, the

following sections: identifying information; assessment instruments; reason for referral; background information; observations during the assessment; assessment results; recommendations; summary; and signature (Pierangelo & Giuliani, 2006; Sattler, 2008). Bradley-Johnson and Johnson (2006) suggested a slightly different order, and instead of including the section "observations during assessment," they advise having a section titled "Behavior," subdivided into behaviors observed, behaviors conducive to learning, and behaviors that interfere with learning.

Within these sections are assessment results. The results can be organized by type of assessment; such as achievement tests followed by curriculum-based evaluations, or can be organized by the domain, such as all assessments of math followed by all assessments targeting reading (Sattler, 2008).

When organized by tests administered, assessment findings for a particular domain may be scattered through the report. For example, mathematics may be assessed on multiple different tests and therefore mathematics results would be reported separately each time the findings from a different test are reported. The reader then must synthesize that information for himself or herself. Summary paragraphs could be incorporated to organize and synthesize findings from the various areas of student performance that were evaluated, but this will result in a longer report and may result in some redundancy (Bradley-Johnson & Johnson, 2006).

When a report is organized based on academic or behavioral areas, the reader is able to read all information on math at once, followed by reading or adaptive behavior, etc. This can include information from observations, tests, parent and teacher interviews, and results from past assessments (Bradley-Johnson & Johnson, 2006; Bustanoby et al., 2013).

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Beyond using specific sections, formatting of the report also helps to increase the ease of reading and organization. This organization then makes the report more accessible to teachers and parents who may not be familiar with formal reports. The report format may be decided by the district, individual, or supervisor (Pierangelo & Giuliani, 2006).

Use of an outline to maintain organization is a way to improve the report (Bradley-Johnson & Johnson, 2006; Sattler, 2008). Writers using an outline produce much more organized, clear, and concise reports. The development of a detailed outline makes the writing of the full report more manageable and helps ensure that the report only contains necessary information (Bradley-Johnson & Johnson, 2006). This outline may come from the nine sections that typical reports include, or may be developed by the professional (Sattler, 2008).

Effective organization of a report helps the reader to understand and retain the information provided. A salient structure includes the use of headings, subheadings, and even third-order headings (Bradley-Johnson & Johnson, 2006). Headings help the reader to easily locate sections they would like to refer to again. Some sections may require subheadings based on the amount of information or the individual case (Pierangelo & Giuliani, 2006).

The report must be professional, comprehensive, and practical (Pierangelo & Giuliani, 2006). To accomplish this, psychologists need to be concise and use simple and direct writing (Bradley-Johnson & Johnson, 2006; Bustanoby et al., 2013; Sattler, 2008). Use of correct grammar throughout is essential to the professionalism of the report. Single spacing reports helps to condense length and keep the interest of the reader. It is also suggested that the report be written in the past tense, in the third person, and using complete sentences (Pierangelo & Giuliani, 2006). Self-editing is emphasized as an important step in writing the final report (Bradley-Johnson & Johnson 2006; Sattler, 2008).

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Sattler advises professionals to use a word-processor when writing a report. This allows for more flexibility in editing and allows programs such as spell-check, grammar-check and a thesaurus to support the writer. Word files are useful in creating templates that may include headings for all possible sections of the evaluation report (Sattler, 2008).

The use of a combined report, an evaluation report including all team members' assessment findings, results in a more meaningful and comprehensive understanding of the student. Consistencies and discrepancies are easily identifiable in these collaborative reports and therefore easier to address. However, if these discrepancies are not addressed and explained within the report, then it will result in a confusing picture of the student's strengths and needs (Bustanoby et al., 2013).

Brenner suggested that psychologists can benefit from using a marketing strategy used by many health service providers to be as effective as possible when providing services. One of these strategies is to focus on the consumer. That is, psychological reports should be written for the consumer. Again, the consumer can include many individuals the child may be involved with such as physicians, social workers, parents, judges, and others. A framework to help stay consumer-focused is utilizing the "Four Rs," *relevance*, *response*, *relationships*, and *results*. Though this may look different in the marketing world, psychologists can use all of these Rs in writing psychological assessment reports (Brenner, 2003).

Relevance represents aiming to satisfy the consumer's wants and needs, and *response* refers to the way in which relevance is maintained. Because the readers or "consumers" can vary, there are five main guidelines to follow: avoid jargon, address the specific referral questions; individualize the report to the client; emphasize client strengths; and develop concrete recommendations (Brenner, 2003).

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Psychoeducational reports may be filled with jargon and written at a reading level too advanced for many consumers. When this occurs, readers do not understand what the psychologist is attempting to convey (Bradley-Johnson & Johnson, 2006; Brenner, 2003; Bustanoby et al., 2013; Sattler, 2008).

The next suggestion to maintain *relevance* is for the report to explicitly address the referral questions. One way that psychologists can do this is to avoid use of a standard test battery for every student they assess (Brenner, 2003; Bustanoby et al., 2013). Consistent with IDEA evaluation requirements, the psychologist should use the best tests and assessment strategies for the individual student and question at hand.

When addressing specific referral questions, it is important to individualize the content of the report to the person being assessed (Sattler, 2008). When psychologists are able to capture the unique characteristics of the student being evaluated, consumers will be better prepared to make informed decisions about that student's needs. Many readers of psychoeducational reports complain that they often do not relate specifically enough to the individual being evaluated (Brenner, 2003).

Writers need to include and emphasize the client's strengths throughout the reports (Brenner, 2003). Bradley-Johnson and Johnson (2006) suggested that assessment results be divided into strengths and difficulties subsections to explicitly display and focus on strengths.

The recommendations section is the most useful of the entire report for many consumers. It is vital that the psychologist develops concrete recommendations that consumers can understand and implement. These recommendations should relate to the referral questions because the referral issues were the concern of the consumer in the first place (Brenner, 2003; Bustanoby et al., 2013).

The third "R," *relationships,* refers to the development of a relationship between provider and consumer. When a positive relationship can be developed, the consumer is much more likely to return and use the services for other cases or situations in the future. For example, teachers and families are more likely to return to the psychologist in the future if they had a positive experience in the past. One way that psychologists can enhance their relationship with consumers is to involve them in the entire assessment process. Through this collaboration, the psychologist will be able to formulate referral questions that can result in effective and useful reports. Then through feedback sessions, the school psychologist ensures that the consumer understood what was written in the report and provides clarification as needed. Their involvement then increases the likelihood of implementation of the psychologists' recommendations (Brenner, 2003).

Finally, the fourth "R", *results*, encourages psychologists to evaluate their own performance based on a perspective other than their own. This can occur by using methods such as interviews, focus groups, and surveys to assess satisfaction. Another way is by noting when there is an increase in referrals, when one has repeat clients, or when past clients refer new ones. Again, this will increase the likelihood of teachers and parents coming back with a new student or issues in the future. When consumers understand and appreciate good results, clients who are in need of assessment are more likely to receive them (Brenner, 2003). When appropriate, soliciting and receiving feedback from colleagues on quality can be helpful to advance a psychologist's report writing (Bradley-Johnson & Johnson, 2006).

Overall, marketing strategies mainly used by health services can be useful for psychologists in their own work. The use of all four Rs is likely to result in a more effective psychologist. These Rs can be used in the psychologist's everyday practice and can be used as

a framework for evaluating research questions and improving their psychological assessments (Brenner, 2003).

If school psychologists correctly implement best practice strategies, reports will be comprehensive and clear to the teachers and parents. The students then ultimately benefit from the interventions formulated from results in the report.

History of Ann Arbor's Report

As recommended by Sattler (2008) and Bradley-Johnson and Johnson (2006), the Ann Arbor Public School district has a standard outline they use for all multidisciplinary evaluation team reports. Individuals in the district developed it over ten years ago, and created it with Microsoft Word. All team members, including school psychologists, speech pathologists, social workers, teacher consultants, and other members are instructed to use the template when they are completing a full evaluation report. It was developed to keep evaluation reports consistent throughout the district and ensure that reports include all of the evaluation components required by federal and state law.

The template is located on the district's server which all support staff, including school psychologists, have access to. In addition an instructional document suggesting best use and requirements is included. The form is a Microsoft Word© document based on Word's flexibility and built-in features that assist in report writing, such as the ability to insert tables and graphs.

The model is comprehensive and thus no report requires using all the sections on the sample. For example, the play-based assessment section would not be needed for a MET report of a high-school age student. The instructions encourage deletion or addition of headings to adapt to each student.

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To present information in a clear and professional manner, use of a Times New Roman 10-point font is recommended. This should only be altered if a table or graph is being pasted from an outside source that cannot be changed to Times New Roman. The format should be consistent throughout. Keeping the justification the same is one aspect of this format, whether it is right justified or unjustified. An Appendix I can be added at the end of the template to display tables and graphs when it does not make sense to include them within the narrative sections of the report.

To maintain organization on the server; reports must be saved using the student's last name, first name, type of document, and the year, all in capitals. Within the document, the footer also should contain the student's name as well as the page number.

Because all disciplines are trained to write on the same report template, Ann Arbor Public Schools had to consider how to share a report in progress. Because of the server's limitations, only one person can be working on the document at a time, which could slow the process. As a result, team members are advised to work on the report from their own desktop and simply copy the finalized information into the report on the server. This helps to minimize lost work and increase efficiency. The district stresses that using the server is the *only* shared option recommended. This avoids legal and ethical problems with sharing online or using email to exchange private information about students.

<div align="center">Purpose of Study</div>

To determine the perceived advantages, disadvantages, and professional challenges that may be associated with use of a computerized integrated educational evaluation report, the school psychologists in the Ann Arbor Public Schools district were interviewed. This district

has been using a report template for seven years with a design that follows many suggestions from professionals such as Sattler and Bradley-Johnson and Johnson.

An examination of the template in comparison with best practices identified in the literature suggests that Ann Arbor's template was both well-planned and executed. However, gathering information from the psychologists within the district will describe the perspective of those who use this template every day, which may provide insight into some of its challenges and positive features.

Ideally, this research will provide insight as to how the use of templates is perceived by school psychologists; what are the recommended ways to train graduate students to enable them to use these templates in their careers; how school psychologists work with other disciplines in the schools to form comprehensive reports; and whether these templates allow and even guide professionals to write comprehensive reports.

CHAPTER III

METHODOLOGY

Participants

Ann Arbor Public Schools employs 13 school psychologists for the district. All of the school psychologists used the multidisciplinary evaluation template for their reports and therefore were good candidates to interview. Of 13, 11 (85%) of the school psychologists were interviewed. One was unable to participate due to scheduling conflicts and the other was on medical leave.

The resulting sample was primarily female ($n = 8$, 73%). Study participants had worked as school psychologists in the Ann Arbor Public Schools for an average of 11.5 years ($SD = 6.7$). Forty-five percent *($n = 5$)* worked within the district for less than 10 years while the remaining 55% *($n=6$)* worked for 10 years or more. The average number of years worked as a school psychologist, was 17 ($SD =10$). Degrees attained by the participants ranged from Masters to Doctoral degrees. Four participants had Doctoral degrees, five obtained Specialist degrees, one attained a Masters plus Certificate, and the final participant had a Masters degree. Their ages ranging from 31 to 60+ in ten year increments: four were between the ages of 31 and 40, three were between 41 and 50 years-old, two between 51 and 60, and two were 61 or older.

Finally, the participants were asked what grades and age groups were on their caseloads the past two years. Nine percent worked with infants and toddlers ($n =1$); 18% were involved with preschool students ($n =2$); 91% worked with early and upper elementary, kindergarten through fifth grade ($n =10$); 63% worked in middle schools grades sixth to eighth ($n =7$), and

45% in high school ($n =5$). In addition, 73% were involved with special programs, such as autism programs, for students of any age ($n = 8$).

Materials

Prior to each interview, the interviewees were provided with a copy of the interview questions they would be asked (see Appendix B for interview questions). The interviewer used a laptop to record answers during the interviews. A separate written demographic questionnaire was utilized to obtain information about the school psychologists including age, years of experience, years in the district, and highest graduate degree attained.

Procedure

Each participant was interviewed individually during one, 15-minute session. The researcher completed all interviews within a 2-month period.

Permission to conduct the study was first obtained from the Ann Arbor Public School District. Next, the study was described to the school psychologists in the district during their monthly district-wide meeting. The interviewer then sent a follow-up email to each school psychologist explaining the interview in more detail and inviting them to set up a meeting or ask any further questions they had. Interview times were then set and confirmed.

Two days prior to the scheduled interview, the interviewer sent an email confirming their appointment and provided them with a copy of the interview questions they would be asked and the consent form. A copy of the questions was given to the interviewees as a chance for them to think about their answers prior to the appointment.

The interview consisted of eleven questions evaluating the multidisciplinary evaluation report template from each school psychologist's perspective. Each interviewee was given a

paper copy of the questions to refer to throughout the interview. The questions were exactly the same for each interview and were queried in the same order. Some questions included what the psychologists believe to be advantages and disadvantages of the templates (see Appendix B for interview questions). During the interview, the interviewer wrote notes on the responses of each school psychologist separately. As necessary, the interviewer used follow up questions to clarify the interviewee's answers. Upon completion of the interview, participants completed a separate written demographic questionnaire to describe the research sample (e.g., years in the district, highest-level degree, gender, age). This form did not have names connected to it and was saved in a separate folder not associated with the answers to the interview questions.

Data Analysis

Descriptive statistics were used to analyze and summarize participant responses. Informal inspection and review of individual participant answers and comments were used to further support and clarify findings.

CHAPTER IV

RESULTS

The results of the interviews are reported and organized based on the study's research

questions.

Are reports written to match template sections or is a separate report written, with sections then inputted into the template?

When asked whether the psychologists wrote their reports to match the sections of the

template or whether they wrote separate reports first, eighty-two percent (*n = 9*) reported they

wrote their reports immediately into the report template. One psychologist stated that reports

were written separately prior to entering them into the template, and another stated that a

combination of both procedures was used.

How do you and other MET team members handle inconsistent findings reported by different professionals?

All 11 of the interviewed psychologists described steps they take when there are

inconsistent findings. Because the template is designed so that multiple disciplines report their

findings under the same headings, discrepancies become obvious within the report. For

example, the teacher consultants and psychologist may both report their findings about

different reading assessments under the same heading and thus it was apparent when one

assessment seemed to report that a student's reading comprehension was average but another

reported the student was well below average in the same area.

It was mentioned that use of the template results in forced discussion on inconsistent

findings and what steps to take (see Appendix F for comments). All 11 psychologists noted

that they would discuss the discrepancy with the multidisciplinary team to determine the cause,

and steps to follow up with additional testing to determine the true ability. At times, after

discussion, it was determined the differing score may have been related to the specific difference in the task or environment of each testing situation. If multiple discussions did not result in the team coming to an agreement and explanation, there were two additional options mentioned. Forty-five percent (*n*= 5) stated the team could either write within the report template the differing findings under the heading or summary section, as long as this did not affect eligibility. Fifty-five percent (*n* = 6) reported that if any team members did not agree with the eligibility or felt more comfortable, they would write a separate report with their findings.

Does the template work best for a certain age group or specific disabilities?

All 11 of the interviewees said no, indicating that it works well for all ages and disabilities. Eighteen percent (*n* = 2) reported that it works for all age groups and possible disabilities because of the flexibility of adding and deleting headings and subheadings. They commented that it would be more difficult if the template did not have this flexibility, however, because not all sections are necessary for all students. One psychologist remarked that most adjustments on reports are related to eligibility for Autism Spectrum Disorder.

Should psychoeducational reports be organized on a test-by-test basis or adomain-by-domain basis, or a combination of the two?

Participants were asked whether they were trained to write reports on a test-by-test or domain-by-domain basis. The participants reported that they were taught a variety of ways to organize reports while in graduate school. Fifty-five percent (*n* = 6) were taught to write test-by-test reports, 27% (*n* = 3) learned how to write domain-based reports; 9% (*n* =1) were taught to write a combination of both. Another psychologist could not recall how report organization was taught in his/her graduate school.

Participants were asked whether they prefer test-based or domain-based reports. Only one psychologist stated test-by test, 36% (*n* = 4) preferred using domain-based, and finally 55% (*n=6*) reported liking a combination.

Participants also were asked what format should be taught in school psychology graduate training programs. When asked about how future school psychologists should be taught to write, only one psychologist recommended test-by-test, 18% (*n* = 2) selected domain-by-domain, and 64% (*n* =7) advocated that both should be taught. One psychologist did not comment on what graduate students should be taught regarding report formats.

Do you feel you are able to write reports that are sufficiently comprehensive for the IEP team within the confines of the current template?

When Ann Arbor psychologists were asked this question, all 11 stated they are definitely comprehensive. noted that it was too comprehensive because reports were sometimes too long. Another psychologist noted that though the reports were very comprehensive, the template did not align with IEP's as much as preferred.

How do you give and explain specific recommendations to teachers and parents?

Sixty-four percent (*n=7*) of psychologists reported they put specific recommendations into the report in the "Summary & Recommendations" section. The remaining 36% (*n=4*) stated that they only put very general recommendations in the summary, if any at all. These respondents asserted that this was due to reports being a legal contract and, for that reason, specific recommendations might be considered legally binding. Three of these individuals mentioned that their special education director stated no specific recommendations should be written in the report. However, three of the psychologists who do not write recommendations

in the report mentioned that they orally explained specific recommendations and gave handouts when appropriate.

Does the template help you stay focused on reporting information needed by the IEP (or 504) team?

Overwhelmingly, the response to this question was yes with 91% ($n = 10$) of participants saying so. One psychologist had no opinion on whether the template helped the writer stay focused when reporting information. It was noted that the report template helps to organize and cue members when information is needed. Because each blank template has all sections, it makes the psychologists and team members think prior to deleting a section, which helps ensure that all related or pertinent information is included. Because the organization is predictable across the district, it allows administrators and individuals looking back at reports to be able to more efficiently locate the information they need. Some psychologists used the template as a checklist to help them realize what still needed to be completed or written.

Do you often prepare a separate, more comprehensive and detailed report when parent's request that evaluation results be sent to a non-school medical or mental health provider? If yes, about how often does this occur?

Psychologists were also unanimous in this response, indicating they send the multidisciplinary report when requested and never write a separate report. It was indicated that nothing is more comprehensive than the multidisciplinary report. Two participants even reported that they will at times only submit sections of the report that are the most relevant to the requested information rather than the report in its entirety.

What, if any, modifications or adjustments would you make to the current report template?

When asked what modifications they would make, 45% ($n = 5$) of psychologists reported that nothing needed to be changed because they are able to write full comprehensive reports in the current template. One psychologist suggested the creation of separate templates based on eligibilities while another recommended included the Learning Disability Worksheet directly into the template as well as adding a specific heading for Autism Spectrum Disorder. Another idea was to have the template sections more closely align with IEP sections. It was also proposed that headings should be made more specific, and reports should be shorter.

What seem to be the limitations or shortcomings of the current report template?

Nine of the psychologists, or 82%, did not mention any limitations. One participant even mentioned, "The limitation is not the template, it is how we function [within the template]." Three participants interviewed stated there were some limitations in the way people used it. Only two significant limitations were referenced. One psychologist said the template resulted in too much information while another noted that specific subheadings should be added to increase consistency between teams.

What are the best, most helpful, components of the template?

Many different facets were considered the "best part" of the template. Thirty-six percent ($n = 4$) of psychologists reported that the best component of the report template is that it is integrated. The other most consistent best component was that the templates fostered creation of a report that provides an understanding of the whole picture of the child, including his or her history. This was articulated by 36% of psychologists ($n = 4$). Furthermore, 27% ($n = 3$) noted flexibility as a strength, and another 18% ($n = 2$) noted its general comprehensiveness as a significant advantage.

How would you rate this template on a scale of 1-5 (1 not as useful, 5 as very useful)?

When the psychologists rated the template, scores ranged from 3 to 5, the median score was a 4 and the average score was 4.4 with a standard deviation of .67. Nine percent ($n = 1$) rated the template a three, or somewhat useful, 45% ($n = 5$) rated the template a four or mostly useful, and 45% ($n = 5$) rated the template as very useful.

Would you recommend this template for other districts?

Eighty-two percent ($n=9$) of the psychologists answered yes to recommending the template to other districts with no reservations. The remaining eighteen percent ($n=2$) indicated that they would recommend it with some reservations, including suggesting some changes and believing each district needs to make that decision for themselves based on their needs.

CHAPTER V

DISCUSSION

Overall, the majority of the Ann Arbor psychologists agreed in their answers to many of the questions that were asked. The general consensus from the psychologists was that they would certainly recommend the template as it is, for use in other districts. A very small minority suggested making small changes prior to recommending it. This implies that the psychologists are pleased enough with the way the template works and the results it brings to pass it on to other psychologists and districts. This positive impression of the template was supported by their overall "mostly useful" rating of the template. This implies that there are no negative reactions to the overall use of this template and generally psychologists are satisfied with the integrated report template.

The majority of participants stated that they wrote reports directly into the templates rather than writing them separately before inputting. The psychologists all reported that the template worked well for all age groups and eligibilities. This is due to the flexibility that the template allows including permission to add and delete headings and subheadings as necessary. It is important to note that it is the flexibility that allows this template to fit well with all eligibilities and ages. If users were not permitted to make changes and adjustments, it is likely that the template would not have been rated so positively by the interviewees.

Moreover, all 11 psychologists indicated that reports are sufficiently comprehensive within the template. Rather than perceiving themselves to be overly confined by the parameters of the template, it seems that they may not be confined enough to the extent that reports are too lengthy. This is an interesting matter because the report must be open enough so that all

information may be reported effectively, however, some believe that with some constraints the reports may be able to be more efficient, concise, and shorter.

It appears that one of the greatest advantages of the template is that it helps keep the team focused on reporting necessary information. Many benefits were found including using it as a checklist, giving them a guideline to ensure all necessary information is gathered and reported, and, again, all psychologists reported that it did indeed help them stay focused.

All psychologists indicated that if evaluation results were requested by a non-school medical or mental health provider, they would either submit the entire report or take out some sections of the report to make sure all of the information released to an outside agency or persons was relevant to their need to know the information. This indicates that the capability of the report to be comprehensive is another strength of the template.

Participants were asked how their MET team members handle inconsistent findings reported by different professionals. The report template seems to force discussions on inconsistent findings so that team members do not view a report as completed until all discrepancies are resolved. This feature of a multidisciplinary report template is certainly a strength. One goal of writing a report is to determine what a student's strengths and abilities truly are. If there are multiple reports saying different things, this will not be accomplished. Having one report forces a decision to be made or, in the very rare case, an explanation for the dissenting opinion on a student's ability or eligibility. All participants stated that the first step is to discuss the findings as a team and then identify the necessary steps to understand the reason for the inconsistencies.

Responses from the other questions had some inconsistencies; however, there were generally still patterns to the responses. When questioned about how they give and explain

specific recommendations to teachers and parents, there were two clear answers. Though some psychologists reported that they wrote specific recommendations directly into their reports, others noted that they only put general recommendations in writing. This was based on instructions from their special education director due to his or her concern that such recommendations might be viewed as legally binding. Though the report template has a place for such recommendations, it may differ by district based on administrative rulings whether they are included. If specific recommendations are not permitted to be in writing, it is highly recommended they still be shared with parents and teachers separate from the report, whether with handouts or explained orally. This is not necessarily a limitation of the template; rather it appears to be a limitation of the system.

Psychoeducational reports can be organized on a test-by-test basis, a domain-by-domain basis, or a combination of the two. The study included asking the psychologists how they were taught to write reports, what they prefer to practice, and what they recommend for school psychologist graduate students in the future. As expected, psychologists were trained in different ways to write reports in their respective graduate programs. Some were taught exclusively test-based or domain-based whereas others were exposed to both ways of writing.

Individual's preference also differed and did not appear to be related to how they were taught in graduate school. Generally, psychologists reported that their preferred format of the report depended on the individual case and information to be included. As it related directly to their report template, the psychologists were split in their opinions of how the design catered to test-based or domain-based. It is likely this incongruity is a result of the report design for a combination of test-and domain-based writing. For example, the template is set up by domain such that it differentiates between past history, classroom progress, parent input, cognitive

testing, achievement testing, behavior ratings, communication, etc. It does not, however, include subheadings such as Math, Reading, and Writing within the testing categories, which are generally seen in domain-based reports. It was noted by some participants that they have added these headings within the testing section.

One restriction of multiple team members inputting information into the same report is they tend to write their own sections. This makes it more difficult to organize a report by domain. For example, both teacher consultants and school psychologists may test a student on both their math and reading skills using different tests. Generally, they are written separately and therefore organized by assessment used rather than domain.

For future students, not one psychologist indicated it would be beneficial for student to only learn a test-by-test format for reports. All claimed that graduate schools should teach students either both or exclusively a domain-by-domain format. According to the psychologists, based on the progression of understanding, it likely is the most beneficial for students to first learn to write test-based reports before then learning how to integrate all information into a domain-based report. This allows for the advancement of skills and also broadens psychologist' abilities, which allows flexibility in their reports when domain-based is not appropriate or available.

Finally, psychologists were required to give overall impressions of the current report template. When asked what modifications they would make, many believed no changes were necessary. A few proposed creating separate templates for each type of eligibility. This could be beneficial to keep the team concentrated on the areas that need to be included for that particular eligibility. However, it could also focus the team too much on a specific eligibility when a different one may be more appropriate. Even if the multidisciplinary team did know

they were considering two eligibility categories, they would then need to be appropriately combined to make one fluid template which may result in inconsistencies from school-to-school even within the same district. The only other suggestion noted was to include more subheadings in the template to increase consistencies.

Next, they were asked about limitations. No significant limitations were noted by any participants. When presented with this question, many psychologists commented on how the template could be better used by team members. This included reports being too long, not having a consistent summary, including too many recommendations that did not relate directly to the student's school functioning and/or recommendations that were not possible to provide or support in the school setting. None of these are limitations are caused by the template, nor can they be improved by changing the template. However, some were directly related to writing the reports as a team rather than separate individual reports.

Psychologists also conveyed their perceptions of the best components of the template. The template's major strengths included the report's integration, all encompassing of the students' functioning, and the multidisciplinary aspect. The integration and multidisciplinary facets force the multidisciplinary team to communicate about results and work as a team to resolve them. One goal of reports is to convey a clear message of where the student's skills are and what the student's strengths and difficulties are. Inconsistencies in a report's findings can cause confusion to the parents and team. Use of a multidisciplinary report template helps make findings consistent and clear to the readers with an organized and collaborative approach.

Study Strengths

The current study was developed to determine the perceived advantages, disadvantages, and professional challenges that may be associated with use of a computerized integrated educational evaluation report.

One notable strength of the study includes the percentage of participants who participated. Of the Ann Arbor psychologists who were contacted, 85% of them participated in an interview. As part of the interview process, twenty-four hours prior to the scheduled interview participants were given the questions. This was a strength because it allowed the individuals to think about their answers and take notes if they wished. This resulted in thorough, and well-thought out answers. Further, the majority of the responses were consistent among participants.

Overall, the purpose of the study to determine perceived advantages, disadvantages and professional challenges was accomplished.

Study Limitations

Though the main objective for the study was met, there were some limitations that may have implications for future research.

The format of the study was interviews. This results in some limitations including lack of confidentiality with the interviewer. Because there were no pre-identified follow-up questions, there was the potential for the interviewer to cue, bias or accidentally distort responses. This could have occurred in the note taking process, or while asking questions based on participants' responses.

The interview structure resulted in a generally qualitative study with very few quantitative answers. Though this resulted in many valuable comments and responses, the resulting statistics are only descriptive.

Another major limitation was the participants. First, the number of total participants (N=11) was small and they were all from the same school district. The number of females was greater than the number of males, though according to Curtis, Lopez, Castillo, Batsche, Minch, and Smith, as of 2005 approximately 74% of school psychologists were female (2008).

The participants may have been biased in their responses because many of them were involved in the development of this template. They have also been using the template for over 12 years and are accustomed to the system. These factors may have increased their positive responses. The use of an integrated report, in contrast to each team member writing a separate report, may also be perceived as easier and this may be confused with being more effective. Finally, one important part of a report is to identify a student's strengths and the skills that they have already mastered. The use of the template, unfortunately, seems to result in reports that focus on the difficulties that a student demonstrates without drawing attention to his or her strengths.

Future Directions

Based on the current study, there are some additional research questions that need to be answered. Would this study result in similar responses if it were expanded to different districts and different states? This is an important question because it determines whether the use of an integrated template may work in multiple settings. Also, parents are frequent readers of the evaluation reports and it is important that they understand them. A future study could examine

parents' perceptions of integrated reports compared to separate reports by various MET

members to determine which approach parents prefer and perceive to be easier to understand.

APPENDICES

APPENDIX A

MULTIDISCIPLINARY EVALUATION TEAM (MET) REPORT

Ann Arbor Public Schools
STUDENT INTERVENTION & SUPPORT SERVICES
2555 South State Street
Ann Arbor, Michigan 48104-6745
Telephone & TDD (734) 994-2318
Voice Mail Boxes 994-8292, Fax 994-1826

Name: Last _____ First _____ Middle _____

Birth Date: _____ Chronological Age: _____ Years _____ Months _____ Student #: _____

Grade: _____ Attending School: _____ Resident District: _____

Parent/Guardian/Surrogate Parent: _____ Phone: _____

Address: _____ City: Ann Arbor Zip: 4810

Case Coordinator: _____ MET Date: _____

Type of Evaluation: ☐ Initial ☐ 3-year ☐ Other (Specify) _____

BRIEF DESCRIPTION OF IDENTIFIED PROBLEM/AREA(S) OF CONCERN:

REQUIRED TEAM MEMBERS: OTHER MET CONTRIBUTORS:

EVALUATION PROCEDURES:

PARENT INPUT:

BACKGROUND INFORMATION:

HEALTH AND DEVELOPMENTAL HISTORY:

EDUCATIONAL HISTORY:

REVIEW OF PREVIOUS EVALUATION INFORMATION:

PROGRESS IN THE CLASSROOM:

CLASSROOM OBSERVATION:

EVALUATION RESULTS AND DISCUSSION: A detailed report of test scores appears in Appendix I.

Reported test scores compare this student's performance with others in the same age group on nationally standardized tests, unless otherwise stated. It is important to remember that the average range for most tests include scores achieved by the middle 50% of the general population.
Average **Standard Scores** (including quotients, composite, and cluster scores) range from **85-115**.
Average **Percentile Rankings** range from the **25th to the 75th percentile**.
Average Subtest Scores, or **Scaled Scores**, range from **8 to 12**.

COGNITIVE/PERCEPTUAL ABILITIES:

ACADEMIC ACHIEVEMENT:

COMMUNICATION SKILLS:

FINE MOTOR/SELF CARE SKILLS:

SENSORY PROCESSING:

GROSS MOTOR/MOBILITY SKILLS:

BEHAVIORAL ASSESSMENT:

SUMMARY AND RECOMMENDATIONS:

ELIGIBILITY RECOMMENDATIONS:

☐	**Not** ☐Eligible
☐	Eligible under Autism Spectrum Disorder (ASD) R340.1715
☐	Eligible under Cognitive Impairment (CI) R340.1705
☐	Eligible under Early Childhood Developmental Delay R340.1711
☐	Eligible under Emotional Impairment (EI) R340.1706
☐	Eligible under Hearing Impairment (HI) R340.1707
☐	Eligible under Physical Impairment (PI) R340.1709
☐	Eligible under Other Health Impairment R340.1709a
☐	Eligible under Severe Multiple Impairment (SXI) R340.1714
☐	Eligible under Specific Learning Disability (SLD) R340.1713
☐	Eligible under Speech and Language Impairment (SLI) R340.1710
☐	Eligible under Traumatic Brain Injury R340.1716
☐	Eligible under Visual Impairment (VI) R340.1708
☐	Eligible under Deaf-Blindness R340.1717

•Copies to: SISS, Parent/Guardian/Surrogate Parent, School, Service Providers, and Case Coordinator (After the IEPT, the identified Service Provider shall be the Case Coordinator.)

FORMS INSTRUCTION MANUAL

Ann Arbor Public Schools
STUDENT INTERVENTION & SUPPORT SERVICES
2555 South State Street
Ann Arbor, Michigan 48104-6145
Telephone & TDD (734) 994-2318, Voice Mail Boxes 994-8292, Fax 994-1826

Section 5: Determining Special Education Eligibility

Completing an Integrated Multidisciplinary Evaluation Team (MET) Report

Note: BLUE text is from the Michigan Revised Administrative Rules for Special Education (May, 2005).

R 340.l721a Evaluation procedure.
  Rule 21a. (1) Each student suspected of having a disability shall be evaluated by a multidisciplinary evaluation team as defined in R 340.1701b(b). If an initial evaluation review is conducted by the individualized education program team, then the multidisciplinary evaluation team shall complete the evaluation as determined by the individualized education program team in addition to requirements as defined in R 340.1705 to R 340.1716 as applicable to the suspected impairment.
  (2) The multidisciplinary evaluation team shall do both of the following:
  (a) Complete a diagnostic evaluation.
  (b) Make a recommendation of eligibility and prepare a written report to be presented to the individualized education program team by the appointed multidisciplinary evaluation team member. The report shall include information needed to determine a student's present level of educational performance and educational needs of the student.   Information presented to the individualized education program team shall be drawn from a variety of sources, including parent input.
  (3) Special education personnel who are authorized to conduct evaluations of students suspected of having a disability may provide prereferral consultation to general education personnel in accordance with procedures established by the department.

WHEN is a MET Report REQUIRED?
A MET Report must be completed for _**all initial evaluations**_ and _**any reevaluation conducted that considers a change in eligibility**_, including adding or eliminating a secondary eligibility, even if the team determines data does not support a change and the student's established eligibility remains the same. The appropriate Assurance Pages must be completed for eligibility(s) considered based on the referral questions(s) whether they are _ruled in_ _or ruled out_.

WHEN is an Evaluation Report appropriate?
An Evaluation Report may be used for a Three Year Reevaluation or any reevaluation that does not question eligibility. The SER form itself may also stand as the Reevaluation document if all required sections are completed (see section 10: Reevaluation Information). The Evaluation report may also be used for reports prepared for an Annual Review or when presenting assessment information for any other purpose.

Note: Information contained in this section also applies to completing the Evaluation Report Template. The Evaluation Report Template link is contained in Section 10: Reevaluation Information.

General Technical Information:

1. The iBook G4' s are loaded with MS WORD 2004. The older OS9 Machines (and other district computers with MS Word) will run the documents but may need a translation or be saved in an earlier version.

2. All forms on the SISS website are MS WORD DOCUMENTS.
   - Word offers many more features to aid in report writing once a user becomes familiar with the options available.
   - Upgrades are available to us automatically.

3. Forms are available from: http://www.aaps.k12.mi.us/ins.homs/siss.staffresources/siss_forms
   (Note: The forms site will be phased out when the manual is completed.)
   And through links in the Policies and Procedures Manual
   http://www.aaps.k12.mi.us/siss.policies/siss_procedures_contents

4. Save a copy to your Desktop so a template is available when you do not have access to the AAPS website or server.

MET Technical Specifics:

5. Setting up a new template:
   - Open the document, select *save as* under **file** menu and label the document.
   - **Label the file** using LAST NAME, and FIRST NAME, TYPE OF DOCUMENT, and YEAR (i.e. **Harris, William MET 05.doc**). *This is important because multiple team members will be entering information into the integrated MET or Evaluation report on the shared server. Clearly labeling the report makes it easier to access for those who work in a number of buildings. Dating the report allows for quick reference when reviewing and using excerpts from past reports archived on the AAPS Server.*
   - **Enter Student's name in the Footer**.   MET and Evaluation Reports, and Appendix I contain *Student* in the footer and are set so the pages are numbered. This avoids confusion when printing reports on more than one student at a time.

     Enter the name either by double clicking (√√) on the Footer, making the change, and √√ anywhere in the body of the test (the short cut) *or* by selecting Header and Footer under View.

6. The MET Template is an ***unlocked*** form. This means
   - Sections can be edited as needed to conform to the type of evaluation conducted (i.e. certain sections will not be relevant to all evaluations (i.e. *PLAY-BASED ASSESSMENT* will not be a component of a high school MET nor *ACADEMIC ACHIEVEMENT* for a 12 month old).
   - Form fields and drop-downs are not available as a Word document cannot contain both locked and unlocked sections
   - ***Headings can be deleted and others added***. For example if there was no *PREVIOUS EVALUATION INFORMATION* to summarize, the heading should be deleted.   If no scores will be included in Appendix I, delete that statement.

7. The Appendix I Template is available to display tables and graphs of test scores and other data. When assessments generate complex and lengthy reports, it is strongly recommended that scores be displayed in Appendix I with interpretations summarized in the narrative portion of the report.

Style Sheet:

Documents were formatted to be user friendly and present information in a clear and professional manner. Completing an integrated report requires thoughtful collaboration on content and attention to elements of

style to produce a consistent document. Use the conventions in the MET protocol example provided in this section of the manual.

8. The font is set at **TIMES NEW ROMAN** (MS Word default) **10 point type**.
   - Font size can be varied as needed (i.e. headings, section breaks) to present information clearly on each page however **use a uniform size for narrative portions of the document**.
   - Score templates, "pasted" score tables from computerized scoring programs, graphs, etc. may be in a different font that is effective for presenting data, especially numerical information.

9. **Maintain the same format throughout the document** (i.e. if it is justified right margin, format all sections in that manner; if unjustified do the same throughout).

10. Line spacing and pagination can be adjusted to make the text "fit" onto a section or page (i.e. to keep sections or tables from rolling over onto the next page or leaving 1 line on page 5 of the report when it can be adjusted to 4 pages).

Using the Building Shares Server to write an Integrated MET Report:

This is the *only* shared option recommended at this time.
- The current Shared Servers only allow one person to work on a document on the server at the same time.
- A copy may be made and saved to your Desktop, but **be careful** not to confuse versions. **Clearly label each copy**.
- When working directly on the server, you may experience "slow processing" as well as the chance that difficulties resulting in lost data may occur. Moving the document to your Desktop is more efficient. Cut/paste your work into the final report.

For information on how to connect to the AAPS Shared Server Options see:
  connecting_to_xsan.pdf

Attaching the MET Report to the Student's File in ENCORE!:

For information on how to attach documents in ENCORE! see Section 5 of the Manual.

APPENDIX C

INTERVIEW QUESTIONS

The following questions pertain to Ann Arbor Public School's current multidisciplinary report template (attached). Please answer questions openly and honestly; all answers are confidential. Thank you for your time and cooperation!

1. Because this report template is multidisciplinary, do you write your report to match the template sections or do you write a separate full report and then input sections of the report into the template?

2. How do you and the other MET team members handle inconsistent findings reported by different professionals?

3. Have you found that using this template works best with a certain age group or specific disability?

4. Psychoeducational reports can be organized on a test-by-test basis or a domain-by-domain basis, or a combination of the two. Test-by-test usually means that the findings from each test are reported separately (e.g., WISC, MMPI, BASC). Domain-by-domain reports usually mean there is a separate paragraph or section for each domain of interest (e.g., cognitive abilities, reading, math, behavior).Were you trained to write reports with one of these formats? How do you believe school and students to write test-based or domain-based reports?

5. Do you feel you are able to write reports that are sufficiently for the IEP team within the confines of the current template?

6. How do you directly explain and give specific recommendations, such as the use of interventions such as cover, copy, compare, to teachers and parents?

7. Does the template help you stay focused on reporting information needed by the IEP (or 504) team?

8. Do you often prepare a separate, more comprehensive and detailed report when parents request evaluation results be sent to a non-school medical or mental health provider? If yes, about how often?

9. What, if any, modifications or adjustments would you make to the current report template? What seem to be the barriers and what are the best components of this format?

10. How would you rate this template on a scale of 1-5 (1 as not useful, 10 as very useful)?

1	2	3	4	5
not useful	a little useful	somewhat useful	mostly useful	very useful

11. Would you recommend this template for other districts?

Years of experience: less than 10 years/ 10 years or more

Years within Ann Arbor Public School District:

APPENDIX D

DEMOGRAPHIC QUESTIONNAIRE

Background Information

How many years have you worked as a school psychologist (including full-time internship)? _____

What was the highest degree you have attained?

         O Masters   OMasters plus certificate   O Specialist   O Doctorate

What year did you receive your highest-level graduate degree? _____

Are you?

         O MALE   O FEMALE

Age?

O 21-30 years   O 31-40 years   O 41-50 years   O 51-60 years   O 60+ years

What grades or age groups were included on your caseload in the past two years? **(Check all that apply)**

O Infants and toddlers	O Middle School/Jr High (~7-8th grades)
O Preschoolers (2-5 years)	O High School (~9-12th grade)
O Early Elementary (~K-4th grade)	O Special program (e.g., autism).
O Upper Elementary (~5-6th grades)	

CONSENT FORM

CMU

CENTRAL MICHIGAN UNIVERSITY

Study Title: School Psychologists' Perspectives on the Use of an Integrated Education Evaluation Report Template

Research Investigators' Names and Departments:

Marisa Hutchinson	Susan Jacob, Ph.D.
Specialist Student, Psychology Department	Professor
Practicum Student, Ann Arbor Public Schools	Psychology Department

Contact Information for researchers:

Marisa Hutchinson	Dr. Susan Jacob
Sloan Hall 101	Sloan Hall
Central Michigan University	Central Michigan University
Mount Pleasant, MI 48859	Mount Pleasant, MI 48859
(734) 604-0330	jacob1s@cmich.edu
hutch2mj@cmich.edu	

As a graduate student at Central Michigan University, I am conducting research to fulfill graduation requirements. I would like to ask your permission to interview you regarding the Ann Arbor Public School's multidisciplinary evaluation report template. The interview can be arranged based on your schedule and will take approximately 25-minutes to complete. You will be asked eleven questions regarding the use of the template. These questions will be emailed to you two days prior to your interview date so that you will have time to think about your answers. This study is designed to investigate school psychologist's opinions on the use of templates for integrated reports in the schools. There should be no risks as a result of participating in this study. A potential benefit of the study includes reporting feedback to Ann Arbor Public School District, as well as it may be useful for other districts. Any information or opinions given in the interview will be presented in a manner that does not reveal your identity. Demographics, other than years of experience within and outside of the Ann Arbor district, will only be used to describe the sample. If you have any questions or concerns, please do not hesitate to contact either of the researchers above.

You are free to refuse to participate in this research project or to withdraw your consent and discontinue participation in the project at any time without penalty or loss of benefits to which you are otherwise entitled. Your participation will not affect your relationship with the institution involved in this research project.

If you are not satisfied with the manner in which this study is being conducted, you may report (anonymously if you so choose) any complaints to the School Psychology Program, (989) 774-3001.

My signature below indicates that all my questions have been answered. I agree to participate in the project as described above.

_____   _____
Signature of Subject   Date Signed

A copy of this form has been given to me. _____ Subject's initials

_____   _____
Signature of Responsible Investigator   Date Signed

SUMMARY OF INTERVIEW ANSWERS

*All *he* and *his'* have been changed to *her* and *she* in
order to increase confidentiality of participants

INTERVIEW X

The following questions pertain to Ann Arbor Public School's current multidisciplinary report template (attached). Please answer questions openly and honestly; all answers are confidential. Thank you for your time and cooperation!

1. Because this report template is multidisciplinary, do you write your report to match the template sections or do you write a separate full report and then input sections of the report into the template?

She does not write a separate report and then put it into the template. Write sections that correspond to the template.
In other positions she would write separate reports, this template does a good job of including all the sections and incorporate into the report. Now is able to cut and paste. Really write to correct the sections if need a section that does not exist, she will create it to put in the report.

She writes the report to match the template sections. Does not write a separate report.

Write report to match template sections.

A little of both, responsible for compiling the reports, use the heading to organize the information she gets. She will integrate all of the information. For her assessments she then includes the background and info from the paper, and then the summary and include it all of the recommendation from the team. Sometimes create sections within section; the headings give a direction for each one. Different sections may look different for different levels. Have headings still in their but additional sections.

Has a MET template up, puts in her sections underneath it. Go from the template, fill in the necessary sections

Write a separate full report, then as a team input the entire report into the template.

Have the template up on the desktop and write each section, that is the report and fill it in one by one. Delete when not needed, etc. No other report separate

Generally write the report to match the template sections, this is because psych integrates the information. Usually get just provider type report from the other individuals, and then she plugs it in.

Write it to the sections of the template. Other people give input in the same way.

She matches the template sections (do not write separate full report). Occasionally have team members that do, and submit it to the psych (OTs are used to this, and varies on teams). She cuts and pastes into the report template.

YES
Write a report to match the template sections. Do more writing then some others on the team, has been easier for her

2. How do you and the other MET team members handle inconsistent findings reported by different professionals?

Talk throughout the process and comparing notes and data, if finding things that are not consistent, try to look at specific task demands of different assessment or go back and examine scoring. For example, speech therapist different than achievement, usually issues with scoring. If still disagreeing, the template kind of forces us to come to consensus since there is only one summary, forces more conversations. This seems to be better than without a template. If there was not an agreement, ethically she would write something separate to clarify her opinions.

Depends on the team, not always getting results together until last minute, so do not always do it in a way that makes time to fix it before meeting. Either put it in the summary, or discuss why the results were different (task, environment, etc.) someone with inconsistent result. Use summary to explain differences.

Primary just end up discussing the inconsistencies and address it in the summary or within the section. Sometimes, can relate to previous evaluation findings written in report section.

Meet as a team and discuss results to see if patterns fit certain criteria, many times findings inconsistent or inconsistent with outside evaluations, discuss as a team and determine what might best address their needs.
If cannot agree on a finding, include everyone's opinions, anyone with dissenting opinion can write a separate report on why they don't agree with decision of the team. This can be attached to the report.

Try and find some explanation whether it be the testing instruments or the child's performance, difference in tasks can sometimes explain that. This is usually done through a team meeting before the actual MET report goes out, sometimes happens in the meeting. Will have written explanation if possible.

If a real disagreement, doesn't happen, usually some type of consensus on why it occurs. Different eligibility described, that happens and this has been handled by the required team member decide eligibility, and if there is dissenting report that individual will write a separate report based on what the opinion is. Sometimes not a huge deal in front of the parents. Majority and consensus and the *required* people for the eligibility, if it is not a required member, they do not have as much of a say in the eligibility status.

Talk about the discrepancies before putting it together and look for explanations. If that was to happen, each person in their own section would write why they feel the way that they do.

Try and communicate about the different findings. Constantly talking during the assessments, try and figure out what is going on. Compare and contrast what tests are being given. Have a planning meeting before the MET is sent out. Discuss eligibility- if needed still will discuss inconsistencies and discuss the readings behind that. If more assessment is necessary, determine what and when that will occur.
If really couldn't explain it, say that in the report-can't definitively say it is because of x y or z, be honest in the report about what the reason is. If do not have an explanation about the changes, then will say that.

Depends on the team, works very closely with the speech therapists since there is so much overlap. When inconsistent finding there, one or both will follow up with the weaker ability area. Usually in line with each other and what the assessments are identifying. With TC doing achievement testing, there are frequently times there are inconsistent results there, it can be more difficulty to deal with there since they do not have as much knowledge of assessment procedures-may not be doing it in the correct way. Then she will follow up with an additional measure, and talk to the general-ed teacher, find the overall consistencies.
So always followed up on

Usually she is the first person to see it in writing, if had not been discussed yet, other times it will have already been discussed. If to the put when input has been given and still inconsistencies.
Never had an issue with in the end actually cannot decide an eligibility, but always have the option to write a separate report with dissenting opinion. Always go back to the rule-where is the evidence for.

One of the values of the integrated report, if there are inconsistencies it forces members to share and consult prior rather than meeting and finding the inconsistencies. Then hash those out and figure out the reasons for them. She does the summary and the summary is cut and pasted. Haven't had anyone write a separate report- have had a couple disagreements, TC did not end up writing a dissenting opinion. Pre-meeting tends to iron it out. That is strength of the model that they have to make decisions as the team.

They will get together once a week, and toward the end of the evaluation period to discuss the case. This has not come up that much. If speech and psych come up with different results, will do more testing to find out the reason for the inconsistency.

3. Have you found that using this template works best with a certain age group or specific disability?

She thinks it works well with all age groups. It can be customized for different disabilities. The most modifications have to be made when doing an ASD evaluation, because it needs to be the headings but not as integrated with the qualifications in the criteria. The template does allow this flexibility since they are permitted to change it. It may not work well if they were more strict on sticking to the specific template.

No. For the most part it is what she's always done so it works as well for all.

Works well for all age groups and disabilities.

Not really. If there is a report that includes a lot of information or full/initials it helps direct what needs to be included there and keeps it organized, keep thinking about where everything fits. Helps keep organized when other people are doing multiple pieces. Might look different, but still is good enough.

Works really well at preschool and pretty well at elementary. Especially like it for initial preschool because it is more cohesive and descriptive and flows better for the parents as their first initial evaluation. Basically any initial.

No not necessarily.

No. Have used it from school age to high school and the headings and sections are applicable across age groups and are pretty general. With specific disability, haven't really found a difference as far as finding a difference. Pretty universal so nope.
No works well for all. Primarily elementary and middle school, but seems to. Headings and areas seem appropriate for any disability and any age group.

Nope, it is fluid enough. (sometimes won't include all of the sections). Flexible enough to be used regardless of the referral question.

No. it seems to work with all those groups. May look a little different, overall sections are the same but subheadings may differ.

I think it works generally well for all of them.

4. Psychoeducational reports can be organized on a test-by-test basis or a domain-by-domain basis, or a combination of the two. Test-by-test usually means that the findings from each test are reported separately (e.g., WISC, MMPI, BASC). Domain-by-domain reports usually mean there is a separate paragraph or section for each domain of interest

(e.g., cognitive abilities, reading, math, behavior).Were you trained to write reports with one of these formats? Do you prefer test-based or domain-based reports? What format should be taught in school psychology graduate training programs?

In grad school taught to write reports test by tests, within that organize test within groups so cognitive then academic achievement. Not necessarily taught to integrate the two (so not taught to do domain by domain) would do WISC then WIAT then TOWL, use the summary to bring it together. Personally, she would do the summary section by section to integrate them together.
She prefers to do domain-based reports, thinks that is what occurs in Ann Arbor. Domain by domain, and cognitive use cross battery to give clearer picture of what is going on. If talking to another psych its okay but with the parents and others, domain is much easier to read.
Format to be taught: tricky because start knowing nothing so from a teaching an d learning perspective it makes sense to be taught how to write up each individual test (WJ, then WISC, etc). But, it would be really nice to take it a step further and examine the cross battery so they are at least exposed to that. Also domain but domain within the academics and behavioral. Integrate the findings of all of them into one together. Compare all of them together (ASD rating scales, compare by rater, compare different scales to each other) look at the pattern.

Able to adapt and use the template how to for each particular evaluation/ student so since you can change the headings and add and delete, she is able to use each. It is very comprehensive with the amount of sections and what is within each section. Helps to point out the interventions as well within sections. Can make the headings into reading, writing, etc. Template does not include adaptive behavior so just add that in. When appropriate, add the reading and math heading.

Do a little bit of both. Do it by area, within area preference is to give results in tables and then write paragraphs discussing each area (cognitive, then different CHC areas). Academics done it both ways, like data and tables. Standardized and CBM if doing both, more likely to integrate reading discussion. If it was 2 different people assessing then generally different write-ups. So sometimes both. Headed academic achievement, then give table, then under table is Reading, Writing, and Math. Within summarize each section. Sometimes add classroom table there. Other times table for Math, table for writing, table for reading depends on the academic tables sometimes. Trained to write it test by test, but less of a focus on test administration. So summarize the information without putting too much weight on the specific scores. So kind of both, think a combination should be taught (Robert Lauer reports are difficult to be taught) the charts help to break things up and are easiest to read. Prefer a combination, flexible with it and change specific to the situation. Generally write it for the parents in mind.

Trained to write test-by-test basis. End up writing combination of two. Some of the other stuff goes test-by-test. CBM not integrated with norm based testing. Done it in the past if do all the test, then write Math section, then Reading section. With behaviors, generally done by test. Both should be taught, because times should be test-by-test and others should be domain-by-domain, it depends on the situation at hand.

In her program, when they first learned to write reports, were given a template similar to Ann Arbor's where you go section by section. Later on in assessment class, kind of given different ways of organizing and reporting information. Sometimes based on themes you find throughout the data or observations or information from the student, or this way. Depends on the case and what the information is telling you if there is a theme coming out. So trained to use both. Sometimes when do cognitive, achievement, rating scale, then it could be domain by domain, where multiple people are doing multiple pieces in one section, It can help to do it that way.

There are times when not questioning eligibility and giving assessments to see present levels and write goals, then organizing test by test makes more sense. More of a snapshot
Case by case basis, good for students to have experience learning both ways

Training was more by domain report (cognitive, achievement, behavioral) kind of the way the MET template is set up, then explained. Would make sense to integrate the different areas and talk about reading, then math, then writing. Don't know if we necessarily do that, know separated between CBM and teacher assessment vs. standard assessments. Other times multiple measures aren't given. More comfortable with domain by domain since that is what would be doing. Both should be taught so people can get used to getting both ways and decide what works best with their particular situation.

Test by test, then do summary pulling it together. Can't remember how trained, test-by-test seems fine. Does clinical and qualitative into test results.

Really use test-by-test type of report. Have found that a lot of the clinical reports that they see with outside evaluators are more domain-by-domain, and theirs are more test-by-test. For her it would be pretty difficult to do domain-by-domain with the multidisciplinary team. Integrate the summary, but in the actual sections hard to do. Ideally, domain-by-domain report is more user friendly and probable the best way to do it, but as far as applying it with multiple people and different buildings it would be very challenging.
No opinion for what should be taught, possibly both ways might be the best so can apply it depending on the situation and setting. Also helps to interpret in both ways.
Her training was a lot of test-by-test and then integrate it into a summary.

Like doing it by domain, think it helps to categorize and organize the information in a more meaningful way. Trained more test-by-test she believes. Internship learned domain (had to change style from training). Definitely prefer domain based and those should be taught in school-psych training programs. Integrated reports should be taught in school psych training (the other type is more complex and confusing). Should definitely be part of the training program and would fit well. Did whole class on collaborative consultation- may want to work on this with collaboration of team members.

Done by domain: behavioral, emotional, sensory, then within the domains test-by-test. Try and save the full integration for the summary since that is the analysis of the conclusion).
Trained: psych reports, Test-by-test

Recommend integrated MET idea, helps decrease inconsistencies, if the integration, include the why and the so what! The integrated met affords you that opportunity to see this and find out the information around. Learn as a student to be able to write about it professionally and in a way that communicates. In school setting-one of the most important things is to connect the dots for me. Have to be able to communicate effectively, that level of sophistication in how to understand how to use every measures. So learn both and how to integrate to the specific kid and the integration, etc. Finally, able to include the test component, parent support, motivation, setting, etc. that need to be analyzed.

Domain-based and test-based within the sections. That includes standardized and CBM, achievement separate by test (TC does this). Prefers domain-based. Give Wechsler or KBIT (to everyone-achievement team screening). Within cognitive by the areas, test by test within academic ones
Trained: to do stand alone reports, so learned to do domain-by-domain
What format should be taught: should be taught domain by domain

Prefer domain based. Domain helps integrate various tests into one section. Easier to understand. She was taught than in her graduate school.

5. Do you feel you are able to write reports that are sufficiently comprehensive for the IEP team within the confines of the current template?

Yes. Based on its flexibility and ability to change headings and sections and deletion. Most of them look more at what is found than what do we do with the information. Would like to see more with that. Legal issues with writing it down and not doing it. Good for the evaluation one.

Yes. Sometimes others won't do it, but her sections are. The template is expansive enough to make a comprehensive report. Flexible enough to take out sections, or add a header if necessary to highlight a specific section.

Feel like AA reports are definitely comprehensive compared to other reports. As far as the IEP, it is not always taken from the MET. Other times the MET will be cut and pasted into the IEP, depends on the team.

She writes a pretty thorough report, able to do a comprehensive report with this template, even when all the sections aren't needed.

She thinks so, yes.

Yes.

She thinks so and thinks a lot of times there will be where should this information go. But generally does a good job of making sure

Template gives a nice structure to make sure getting all the information is. If there is more information that needs to be put in, can find a place for it.

Does NOT confine them in anyway.

Does use it to reword headings when necessary (combine some sections together)

Use headings flexibly. So not too worried about that

Yes and no. Definitely feel reports are comprehensive—don't feel that it flows well into the IEP development. Like the integrated reports, but would like to see the format change to reflect more of the format of an IEP. Varies by building and strength of the team. Sometimes the PLAAFs are huge, narrative need more what was the score, how is this impacting his education.

More alignment with how the results are reported in the IEP. Within the confines of the MET, able to somewhat change her style where the summary section, makes the PLAAF section to plug in that information. Definitely a struggle because all the TCs are not on board with that. Teams concentrate more on the goals and objectives.

Yes. Not is confining in anyway. Alter it sometimes. Uses review of previous evaluation information, also include intervention information so that it is documented. Reason for the support and education,

Achievement team is a different process and unique specific to Ann Arbor

Yes. Getting a little shorter but sometimes very long. Have the option to write a lot, not spending as much time with lengthy summaries, sometimes affected by the deadlines.

Oh yeah. Definitely include everything. Almost too comprehensive.

6. How do you give and explain specific recommendations (e.g., use of cover, copy, compare to improve spelling test performance) to teachers and parents?

Do not write the recommendations within the report document because it is legally binding. Generally when going over evaluation report, explain the students strengths, difficulties using the cognitive abilities to tie into that. Sometimes give the parents handouts to help, give parents recommendations on locations, and other specific areas. Give verbally and then follow up with list of tutors or therapists and interventions. Give them handout on the intervention, model if necessary to teacher or parents, follow up as necessary.

Do that orally in the meeting. Occasionally there will be a general recommendation within the summary, but do not list out specific recommendations. This is one of the things that she used to do and she stopped doing because no one did them and some of the supervisors recommend against this since people can get in trouble for not following up. Consultation during the meeting on what and how to place interventions.

Don't always put recommendations in the report, a lot of times not written it down. More happens orally in the meetings.

Typically she will include them after the summary section. After organizing and summarizing the results, and stating the direction the team is leading or what they are eligible for, will offer recommendations based on the performance and evaluation results. Will be discussed at the meeting. Will give specific results within the report. Sometimes will state why making recommendation is given.

Included in the MET report under recommendations, whether it is specific or general (website names, etc.) sometimes will also give separate sheets of things as well, but usually within the report. Then explain these further during the meeting.

Usually as a team collaborate on recommendations and have specific recommendations within the summary or overall report summary.

Give specific recommendations at the end of the report so there will be a summary that integrates all of the information, and then at the end at recommendations at least a few in every area found as a concern. Specific in the summary (more general within the report).

Suggested by the AD to not give recommendations because then the district can be held responsible for implementing them. Goes against everything-used to spend more time on developing recommendation than on writing whole report. If doing achievement team evals, give recommendations, but for METs, do not give them anymore. Have very global and generic statements for recommendations. Not happy about this. Is this legal fear true or not or just someone saying that.

Usually write those write in the summary and recommendations. If something comes up during the evaluation that is in the dialogue, would give recommendations to parents verbally; follow up with email links to resources in anyway to support the needs. Also can meet with teachers later (Don john start to finish series)-Building Wings! Check out the books for them, bring to the parents and teacher. Find high interest areas for the students, follow up if necessary Can also do sessions to help the students,

Tend to list them in the end of the summary section. Try to be sure that they are suggestions for accommodations in the IEP so a lot of overlap there. With combination of modification, can give them very specific recommendations (multisensory reading program) without naming a specific program on the report.

There are psychologists that have a generic list of recommendations, does not do that. She will defer to the teacher consultant or the teacher for specific recommendations. Will write them in the report into the summary.

7. Does the template help you stay focused on reporting information needed by the IEP (or 504) team?

Yes it does. Especially with the exclusionary factor. Also include a chart to help keep it more focused. Wish that was part of the Ann Arbor actual template, but able to include that as well within still able to include it under the heading, great cue, but also would be great to have it for everyone to use.
Generally does a good job of having all of the correct sections, good cues to help make sure you included everything. Makes you think about each section before just deleting them.

Yes it does, and can, but some of the other team members do not always look at it. IT helps direct that focus and make sure all is included.

Yeah she thinks so, it is well organized and helps keep the report organized.

Yes. When working, helps to highlight information that still needs to fill in. Helps be its on checklist.

Yeah for the most part, it depends on the person and the evaluators writing the reports and how focused in they are.
Another one will use the IEP format back to the MET back and forth in order to make more sense for the parent.

Don't know that doesn't occur to him, just does what thinks is needed.

She thinks it does, has that structure that is predictable for the team, know what section to go to if concerned about something. Helps parents that there is a structured way of doing it. Helps streamline and stay focused and give a spot for the information. Even administrators can look exactly where they need instead of having to search without them. Focus on where information needs to go.

Yes. Does think there is a lot of information that is included in the reports that is relevant to the understanding of the child but doesn't make it into the development of the IEP. Don't know if there is a better way to handle all of that information especially when it is very sensitive. Ways that we could have things discussed among team members without being written. A lot of information in the report that is never part of the IEP process at all, Other times, there is not enough (the behavior observations, etc.).
Overall, does help stay focused on reporting information needed-but sometimes too much is reported.

Yes absolutely; Can actually go back to the REED when doing an evaluation. Use it as a checklist the REED helps

Yeah. Is a reminder of all the sections that need to be covered. Sometimes won't include all of the template, delete sections that aren't relevant.

Yes. When you are going over it with parents it is nice to go section by section, gives it structure.

8. Do you often prepare a separate, more comprehensive and detailed report when parents request evaluation results be sent to a non-school medical or mental health provider? If yes, about how often?

Generally just send the MET report since it includes enough. Sometimes will reduce it to the "quick and dirty" but then will let them include more detail. SO overall if she were too, she would cut out some of the sections and use more summarizing, would make it short and simple so they do not have to wait through information, concentrate more on scores and graphs (specifically to doctors and medical information).

Never. Just send the MET.

No, the MET is comprehensive enough and all the information is there from all the evaluators.

Typically reports are pretty comprehensive so don't need to write anything additional, send the MET off. Will send a copy of the MET report to parents 2-days before the meeting as well.

No. The reports look the same, we frequently have parents taking them to medical places and it is still going to look the same no matter where it is being taken. IF they have asked for specific scoring numbers (such as the ADOS), can be provided by email before, but don't include these in the report because not supposed to.

Entire report is usually put into the MET so do have the separate report if someone wants just the psych report. Depends on the relevance on the situation whether the whole MET is needed.

Don't prepare a separate report, any sort of evaluation or community member, medical professional, they need the MET report. They are comprehensive enough and user friendly so that is what is sent.
If just doing a quick screening of Connors report. Consulting with doctor for ADHD, may have modified version or different type of quick looking report, but that is pretty rare.

No. Nothing is more comprehensive than the MET

No, never done that. Some outside evaluators will do that but not for the MET.

Generally not, sometimes the MET goes to a non-school provider, that is what she would send. With permission, typically communicate more on the phone with pediatricians and therapists.

No. She would send the MET. She sends a lot of letters to doctors when she has done what she calls an ADHD screening (includes interviewing parents, teachers, and Connors). Will summarize when parents request. If does it is a 2 page summary of the report so the doctor will read it.

9. What, if any, modifications or adjustments would you make to the current report template? What seem to be the limitations or shortcomings of the current report template? What are the best, most helpful, components of the template?

ADJUSTMENTS: Potentially add more about the *autism sections* so that is aligned with the qualifications and legal requirements. Adding sections for that. Perhaps incorporate more worksheets for LD (such as the worksheet one school psych did). Will include a hard copy to it, but not included into the MET. So that it is consistent across the district.

LIMITATIONS: Nothing major that stands out. Flexible so can alter it as needed. Always done it in this general way (different district so different specific form). Limitation is not the template, it is how we function. Limitation is the summary because sometimes team members don't write them, etc. Sometimes the timing is not great. It is wonderful that it is not redundant and this way likely to look and discuss information beforehand as opposed to waiting until the meeting and processing all of the information there.
MODIFICATIONS: Flexible enough that it can be adjusted to her own needs. One of the challenges is integrating the summary. Some people do it better than others. The report can sometimes be very choppy in the summary, takes effort to make people write their summary to take time to integrate what is happening.
BEST: Integrated, looking at the kid as a whole picture rather than bits and pieces. Pretty good template
-Nurse participation is interesting

MODIFICATIONS: Can't think of any thing. Add things as she needs them, but permitted to do that which helps. Think it is good that no matter what year it looks the same as mine and will be organized the same way.

BEST: Flexibility and consistency across time and school
Template in itself, but have a system excentera where put IEP, MET reports onto database which does not allow for as much flexible as ideal, sometimes it won't go into the system correctly—more limitations of the system. Several psychs now use particular template for students with specific learning disabilities and organize that way, will not transfer into that program and then when we eople pull it won't see that chart or table.

MODIFICATIONS: Wouldn't change the template (perhaps explanation of criteria—more of district discussion) about length and what to include and how to include that information

BEST: Best are that it is integrated and not multiple separate reports from each examiner.

MODIFICATIONS: it is sufficient
Nothing stands out

MODIFICATIONS: would be interested in looking at eligibility specific templates (specifically for LD there are specific things that are important like exclusionary factors) (ASD could craft a better template for that one, but not sure what that would look like, may be worth looking into) may have a really common incidence eligibility really look at those first and how to craft specific one for those.
BEST: It is pretty general and is a nice structure, narrowing out some of the background. Education history, does do a good job of this (much better than clinical reports, really get a history)
LIMITATIONS: pretty general (maybe go more specific for headings). Separate out education and medical, and development history
Have flexibility for integrating information in the summary and touching on the important aspects of student's education and diagnostic finding

MODIFICATIONS: more aligned to the IEP sections. Brief synopsis of background, then looking at student strengths, parent concerns (more to the point, precise, concise, identifying what we are actually going to do something about. Same thing for academics, should be broken down to quantitative in some areas, and then looking at impact and resulting needs (this may be more for LD evals, but would apply to all) more focused with the way the IEP is developed.
LIMITATIONS: Depends on the parent dealing with, but it is too much information for several parents and it kind of leads us in more of a clinical route as opposed to educational. We have some really smart psychs and social workers that can see the potential for treatment plans-but not thinking within the confines of what we need in school. More targeted and focused to the school setting and what we could do there; think not concise enough of a report writer. Work in setting where need more and more and more information, reports are 15-18 pages long. Very targeted to what is relevant in the school setting. Not like the information isn't good-but what are we doing with it??

BEST: best thing about the template is being able to get a very good picture of a child's functioning and their needs. Would like to see each section answer the question-why is this important?? When a classroom observation is done without an analysis of how is this impacting the performance! So what?? Add section of educational impact, and resulting need-bring that into the report for each section. This would help concentrate resources and efforts.

MODIFICATIONS: not really any issues with the template itself-big concern is the transmission of the information and how we can do that in a way that protects confidentiality, is respectful for everything.
--Vision of students today YouTube video

BEST of: integrated,

MODIFICATIONS: no specific modifications. For professional development, maybe a little more sharing between the psychs (how are different teams working and handling situations)
LIMITATIONS: if difficulties in a team, that can create some stress, often there are people that tend to be the last to get information in, troubleshooting those deadlines. Issues on how to share. Some teams do information on the school server and enter their information that way, however the server is limiting (location, etc.). Ruling from attorney can share information in attachment
BEST: like the process that it forces the team to communicate, ideally everyone is seeing everyone's information ahead of time and then communicates concerns. Is multidisciplinary-work as a team.

MODIFICATIONS: To much duplication with the REED, gotten too long but that is because we are writing too much in each section, we all definitely feel the need to elaborate so much, but this may not relate to the structure.
LIMITATIONS: There could be having subheadings more consistent between them.
BEST: Likes the background history section to give a very full picture of the student. It is quite comprehensive. Test Results and section we add the subheadings within which varies from person to person, but it does give flexibility.

10. How would you rate this template on a scale of 1-5 (1 as not useful, 5 as very useful)?

<div align="center">

1   2   3   4   5

not useful; a little useful; somewhat useful; mostly useful; very useful

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11. Would you recommend this template for other districts?

Definitely! A lot easier to understand the information. It flows well instead of having the spearte reports. The template forces the team to integrate it, makes people talk and discuss the findings, iron out any issues and on the same page prior to coming to the meetings. Definitely would recommend.

Yes.
Yes.
Yeah, have not seen templates from other districts so not sure if there are more components or fewer out there. but feel able to use this pretty well.

Each district would have to decide and define what they feel their needs are. Not a fan of cookie cutter stuff. As long as what is being sent is relevant and coherent

Yeah she would, there is room for improvement, but having been in AA and comparing to other district a lot are still using a separate report from each contributor, and then kind of put together. This is harder to read and the reader has to do the integration causing an extra step. Always looking at other reports too to incorporate.

Before recommending, would like to tweak it, but definitely would recommend an integrated report to other districts. Perhaps ours with a few tweaks.

Yes. Good basic template. Well put together, likes the fact that
STAFF-SIS FORMS-MET template, made a guideline, a whole guideline (times new roman)
→ want to minimize the editorial, clerical work involved

Yes.

Yes. Has seen other districts and Ann Arbor has the best in the area.

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