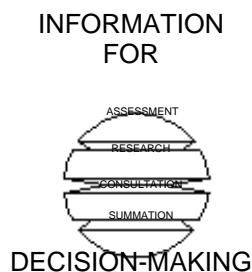


Evaluation of the ACPS School Support Team Model

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MONITORING AND EVALUATION SERVICES



ALEXANDRIA CITY PUBLIC SCHOOLS

Evaluation of the ACPS School Support Team Model and Implementation

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EXECUTIVE SUMMARY

In 1989 Alexandria City Public Schools proposed a School Support Team (SST) model to address chronic absenteeism, academic and behavioral problems in the classroom, and other barriers to school achievement. Further, the SST model was implemented with the objective of diverting from Special Education those students whose needs could be better met with other support services in a general education program. Accordingly, an important role of the SST was the provision of assistance to teachers in developing approaches to enhance learning and classroom management.

The SST evaluation assessed the implementation of the SST model in 2003-2004, thirteen years after its initial adoption by schools. The evaluation elicited the perceived efficacy of the SST by stakeholders, as well as its consistency with original goals, and with current ACPS, State and Federal policies and regulations.

Data collection consisted of four phases: Phase I involved interviews with administrative staff for the purpose of identifying primary evaluation objectives and resources. Phase II consisted of structured interviews with the 18 ACPS School Principals to assess implementation, as well as concerns and best practices. Phase III consisted of a survey (with the opportunity for an interview) of each of the 111 School Support Team staff members. Phase IV consisted of a survey of a random sample of 785 ACPS teachers to assess satisfaction with SST services.

Phase I findings yielded central evaluation questions which guided the construction of interviews and surveys of professional staff. Phase II findings indicated a considerable discrepancy between elementary and secondary schools in the manner in which the SST model has been implemented. There has been a general consistency across elementary schools in the implementation of the SST 'round-table' meeting (the central mechanism for SST case management), with only one of thirteen elementary schools electing not to hold such meetings. In contrast, most secondary schools have abandoned the weekly 'round-table' meeting due to its perceived inefficiency in providing services.

Phase III findings suggest that schools need to improve SST management issues pertaining to meeting attendance, procedural clarity, effectiveness of interventions, and follow-up to teachers. It is recommended that SSTs maintain a database of non-identifying student information for purposes of yearly evaluation of service utilization, and outcome analysis. It is also recommended that a Central Office liaison specialist qualified in each of the SST professional disciplines (social work, school psychology, counseling, and nursing) provide administrative oversight for each SST professional group. In the case of psychologists, it is recommended that a Lead psychologist serve in this capacity, providing consultation to LAB programs, and guidance to new staff and interns. An additional full-time psychologist and full-time psychology intern position should be funded to bring staff-to-student ratios at TC Williams into greater parity with such ratios in other schools. It is recommended that funding be provided to provide ACPS with two additional nursing positions in order to improve the nursing staff-to-student ratios at TC Williams and at both Middle Schools.

Phase III and IV findings indicate that, while School Support Teams have been successful in providing access to short-term counseling and behavioral interventions, they have been less successful in providing instructional consultation to teachers and in diverting students from Special Education who may be well-served in the regular classroom. A recommendation is made to broaden the institution of the Instructional Support Team model of academic intervention and teacher consultation throughout ACPS, and to appoint an IST support teacher to the SSTs in each school.

INTRODUCTION

The purpose of the present report is to provide an evaluation of the School Support Team model within the Alexandria City Public Schools. The evaluation was designed to answer questions posed by the Superintendent and Executive Staff that are relevant to policy and management decisions, and to identify aspects of the model or its implementation needing improvement or revision. The overall objective of the present evaluation report is to improve program performance through provision of recommendations and 'best practices' to the Superintendent, Executive Staff and the ACPS School Board.

BACKGROUND OF THE SCHOOL SUPPORT TEAM MODEL

The original School Support Team concept was proposed and instituted under the direction of the School Board in 1989. At this time, there was general concern that many students in the ACPS division were not receiving services needed to boost their academic achievement and to reduce high truancy and drop-out rates. The vision for an SST model in 1989 included the placement of social workers, psychologists and nurses in each of the schools (there were counselors in each school at this time, but social workers and psychologists served three to four schools each). The ACPS hoped to enlist the School Support Teams to provide preventive and intervention services in each school to reduce the numbers of students inappropriately diagnosed with learning disabilities and emotional disturbance (for want of other services), and to provide alternative services to teachers, students and families.

The general mission of the School Support Teams was described during the November 15, 1990 School Board meeting and elaborated during the Administrative Academy of June 26, 1992. At this time, the goals of the SST were:

- To address chronic absenteeism
- To address chronic behavioral problems
- To divert from Special Education those whose needs are more appropriately met in another manner
- To assist teachers in providing specific approaches that will enhance learning and appropriate behavior.

SST Membership

Each school building was expected to form a School Support Team composed of the Principal (designated as the School Support Team Leader), psychologist, social worker, and counselor. On a case by case basis, other staff (such as nurses) were to attend the meeting as deemed appropriate by the Team Leader. At the secondary level, cases were to be assigned to the SST by the counseling staff.

SST Referral Criteria

Students exhibiting behaviors which interfered with learning were to be referred to the SST. Criteria for referral were listed as follows:

- Students with chronic attendance problems
- Students with behavior problems affecting learning
- Male and female teen parents
- Homeless students
- Potential dropouts
- Students with suicidal tendencies
- Students experiencing a crisis
- Students who have other personal or family problems

SST Referral Process

Any staff member who believed a student exhibited one of the problem areas listed under the SST referral criteria were to refer the student to a team member who would screen the request and send it to the Team Leader. The SST was to meet to determine what information was needed to understand the problem and then make an appropriate case assignment. The team would then analyze the information received from the case assignee to determine appropriate services to be provided to the student. The Team Leader was also to decide if further data or services were needed.

SST Services

The services provided by the School Support Team in 1990 included those listed below.

- **Group Counseling**
Conducted by any SST member with appropriate skills.
- **Individual Counseling**
Provided by the Guidance Counselor, with School Psychologist or Social Worker serving as 'back-up' when the case-load was too large.
- **Tutoring**
Through staff, volunteers, or peers as appropriate.
- **Mentoring**
To be a role model for the student, arranged by anyone on the SST team.
- **Parent Workshops**
Developed by SST members for groups of parents with common needs.
- **Support for the Classroom Teacher**
The SST member with the best skills appropriate to intervene was to provide support in the form of behavior modification, conflict resolution, or contract with students and parents. Teachers, student, and/or parent(s) were to be involved in the process.

SST Staff Responsibilities

While the responsibility of the Principal (SST Team Leader) was to receive referrals from the SST member who had received a staff request for SST services, and to serve in a follow-up function after the SST had convened about a particular student, the roles of other SST members were assigned as follows:

Counselors

- Behavioral Intervention
- Crisis Intervention
- Personal / Social Development Tasks
- Parent / School Relations
- Maintenance of Academic Progress

Social Workers

- Attendance Problems
- Family Interventions
- Parent / Student Relations
- Coordinate Multi-Agency Services
- Direct Referrals to Child Services

Psychologists

- Behavioral Intervention
- Family Intervention
- Behavior Consultations
- Academic Consultations

SST Evaluation of 1991

In spring of 1991 an evaluation of the SST model was undertaken by the Office of Monitoring and Evaluation. At the time of this evaluation, the SST model had been in place for approximately one year. Findings indicated that the model had been implemented with considerable variation from school to school, and that schools had largely failed to specify SST standards and procedures such that case follow-up and teacher involvement varied considerably across schools.

The 1991 Evaluation findings highlighted the following perceived benefits of the model as implemented across the 16 schools (Samuel Tucker was not constructed until 2000).

Perceived Benefits of SST (1991)

- Acknowledgment of prevention as goal
- Greater coordination of services and interventions for individual students
- Increased frequency of parent conferences and contacts
- Increased examination of classroom problems by teachers, and decreased ‘knee-jerk’ referrals to the principal.
- Collective wisdom of SST was more acceptable to the teacher when teacher change was needed
- SST served as a catalyst to school-level programmatic interventions
- Increased inter-agency involvement and follow-up
- SST prevents some students from ‘falling through the cracks’
- Centralized record-keeping can serve as a diagnostic aid for future programming
- Problems addressed quickly
- Greater utilization of ACPS resources to meet student needs
- Facilitates intra-district transfers for at-risk students

Perceived Direction of Expansion of SST Model (1991)

- All student retention/failures would be considered by SST
- Less dependency on principal as SST became 'empowered'
- District-wide SST meetings should be held for teams to share with each other
- School-level crisis response plans should be developed
- System-wide SST coordination plan needed to manage multi-school emergency crisis response
- More parent-outreach and PTA involvement

Perceived Needs for Improvement of SST Implementation (1991)

- Issues involving confidentiality of student information arose
- SST record-keeping was minimal, and varied across the ACPS division, negating the possibility of district-level monitoring of SST effectiveness
- Management issues abounded (including problems with promptness, procedural clarity, assignment of responsibility, timeliness and consistency of intervention, and follow-up to teachers)
- No developed mechanisms for ongoing and local SST evaluation were in place
- Greater identification of prevention and intervention strategies were needed
- A strategy to address attendance problems in secondary schools should be developed
- SST and CSC functions overlap, and formal articulation of SST and CSC areas of redundancy would better meet student needs

The findings and recommendations above were communicated at the ACPS Administrative Academy of June 26, 1992. During this meeting, administrators from the Central Office stressed the potential of the SST model, by virtue of its emphasis on prevention, intervention and treatment, to reduce the number of referrals to Special Education.

At the 1992 Administrative Academy, the original scope of the prevention, consultation, and intervention services to be provided by SST members (psychologists, counselors, and social workers) was expanded to include the possibility of formal individual assessments and longer-term individual, group, and family therapy for SST-referred students with more severe problems.

School principals were encouraged to convene their SSTs prior to school-opening to establish priorities for the coming year, and to appoint an SST member to serve on a Child Study Committee. Also encouraged was the practice of inviting 'ad hoc' members of the SST to attend sessions for the purpose of brainstorming prevention and intervention measures. Further suggestions included the institution of two SST meetings, one to address individual student-cases, and one to address school-wide issues.

BACKGROUND OF THE 2004 SST EVALUATION

In fall of the 2003-2004 school year, the Superintendent and Executive staff proposed a renewed evaluation of the SST model in response to a series of complaints by a number of SST staff members

concerning the administrative support provided to them by the Central Office. The delineation of these concerns, along with concerns about SST implementation raised by Executive staff themselves, prompted the 2004 re-evaluation of the Student Support Team model within the division.

KEY EVALUATION QUESTIONS

A. How has the School Support Team model been implemented across the ACPS division during the 2003-2004 school year? Do School Support Teams share the same common definition, mission, purpose, structure across the division? What modifications have occurred since the original conception?

B. Is the current implementation of the SST model effective in meeting it's original goals? What have been the perceived benefits and limitations of the SST model by stake-holders?

C. Are all SST staff provided with appropriate administrative support? What are their concerns and suggestions with regard to management and service delivery?

D. Are the activities of the SST vital to meeting the objectives of the program? Specifically how do the SST members spend their time?

E. Is the implementation of SST at each school consistent with current ACPS policies and with State and Federal regulations?

EVALUATION APPROACH AND DATA COLLECTION PROCEDURES

The evaluation of the SST model constitutes a formative evaluation of the implementation of the SST programs within ACPS schools. The evaluation was carried out by means of surveys, interviews, and document review, and was intended to evaluate the original SST model from the standpoint of consistency with its original goals, as well as with State and Federal laws, with ACPS policies, and in light of ACPS program and organizational changes since the time of the SST model inception.

Data collection consisted of four phases:

Phase I: Individual interviews were conducted with Executive and Administrative Staff for solicitation of questions and concerns about the SST model or its implementation, and for the purpose of identifying the primary evaluation goals and objectives from the standpoint of policy-makers. Identification of data sources to be used included the collection of historical documents, and the review of federal and state laws pertaining to mental health service delivery and Special Education regulations in Virginia schools, and review of ACPS policies pertinent to student records. Consultation with an ACPS attorney served to clarify issues pertaining to school policies and regulations.

During Phase I, Interviews were conducted with the following ACPS officials:

Superintendent Rebecca Perry
Executive Director for Elementary Education Cathy David
Executive Director for Secondary Programs Margaret Walsh

Director of Student Services Marylou Wall
Director of Pupil Services Lawrence Jointer
Special Education Coordinator /Student Services Elizabeth Rankin
Special Education Coordinator/Student Services Melva Holloman
Truancy Outreach Specialist Terry Wright

Phase II. Structured interviews were carried out in person with each of the 18 ACPS school principals to assess the features of the SST model which were currently being implemented at each school, and to elicit concerns and best practices for the SST from the principal's perspective. (A copy of the Principal Interview Schedule and SST staff surveys can be found in Appendix A).

Phase III. Surveys and selected interviews were conducted with all School Support Team Staff to assess concerns and to elicit suggestions for improvement in services. A total of 111 surveys were disseminated to SST staff, to whom the opportunity for telephone or personal interviews were made available.

Phase IV. A survey of a random sample of ACPS teachers was carried out to assess satisfaction with SST implementation and to solicit suggestions for improvement of SST services.

EVALUATION CONSTRAINTS

The evaluation approach relied largely upon data obtained from surveys and structured interviews, with the objective of assessing the implementation of the originally conceived SST model, and its perceived effectiveness. The utility of the results presented in this report are, to a large degree, a function of the insight and objectivity of the 457 respondents who have provided perspectives. The evaluation is constrained by the absence of certain historical data appropriate to a pre-post comparison of student performance. The perceived benefits of SST are difficult to establish with a strict empirical approach, as baseline levels of many indicators prior to 2000 are not available.

The development of many alternative support services since the inception of the SST model further obscures the picture of SST effectiveness. For example, improvements in the coordination of inter-agency services and interventions for students may be attributable to subsequent federal and state initiatives (e.g. Family Assessment and Planning Team (FAPT)¹ services) than to the effectiveness of the SST model.

The influence of any given school's School Support Team on student academic performance is likewise difficult to assess, particularly in light of curricular changes brought about since the Standard of

¹The Family Assessment and Planning Team (FAPT), mandated to serve each community by the Comprehensive Services Act, consist of members of community agencies and a parent representative who work with families to provide a plan of services in case of need. The members of the FAPT include representatives from the Community Services Board, Juvenile Court Services, Social Services, Health Department and the Department of Education.

Learning assessments were instituted in 1998. Student attendance has also been affected by the institution of the Attendance Panel program by the ACPS Office of Pupil Services. Finally, Systematic school-level evaluations designed to assess the attainment of SST objectives (e.g., the examination of classroom learning problems by teachers) have not been undertaken by schools.

The SST evaluation of 2003-2004 was designed with the objective of evaluating the consistency of implementation of the SST model across ACPS schools, and of determining its perceived effectiveness through analysis of stake-holder views.

EVALUATION FINDINGS

Findings of the SST evaluation are organized by the Evaluation phase, and appear in the same order which governed the collection of data. Phase I, which consisted of interviews with ACPS Executive and Administrative staff, resulted in the generation of evaluation questions, and the location of historical documents and other resources. Information resulting from Phase I was also used to guide the construction of interview schedules and surveys for Phase II, III, and IV data collection.

Phase II findings resulted from structured interviews with each of the 18 ACPS school principals (Principal interview schedules are included in Appendix A). Data from Phase II appears first in the Tables of findings, and provides information about the features of the SST model which were being implemented at each school in 2003-2004. Phase II results also include principal concerns about the School Support Team concept or its applications.

Phase III results consist of survey responses of School Support Team staff (counselors, social workers, psychologists, and Assistant Principals), follow up interviews were conducted with self-selected School Support Team Staff to elicit suggestions for improvements in program. A total of 111 surveys (see Appendix A) were disseminated to SST staff, representing a 100% sample of the population. Seventy-four (66%) SST staff members returned questionnaires. The opportunity for telephone or personal interviews were also made available to all SST staff responding to the survey. Sixteen staff members (22%) were interviewed in person to elicit comments and concerns.

Phase IV consisted of results of the Teacher Survey (Appendix A) of a random sample of 785 ACPS teachers. The results of the survey reflect teacher-satisfaction with consultation received from the school's SST (or equivalent staff in the event the school did not adopt the SST model) A total of 357 (46%) of these surveys were returned, representing an adequate sample of ACPS teachers for making inferences about this population with 90% certainty.²

For the sake of clarity, findings in the next section are organized by Key Evaluation Question. Conclusions appear in tabular form under each of the five central evaluation questions listed on the following pages, along with references to tables containing evidence in support of these conclusions. Following this section, SST Tables are listed in order of data-collection Phases (Principal, SST staff, and

² Adequate sample size for a population of 1225 ACPS teachers is 297. Teacher database was provided by the ACPS Office of Human Services.

Teachers). Following each section of quantitative results of Phase II and III, the paraphrased comments of respondents are provided, organized by profession. Except as indicated in Phase II results, highly similar comments made by more than one staff member are not listed.

SUMMARY OF FINDINGS

EVALUATION QUESTION A. How has the School Support Team model been implemented across the ACPS division during the 2003-2004 school year? Do School Support Teams share the same common definition, mission, purpose, structure across the division?

CONCLUSIONS

Schools have applied the SST model with general consistency at the elementary school level. One elementary school (Patrick Henry) does not hold 'round-table' meetings. Large secondary schools, by virtue of their size differences, have not generally implemented the weekly SST 'round-table' mode of case management for individual student-level concerns. One middle school (GW) has abandoned the 'round-table' SST model in favor of the Instructional Support Team (IST) teacher-consultation model, with some discontent among SST staff for the loss of the former approach. One Elementary school (Mount Vernon) has more successfully instituted the IST in conjunction with the SST model.

Unequal SST Staff/student ratios by profession and by school level (Elementary vs. Secondary) are notable particularly for nurses and psychologists in the secondary school setting.

Psychologist staffing ratios, in particular, are lower in ACPS than in comparable size school districts in VA, and lower in relation to local school systems in Northern Virginia.

Variations in the implementation of the SST model exist both within and across the school division.

The frequency of SST meetings have varied across and within school levels (Some schools hold the round-table meeting only monthly or bi-monthly, while others have abandoned it).

There is variation between schools in how SSTs receive referrals from teachers, and variation in the extent to which teachers are included in the problem-solving or follow-up process. SSTs differ in respect to whether or not the SST is recognized as a vehicle for CSC Pre-Screening interventions.

EVIDENCE:

Results of Phase II. Principal Surveys, Tables 1-6.

Results of Phase II. Principal Survey, Tables 7 and 8

Results of Phase II. Principal Survey, Table 9

Results of Phase II. Principal Survey, Tables 10-12

EVALUATION QUESTION A. (Continued.) How has the School Support Team model been implemented across the ACPS division during the 2003-2004 school year? Do School Support Teams share the same common definition, mission, purpose, structure across the division?

CONCLUSIONS

Problem areas focused upon in the SST ‘round-table’ meetings vary between schools and school levels (elementary/secondary). Since the original institution of the SST model in 1990, new developments in Pupil Services such as the Attendance Review Panel, and new state initiatives (such as the VA. Comprehensive Services Act of 1992 which created the FAPT boards) have replaced or augmented services formerly provided by school-level SSTs.

The development of division and school Crisis Plans, once envisioned as a function of the SSTs have been relegated to other school departments.

Other services which the SST was to provide (e.g. counseling services in relation to Student Sexuality and Parenting) have been provided more efficiently through community resources (e.g. the Teen Health Clinic for TC Williams Students).

As originally conceived, the SST was chaired by the school principal. There is variation between schools and across levels in the extent to which the school principal continues to be actively involved in chairing SST meetings.

Other differences in SST implementation across schools was found in both record-keeping practices, supervision of SST staff, and staffing-ratios across schools.

In comparison to seven other comparable-size school divisions in Virginia, ACPS compares favorably with regard to staffing ratios for psychologists.

A review of ACPS SST staffing indicates that State recommendations for minimum staff-to-student ratios are being met, with the exception of secondary school nursing staff, for which the staff to student ratio is lower than recommended by the state. However, there is lack of parity across school levels in staffing ratios for both psychologists and nurses.

EVIDENCE:

Phase II. Results of Principal Survey, Table 11.

Phase III. SST Survey Results, Tables 21-25

Results of State-Wide Division Survey of Psychologist Staffing, Table 7.

SST Staffing Practices, Table 1.

EVALUATION QUESTION B. Is the current implementation of the SST model effective in meeting it's original goals? What have been the perceived benefits and limitations of the SST model by stake-holders?

CONCLUSION

Schools have not conducted annual utilization reviews or evaluations of SST effectiveness by means of case-record maintenance and review.

The SST 'round-table' model of problem-resolution for student problems has been perceived to be untenable at TC Williams and George Washington Middle School.

There is difference in perceptions by principals of the degree to which SSTs are equipped to provide teachers with pre-CSC Screening interventions following referrals for learning or behavioral problems

SST staff report that the most rewarding aspects of SSTs are a function of the round-table meeting, which provides them with an opportunity to work as a team in recommending needed services to students and teachers.

SST staff list challenges pertaining to their work with teachers and parents in particular, and pertaining to time management and organization.

SST comments and suggestions for improvement at the school and administrative levels point to many similarities across professions in SST problem-identification. The need for SSTs to work more closely with and provide instructional strategies to teachers was a predominant finding, reiterated in the results of the Teacher Survey. Only 8% of respondent teachers indicated that SST-recommended academic interventions were consistently effective, and about 30% indicated they were usually effective. About the same percentage of teachers reported SST staff always or usually followed-up on the effectiveness of their recommendations.

A number of staff suggested investigating the Instructional Support Team (IST) model (Described in Appendix A) to improve consultation services to teachers.

EVIDENCE:

Results of Phase II Principal Survey Table 13

Results of Phase II Principal Survey Table 14 and 15

Results of Phase II Principal Survey Table 12

Results of Phase III. SST Survey Table 26

Results of Phase III. SST Survey Table 27

Results of Phase III. SST Survey Tables 28-39

Results of Phase IV. Teacher Survey Tables 43-55

EVALUATION QUESTION C. Are all SST staff provided with appropriate administrative support? What are their concerns and suggestions with regard to management and service delivery?

<p>CONCLUSION</p> <p>Central Office supervision is provided to each of the SST professions by an administrative liaison staff member who is expected to devote approximately 10 hours per week to SST supervision and administrative support.</p> <p>There is considerable variation across schools in the way that supervision is provided to SST staff.</p> <p>Results of the Principal and SST surveys revealed widespread agreement that administrative support of SST personnel would optimally be provided by a Central Office administrative liaison staff member responsible for supervision and professional support of each of the disciplines (social work, school psychology, guidance counselors, nurses).</p> <p>Complaints about a lack of administrative support have arisen most often from among school psychologists with the longest tenure in the system.</p> <p>A survey of seven other comparable-size school divisions in Virginia indicates that three of the seven have an administrative level school psychologist providing supervision and administrative support to psychologists, while four do not. The majority of local school divisions (all of which are larger than ACPS) provide administrative oversight of psychologists by a full-time school psychologist.</p>	<p>EVIDENCE:</p> <p>Results of Phase I Student Services Interview Table 1</p> <p>Results of Phase III. SST Survey Table 24</p> <p>Results of Phase III. SST Survey Tables 28-39</p> <p>Results of Phase III. SST Survey Tables 29 and 38</p> <p>Results of Phase I State-wide Division Survey of Psychologist Staffing, Table 7.</p>
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EVALUATION QUESTION C (Continued). Are all SST staff provided with appropriate administrative support? What are their concerns and suggestions with regard to management and service delivery?

CONCLUSION

SST suggestions for changes in SST implementation reflect a general consensus for the need to develop new and more effective ways to boost academic achievement among students, and to provide more effective consultation services to teachers. The number of referrals to Child Study screening remains high in 2004. There is a perception among some SST staff that the augmentation of SSTs with an Instructional Support Team (IST) program for teacher-consultation would better serve the purpose of diverting students from the Child Study evaluation process than the SST model alone.

While SST staff understand the utility of yearly evaluations of SST effectiveness, there is a preference among most SST members, for reasons of student confidentiality, to maintain SST records only in the form of personal files. Some SST staff and principals have requested an in service from FAPT for insight in resolving this issue. Appendix B provides recent State guidance on maintenance of student educational records.

Experienced SST staff have suggested that LAB programs would be best served by the institution of a Central Office Psychologist Liaison or Lead Psychologist. A centrally-located Lead Psychologist or Liaison could potentially administer the LAB programs and oversee the administration of psychological services within the division.

There is consensus among nurses that coverage relief is needed in order for nurses to participate actively in SST round-table discussions.

Secondary School Counselors have voiced a need for access to SASI records of 'feeder schools' in Spring, to facilitate identification of academically at-risk students.

EVIDENCE

Results of Phase III. SST Survey, Tables 30-39

EVALUATION QUESTION D. Are the activities of the SST vital to meeting the objectives of the program? Specifically how do the SST members spend their time?

CONCLUSION	EVIDENCE
<p>Service delivery, as measured by a survey of a sample of SST daily activities reflects some variation in the workload of elementary vs. secondary SST members with regard to the number of CSC evaluations and consultations performed. Generally, the focus of secondary school counseling staff is upon academic support services toward the goal of assisting students in meeting graduation requirements.</p> <p>The SST model of service includes 11 targeted Problem Areas to be addressed within a ‘round-table’ model of case-management within schools. This model has been implemented most effectively within the elementary school setting.</p> <p>At the elementary school level, eight of the 11 original Problem Areas remain functions of the SST. Most elementary schools no longer rely upon SSTs to institute school Crisis Plans. Less than 25% of SSTs at the elementary Level directly handle issues pertaining to chronic absenteeism, child abuse reporting, or homelessness. Problems pertaining to student sexuality/teen parenting are likewise rarely dealt with at the elementary school level.</p> <p>At the secondary level, many of the problem areas which SSTs were originally instituted to address have been replaced by other community or school programs. SSTs per se are no longer responsible for reporting and tracking chronic absenteeism, as this function has been overseen by the ACPS Dept. of Pupil Services and school-based social workers report such cases to the ACPS Attendance Panel.</p> <p>Behavior and academic problems, school crisis management and planning, personal student problems, child abuse reporting, staff development, homelessness, teen sexuality/parenting issues, and inter-agency referrals are all matters which are handled by channels outside of the SST meeting within most Secondary School settings.</p>	<p>Review of SST Log Sheets for March 2004, Tables 16-17.</p> <p>Phase II. Principal Survey Results, Table 11</p>

EVALUATION QUESTION D (Continued). Are the activities of the SST vital to meeting the objectives of the program? Specifically how do the SST members spend their time?

CONCLUSION	EVIDENCE
<p>Results of a review of a random sample of monthly service logs submitted by psychologists, guidance counselors, social workers indicate that psychologists spend roughly equal time in direct service activities (CSC-related evaluation activities, consultations, and counseling services). Guidance counselors held more counseling sessions and crisis intervention sessions per month than either psychologists or social workers.</p> <p>At the secondary school level, Psychologists and Social Workers engaged in nearly three times the number of CSC evaluation activities and nearly twice the number of consultations per month than did those working in the elementary setting.</p> <p>Results of the Teacher Survey indicate that nearly a third of respondent teachers made little to no use of SST services in 2003-2004, and about the same amount perceived that SST staff did not work collaboratively with teachers to improve student academics or behaviors.</p> <p>Only slightly over half of all respondent teachers perceived that SSTs conducted a careful assessment of their reported concerns. About 40% found that SSTs did not provide a timely response to reported problems. Only 38% perceived that SST interventions were effective, and the same percentage reported that SST staff followed-up on the effectiveness of interventions.</p> <p>Over a third of respondent teachers reported that SST did not conduct staff development to teachers on commonly encountered classroom difficulties.</p> <p>While 66% of teachers report that SST was a useful starting place for students who might later be referred for CSC screening., 32% either disagreed or did not know.</p>	<p>Phase I. Review of Monthly Service Logs, Tables 16 and 17. (See Also Appendix C, Sample Social Worker Log)</p> <p>Results of Phase IV. Teacher Survey, Tables 40-55.</p> <p>Phase IV. Teacher Survey Results, Table 52.</p>

EVALUATION QUESTION E. Is the implementation of SST at each school consistent with current ACPS policies and with State and Federal regulations and guidelines?

CONCLUSION	EVIDENCE
<p>Survey and principal interview findings indicate that SST staff are in compliance with regulations specified in FERPA pertaining to the maintenance and release of confidential educational records, provided that SST or other staff members in attendance of SST meetings in which privileged information from educational records is disclosed have been determined to have a legitimate ‘educational interest’ in the information.</p> <p>Under FERPA provisions, SST case records or meeting notes (including records maintained in electronic form) containing personally identifiable student information (e.g. records maintained by the SST chair which might be maintained for the purpose of SST utilization review, case management or program evaluation) constitute educational records and may not be disclosed without parental consent to persons who do not have a ‘legitimate educational interest’.</p> <p>Exceptions to this occur when the disclosure is in connection with a health or safety emergency to protect the safety of the student or other individuals, or when the student’s conduct poses a significant risk to the safety or well-being of the school community and or the student.</p> <p>The ACPS school board defines a school official with educational interest as one who is performing a task specified in his job description or by a contract agreement, performing a task related to a student’s education, discipline, or providing a service or benefit relating to the student or student’s family, such as health care, counseling, job placement, or financial aid.</p>	<p>Results of Phase III. SST Survey, Tables 22-23</p> <p>Appendix B: “Guidelines for the Management of the Student’s Scholastic Record in the Public Schools of Virginia” VDOE Publication, May 2004</p> <p>See ACPS School Board Policy JO-I</p>

Table 1. Phase I. 2003-2004 ACPS SST Staffing Practices

SST Discipline	State Staffing Ratio Recommendations	ACPS Staffing 2003-2004	Supervision
Counselors (33 FTE)	Elementary: No Guidelines Middle School: 1:400 students Secondary 1: 350 students	Elementary: 1 per 433 Middle: 1 per 285 Secondary: 1 per 223	Report to Principal, Central Office Liaison
School Nurses (17 FTE)	1:750	Elementary: 1 per 433 Middle: 1 per 1138 Secondary: 1 per 1337	Report to Principal, Central Office Liaison
Social Workers (22FTE)	No Guidelines	Elementary: 1 per 433 Middle: 1 per school 569 Secondary: 1 per 535	Report to Principal, Central Office Liaison
Psychologists (14 FTE)	1:1500	Elementary: 1 per 593 Middle: 1 per 948 Secondary: 1 per 1273	Report to Principal, Central Office Liaison

Table 2. Phase I. 2003-2004 SST Elementary Programming and Staffing

School	Programs	Psychologists #	Social Workers #	Nurses #	Counselors #
John Adams	Preschool TMR EMR Autism DD SLD SLP OT/PT	.4 Psychologist (2 days), 1 Intern	1	1	1
Charles Barrett	LAB, SLD, SLP, OT/PT	1	1	1	1
Patrick Henry	LAB, SLD, SLP, OT/PT	1	1	1	1
Jefferson-Houston	Preschool, PD, DD, SLD, OT/PT	.4 Psychologist (2 days), . 6 Intern (3 days)	1	1	1
Cora Kelly	SLD, SLP, OT/PT	.6 Psychologist (3 days)	1	1	1
Lyles-Crouch	EMR, SLD, SLP, OT/PT	.4 Psychologist (2 days)	1	1	1
Douglas MacArthur	SLD, SLP, OT/PT	.5 Psychologist (2.5 days)	1	1	1
George Mason	SLD, SLP, OT/PT	.4 Psychologist (2 days) .6 Bilingual Itinerant (3 days)	1	1	1
Maury	LAB, SLD, SLP, OT/PT	1	1	1	1
Mt. Vernon	Preschool, SLD, SLP, OT/PT	.8 Psychologist (4 days) .2 Bilingual Itinerant (1 day)	1	1	1
James Polk	SLD, SLP, OT/PT, SpK	.6 Psychologist (3 days)	1	1	1
William Ramsay	LAB, SLD, SLP, OT/PT	1	1	1	1
Samuel Tucker	Preschool, SLD, SLP, OT/PT	.6 Psychologist (3 days)	1	1	1
ACPS Elementary		9.5 FTE, 1.6 Interns	13	13	13

Table 3. Phase I. 2003-2004 SST Middle and Secondary Staffing

School	Programs	Psychologists #	Social Workers #	Nurses #	Counselors #
Francis Hammond	LAB, EMR, TMR, SLD, SLP, OT/PT	.8 Psychologist (4 days), .2 Bilingual Itinerant (1 day) .6 Intern (3 days)	2	1	4
George Washington	LAB, EMR, SLD, SLP, OT/PT	1.4 Psychologists (5 days, 2 days)	2	1	4
Minnie Howard	LAB, EMR, SLD, SLP, OT/PT	.5 Psychologist (2.5 days), .6 Intern (3 days)	2	1	3
TC Williams	LAB, EMR, TMR, SLD, SLP, OT/PT	1.4 Psychologists (5 days, 2 days), .2 Intern (1 day)	2	1	8
STEP		.2 Psychologist (1 day),	1	0	1
ACPS Secondary		4.5 FTE, 1.4 Interns	9	4	20

Table 4. Phase I. 2003-2004 SST Elementary Staffing Ratios

School Enrollment	Enrollment ^a 2003-2004	Psychologists Ratio	Social Workers Ratio	Nurses Ratio	Counselors Ratio
John Adams	616	1:1540	1:616	1:616	1:616
Charles Barrett	231	1:231	1:231	1:231	1:231
Patrick Henry	470	1:470	1:470	1:470	1:470
Jefferson-Houston	348	1:870	1:348	1:348	1:348
Cora Kelly	514	1:857	1:514	1:514	1:514
Lyles-Crouch	242	1:605	1:242	1:242	1:242
Douglas MacArthur	522	1:1044	1:522	1:522	1:522
George Mason	294	1:294	1:294	1:294	1:294
Maury	168	1:168	1:168	1:168	1:168
Mt. Vernon	480	1:480	1:480	1:480	1:480
James Polk	512	1:854	1:512	1:512	1:512
William Ramsay	611	1:611	1:611	1:611	1:611
Samuel Tucker	621	1:1035	1:621	1:621	1:621
ACPS Elementary	5629	1:593	1:433	1:433	1:433

^a ACPS enrollment 6/04

Table 5. Phase I. 2003-2004 SST Middle School Staffing Ratios

School	Enrollment 2003-2004	Psychologists Ratio	Social Workers Ratio	Nurses Ratio	Counselors Ratio
Francis Hammond	1281	1:1281	1:641	1:1281	1:321
George Washington	995	1:711	1:498	1: 995	1:249
ACPS M.S.	2276	1:948	1:569	1:1138	1:285

Table 6. Phase I. 2003-2004 SST High School Staffing Ratios

School	Enrollment 2003-2004	Psychologists Ratio	Social Workers Ratio	Nurses Ratio	Counselors Ratio
Minnie Howard	716	1:1432	1:358	1:716	1:239
TC Williams	1890	1:1350	1:945	1: 1957 ³	1:236
STEP	67	1:335	1:67	0	1:67
ACPS H.S.	2673	1:1273	1:535	1:1337	1:223

³ The TC Williams Nurse is also responsible for the 67 students enrolled at STEP

Table 7. Phase I. 2003-2004 Psychologist Staffing Comparisons: Comparable Size Divisions

School District	Staffing Standard	Support and Supervision Available to Psychologists
Alexandria City	14 FTE for 11,000 students 1:785	Psychologists work under Student Services, are not supervised by a school psychologist.
Albemarle County (Charlottesville)	15: FTE for 12,250 students 1:816	Psychologists work under Special Education Dept. Are school-based. Not supervised by a school psychologist. Duties: Special Education Evaluations.
Augusta County (Fishersville)	5 FTE for 10,700 1:2140	Psychologists (and Social Workers) work under Pupil Services Dept., separate from Special Education Dept. Psychologists Serve both Special and General Education Students. Supervised by a School Psychologist.
Bedford County	7 FTE: 11,000 1:1571	Psychologists work under Special Services (Special Education). Not supervised by a School Psychologist.
Fauquier County (Warrenton)	5 FTE for 10,500 1:2100	Psychologists work under Special Education Dept. Special Education Coordinator supervises Psychologists.
Frederick County (Winchester)	8 FTE for 11,500 1:1438	Psychologists work under Special Services and perform Special Ed evaluations, re-evaluations and assist General Ed with groups, referrals. Not supervised by a School Psychologist.
Rockingham County (Harrisonburg)	10 FTE for 11,000 1:1100	Psychologists work under Pupil Services Dept and are supervised by a School Psychologist.
York County (Yorktown)	7 FTE for 12,000 1:1714	Psychologists, Special Education, and Nursing Staff work under Student Services. Lead Psychologist supervises Psychologists and holds monthly meetings.

Table 8. Phase I. 2003-2004 Psychologist Staffing Comparisons: Local Divisions

School District	Staffing Standard	Support and Supervision Available to Psychologists
Alexandria City	14 FTE for 11,000 students 1:785	Psychologists work under Student Services, are not supervised by a School Psychologist.
Arlington County	21 FTE for 19,000 students 1:905	Psychologists work under Pupil Services, separate from Special Education Dept. Psychologists are supervised by a School Psychologist.
Fairfax County	150 FTE for 162,600 1:1054	Psychologists work under Student Services. Special Education and Student Services are under Special Services. Level I Psychologists are supervised directly by a School Psychologist for three years, Level II have met this requirement.
Loudon County	17 FTE for 45,000 1:2647	Psychologists work under Diagnostic Services (Special Education Services and Diagnostic Services are separate departments, both under Pupil Services). Psychologists are supervised by a School Psychologist.
Prince William County	43 FTE for 66,000 1:1534	About half of the Psychologists work under Special Education Services, while the other half work for Student Services. Psychologists are not supervised by a School Psychologist.

Table 9. Phase II. SST Meeting Frequency by School Level 2003-2004

Level	Regular SST Meetings Held		SST Meeting 1 x week		SST Meeting 2 x month		SST Meeting 1 x month	
	#	%	#	%	#	%	#	%
Elementary (13)	12	92	10	77	2	15	0	0
Secondary (5)	3	60	1	20	1	20	2	40

Table 10. Phase II. SST Referral Process by School Level 2003-2004

Level	Teacher Contacts Assigned SST Member		SST Referral Form Provided		Teachers Present Cases in SST Meeting		SST Serves as Pre-Screening for CSC	
	#	%	#	%	#	%	#	%
Elementary (13)	7	54	7	54	4	24	9	69
Secondary (5)	3	60	2	40	1	29	3	60

Table 11. Phase II. SST Problem Areas by School Level 2003-2004

SST Problem Area	Elementary (13)		Secondary (5)	
	#	%	#	%
Chronic Absenteeism	3	23	0	0
Student Behavior Problem	5	39	1	80
Student Academic Problem	11	85	4	80
Crisis Management (Student)	12	92	1	8
Crisis Plan (School)	0	0	0	0
Student Personal/Family Problem	12	92	0	0
Child Abuse Reporting	3	23	0	0
Ongoing Staff Development	9	69	2	40
Homelessness	3	23	0	0
Student Sexuality/Parenting	4	31	0	0
Inter-Agency Referrals	13	100	1	7

Table 12. Phase II. CSC Pre-Screening Overlap by School Level
2003-2004

Level	Percent Perceived Distinct from CSC Pre-Screening		Percent Perceive Much Overlap		Percent SST Indistinct from CSC Pre-Screening	
	#	%	#	%	#	%
Elementary (12)	3	18	9	75	0	0
Secondary (5)	0	0	3	60	2	40

Table 13. Phase II. SST Utilization Review and Evaluation by School Level
2003-2004

School Level	Records of All SST Cases Maintained		SST Records in Computer Database		Utilization Review Conducted Yearly	
	#	%	#	%	#	%
Elementary (13)	4	31	2	15	0	0
Secondary (5)	2	40	0	0	0	0

Table 14. Phase II. Principal Comments on SST Model by School Level 2003-2004

Principal Comments	Elementary (13)	Secondary (5)
	#	#
SST 'round-table' model untenable in large Secondary School	0	2
SST model is an indispensable communication mechanism which facilitates support service provision to students	11	1
Expanding SST oversight administration outside of school setting may further erode principal oversight of SST.	2	2
Principal is unable to chair SST meetings.	2	4
SST does not provide teachers with instructional strategies consultations.	1	2
IST Consultation model would better suit needs for modifying barriers to student learning and overuse of CSC Screening.	1	2
A solution is needed to the problem of depleted SST resources for general education students in schools housing LAB programs.	3	1
SST leaves chronic problems with oppositional/defiant students unaddressed. Such students not deterred by Alternate Education because it is on school site.	2	2
Desire to better understand the FAPT process by which low income students can access needed services.	1	0
Need for Access to Feeder School SASI records to better plan for SST support to students.	0	2
Need for in-service for principals to clarify confidentiality regulations around SST records, parental rights re: release of personal and confidential family information to teachers, and for SST-generated evaluations.	2	0
When SST records are solely personal notes of SST members, it is difficult to track cases, evaluate outcome.	2	0
Teacher distrust of SST process and benefits.	1	1
SST not necessary because it duplicates CSC pre-screening	1	1

Table 15. Phase II. Principal Comments on SST Implementation 2003-2004

Principal Comments	Elementary (13)	Secondary (5)
	#	#
Some teachers fear being stigmatized for requesting help from SST	1	1
Parents by-pass SST to refer to Child Study Committee	1	0
Teachers by-pass SST to refer to Child Study Committee	2	0
Teachers avoid certain SST members	1	0
Principal is aware of complaints by psychologists in relation to Central Office supervision issues.	5	1
Psychologists need more Central Office supervision, administration, with Psychologist Liaison	3	0
Principal desires to make final SST Staff Hiring decisions	7	1
Principals need to learn laws governing Special Ed in order to better supervise psychologists in CSC activities at the school level.	0	1
School Needs Additional Psychologist Hours	2	2
School seems to get a new Psychologist each year, which is disruptive. Request less transferring of Psychologists.	1	0
Don't feel Psychologists are well connected to the school when only at a school 2 days per week.	1	0
Concern about not getting SST staffing needs met quickly through Human Resources upon vacancies, maternity leave.	1	0
Central Office 'Mental Health' Crisis Team was never helpful in past during a crisis. Better to have school level staffing and administration of psychologists.	1	2
Recruitment of more Bilingual SST Staff is needed.	2	1
Inequitable staffing ratios for SST staff due to school-based staffing policy are unfair to the secondary schools with greatest need and urgency of problem-levels.	0	1

Table 16. SST Monthly Activity Averages for March 2004
for a Sample of Counselors, Psychologists, and Social Workers

SST Position	# Sampled	Average # CSC Eval activities	Average # Counseling Sessions	Average # Crisis Interventions	Average # Consultations	Average # Meetings
Guidance Counselors	5	0	54	6	7	20
Psychologists	5	12	18	2	17	18
Social Workers	5	12	27	3	21	17
ACPS	15	8	33	4	15	18

Table 17. SST Monthly Activity Averages for March 2004
for a Sample of Counselors, Psychologists, and Social Workers, by School Level

SST School Level	# Sampled	Average # CSC Eval activities	Average # Counseling Sessions per Month	Average # Crisis Interventions per Month	Average # Consultations per Month	Average # Meetings per Month
Elementary SST	9	5	31	4	11	17
Secondary SST	6	14	36	3	21	20
ACPS	15	8	33	4	15	18

Table 18. Phase III. Survey Participation of ACPS School Support Team by School
2003-2004

School	Number of SST Staff Surveyed	Number Responding	Percent Responding
	#	#	%
John Adams	4	2	50
Charles Barrett	4	4	100
Patrick Henry	5	5	100
Jefferson-Houston	5	1	20
Cora Kelly	5	4	80
Lyles-Crouch	3	3	100
Douglas MacArthur	5	5	100
George Mason	4	4	100
Maury	4	1	25
Mt. Vernon	6	4	67
James Polk	5	5	100
William Ramsay	5	1	20
Samuel Tucker	5	4	80
Francis Hammond	12	7	58
George Washington	11	6	55
Minnie Howard	9	6	67
TC Williams	17	9	53
STEP	2	2	100
ACPS	111	73	66

Table 19. Phase III. Evaluation Survey Participation by SST Position
2003-2004

School	Number Surveyed #	Number Responding #	Percent Responding %
Guidance Counselors	33	23	70
Psychologists	15	10	67
Nurses	18	15	83
Social Workers	22	18	82
Assistant Principals	23	7	30
ACPS	111	73	66

Table 20. Phase III. Longevity by SST Position 2003-2004

School	Number Responding #	Average Number of Years in ACPS	Average Number of Years in Current School
Guidance Counselors	23	12	6
Psychologists	10	12	6
Nurses	15	8	6
Social Workers	18	13	6
Assistant Principals	7	9	3
ACPS	73	11	6

Table 21. Phase III. Number and Percent of SST Respondents Acting as Chair of SST
2003-2004

School	Number Responding #	Number Acting as Chair of SST	Percent %
Guidance Counselors	23	4	17
Psychologists	10	1	10
Nurses	15	0	0
Social Workers	18	0	0
Assistant Principals	7	2	29
Principals	17	8	47
ACPS	90	15	17

Table 22. Phase III. School Support Team Record-Keeping Practices
by Position 2003-2004

School	Number Responding #	Number Keeping SST Records	Percent %
Guidance Counselors	23	16	70
Psychologists	10	9	90
Nurses	15	4	27
Social Workers	18	13	72
Assistant Principals	7	4	57
ACPS	73	46	63

Table 23. Phase III. School Support Team Record-Keeping Practices
by School 2003-2004

School	Number of SST Staff Responding	Number Keeping Personal SST Records	Percent
	#	#	%
John Adams	2	2	100
Charles Barrett	4	4	100
Patrick Henry	5	--	--
Jefferson-Houston	1	1	100
Cora Kelly	4	4	100
Lyles-Crouch	3	1	33
Douglas MacArthur	5	4	80
George Mason	4	3	75
Maury	1	0	0
Mt. Vernon	4	3	75
James Polk	5	3	60
William Ramsay	1	1	0
Samuel Tucker	4	3	75
Francis Hammond	7	5	71
George Washington	6	--	0
Minnie Howard	6	5	83
TC Williams	9	--	0
STEP	2	1	50
ACPS	73	40	55

Table 24. Phase III. SST Supervision Arrangement by Position
2003-2004

Position	Number Responding #	Primary Supervisor Listed as Principal	Primary Supervisor Listed as Assistant Principal	Primary Supervisor Listed as Central Office Liaison	Primary Supervisor Listed as Other
Guidance Counselors	23	15	4	4	0
Psychologists	9	7	2	0	0
Nurses	14	9	3	1	1
Social Workers	17	14	3	0	0
Assistant Principals	6	6	--	--	0
ACPS	69	51	12	5	1

Table 25. Phase III. Principal Involvement in Performance Evaluation by SST Position
2003-2004

School	Number Responding #	Number for Whom Annual Performance Evaluations Conducted by Principal	Percent %
Guidance Counselors	23	16	70
Psychologists	10	0	0
Nurses	15	8	53
Social Workers	18	10	56
Assistant Principals	7	6	86
ACPS	73	40	55

Table 26. Phase III. Survey Response by SST Position:
Most Rewarding Aspects of SST Participation

	Number Responding #	Work with SST Team	Individual Services to Students	Consultations with Parents, Teachers
Guidance Counselors	22	11	9	2
Psychologists	9	5	4	0
Nurses	12	7	3	2
Social Workers	16	7	7	2
Assistant Principals	6	4	2	0
ACPS	65	34	24	6

Table 27. Phase III. Most Challenging Aspects of SST by Position 2003-2004

School	Number Responding to Question	Work with Other SST Members		Work with Students		Work with Parents		Work with Teachers		Volume of Cases, Referrals		Record Keeping/ Organization	
		#	%	#	%	#	%	#	%	#	%	#	%
Guidance Counselors	22	0	0	1	0.05	7	32	4	18	0	0	10	45
Psychologists	9	3	33	1	11	0	0	1	11	0	0	4	44
Nurses	12	1	8	2	17	5	42	1	8	0	0	3	25
Social Workers	16	1	6	2	13	4	25	3	19	1	6	5	31
Assistant Principals	5	0	0	2	40	1	20	2	40	0	0	0	0
All SST	64	5	8	8	13	15	23	11	18	1	0.02	22	34

Table 28. Phase III. General Suggestions for SST Improvement by Profession

Position	Number Responding to Survey #	Number Providing Suggestions	Percent %
Guidance Counselors	23	18	78
Psychologists	10	9	90
Nurses	15	9	60
Social Workers	18	11	61
Assistant Principals	7	7	100
ACPS	73	54	74

Table 29. Phase III. SST Requests for Supervision by Professional in Discipline

Position	Number Responding #	Number Requesting Changes in Supervision	
		#	%
Guidance Counselors	23	1	4
Psychologists	10	2	20
Nurses	15	1	7
Social Workers	18	1	6
Assistant Principals	7	0	0
ACPS	73	5	7

Table 30. Phase III. Assistant Principals' Comments on SST Implementation at the School Level

Assistant Principals' Comments

SSTs should focus on boosting academic achievement in the 'slow learner' (students with IQs between 78 and 84). There is no Special Ed offered to these low-IQ students, but they are 16% of any population. There must be better academic support for teachers of these students.

A problem SST could solve is how to best provide services for the new student with no dominant language (e.g. The ESL student who has been working in the countryside in his or her home country, who is at a 3rd grade level of literacy in his own language, and who enters the system at age 17 and is placed in 9th grade, and who has no chance of succeeding in the system.

SSTs should take a more active role in remedial reading programs. There is need to intervene before the credits begin to count toward graduation. Special Ed is increasing inappropriately as a means to cope with these students. There is need for some creative way to target these students and intervene. IST model should be considered for implementation.

SST mental health staff in secondary schools should be a more active resource to single-mothers who begin losing control over teenagers (often teenage sons). The education of many rebellious teenagers is undermined by a rebellion abrupt pulling away from who begin staying out all night. Must provide resource to such parents, support them in filing a CHINS petition, hook the student up with a (male) counselor from Mental Health.

Staff in schools need annual updates on the role of the SST in schools. This will facilitate the connection between SST and new teachers, and reinforce the connection for veteran teachers.

There is a need to incorporate more outside agency presentations in SST meetings at the middle-school level to facilitate service referral.

There is a need for the SST Chair to keep meeting topics on task, and to enforce the regularity of meetings.

Table 31. Phase III. Counselors' Comments on SST Implementation at the School Level

Counselors' Comments
<p>There is a need to present an SST overview to faculty and staff at the beginning of each school year. Schools need teacher buy-in for SST to work optimally to boost student achievement. Principals must endorse the SST as a problem-solving resource for teachers and staff at the beginning of each year.</p> <p>SSTs need to set specific goals at the beginning of each school year.</p> <p>Clear expectations should delineated for SST members at the end of each meeting, with follow-up.</p> <p>There is a need to reduce a sense of 'territory' among SST members in regard to the types of problems dealt with by those providing mental health services. Clearer role clarifications by the Chair would help.</p> <p>Regular meetings are a necessity. This would help SST intervene prior to hearing a child with difficulties was suspended prior to receiving SST intervention.</p> <p>All SSTs need to discuss every SST referral. Nevertheless this should be accomplished by extending meeting times or developing a triage system within meeting time frames. SST meetings called for in response to individual cases are very difficult to get to. Holding them without all staff present undermines the function of the SST as a team.</p> <p>SST office placement is an important factor in facilitating staff communication outside of meeting times. Placement of such staff offices in proximity will promote continuous and more rapid problem-solving among SST staff.</p> <p>At end of year SST should have an evaluation session focusing upon ways to improve for the following year.</p>

Table 32. Phase III. Nurses' Comments on SST Implementation at the School Level

Nurses' Comments
<p>Staff need yearly guidelines on how to share their concerns with SST.</p>
<p>Nurses must have relief arranged by the school principal in order to attend SST meetings, since SST is the core of communication about students' needs. Nurses also need this relief to take lunch breaks during the school day.</p>
<p>SST Coordinators must enforce scheduled meeting times to avoid on-call conflicts in nurse's schedules.</p>
<p>Nurses need principals to arrange for all staff to have CPR training for assistance in emergencies.</p>
<p>The SSTs need to adopt a problem-solving attitude rather than seeking a "quick-fix" solution to all reported problems. A better approach to SST consultation is needed than the 'quick fix' approach.</p>
<p>SST coordinators need to exercise better team leadership skills to identify and resolve problems arising from infighting amongst SST members.</p>
<p>SSTs need better case-management protocols to keep meetings on target and to process and follow-up on student referrals.</p>

Table 33. Phase III. Psychologists' Comments
on SST Implementation at the School Level

Psychologists' Comments
<p>A mechanism should be developed to ensure that psychologists have time and opportunity to consult with colleagues on difficult cases.</p>
<p>There is a need for principals in schools to acknowledge and consider the recommendations of the school psychologist, and to endorse their views with other staff members.</p>
<p>The SST model needs whole-hearted in-school support by principals and Assistant Principals, as pooling of expertise is important for students.</p>
<p>SSTs need a private and equipped space to meet on a regular basis.</p>
<p>Psychologists should have a small budget for providing rewards and behavior incentives to students.</p>
<p>Schools need to provide coverage for teachers to attend SST meetings on time.</p>
<p>The SST must develop better pre-CSC referral interventions and support teachers through the evaluation and implementation process (this also requires Central Office endorsement).</p>
<p>Referrals for academic interventions should be planned, implemented, and re-evaluated systematically for non-response before CSC evaluations are conducted. The CSC pre-screening function should be a critical role of the SST in each school setting.</p>

Table 34. Phase III. Social Workers' Comments
on SST Implementation at the School Level

Social Workers' Comments
<p>There is a need for improved communication school-wide about the SST services. Some teachers do not understand the role of SST.</p> <p>SSTs need brainstorming sessions to develop new and effective ways to address student academic, behavioral, and social issues.</p> <p>SSTs need to develop better working relations with teachers, and to develop more effective means of eliciting teacher referrals--SSTs generate the majority of referrals in some schools.</p> <p>Schools should advise staff each year on what constitutes an appropriate referral to the school social worker.</p> <p>SSTs need to meet more consistently in some schools.</p>

Table 35. Phase III. Assistant Principals' Comments
on Central-Office Oversight of SST Implementation

Assistant Principals' Comments

SSTs need guidance in developing effective services to students at risk of academic underachievement. SSTs can play a role in systematically reviewing test-results to identify academically 'at risk' students, flagging for problems with attendance, discordant class achievement (e.g. low or high, given testing results), as well as ESL, and Special Ed status.

Middle and Secondary SST coordinators would benefit from having read-only access to SASI records at the feeder school level to plan for prompt SST intervention at the start of each school year.

An in-service to clarify regulations for the maintenance and release of student-records of interest to SSTs would benefit Assistant Principals.

SST meeting content sometimes overlaps that of other team committees (leadership, learning, and teacher teams). Central Office should help schools clarify these redundancies in meeting content.

There is a need for in-service training to clarify the role of SSTs in the ACPS at each school level. Clearly the work that can be accomplished by a High School or Middle School SST is distinct from the work that can be accomplished by an Elementary SST. The role of the SST in the secondary school setting must be clarified if SSTs are to become more functional at this level.

There is a need for SST flexibility and authority to institute in-school interventions, and to encourage more teacher involvement in SSTs.

Table 36.Phase III. Counselors' Comments
on Central-Office Oversight of SST Implementation

Counselors' Comments
<p>An SOL update on SASI after each testing phase would make an enormous difference in the ability of school counselors to track academic performance, and thus for SSTs to develop more effective intervention strategies with academically at-risk students.</p>
<p>There is a need for Central Office to develop more options for the extreme behavior problems seen in the secondary school context when these behaviors do not respond to the Alternative Ed programs. Alternative Education fails for a portion of students and there is no place to refer them. Central Office should consider the space at Stonewall Jackson Center to develop an off-site program for such students.</p>
<p>The resources of the SSTs are affected by the presence or absence of a LAB program in a school. There must be a mechanism which prevents the LAB programs from pulling SST staff away from their normal school responsibilities such that they must cancel counseling sessions, defer processing of school immunizations to ensure LAB students have necessary medications or to enlist parental compliance from LAB parents (some children diagnosed with severe emotional disturbance are not even taking prescribed medications). Central Office should meet with LAB school SST staff to help them evaluate and problem-solve these issues.</p>
<p>There is a high rate of suspensions within the LAB centers. Such suspensions require new IEP updates and other paperwork. It might help if a single person within Central Office were in charge of the ED to ensure that adequate physical space is provided for these children, to ensure that all teaching staff are certified to work with them, and to ensure that ED students are being educated in the least-restrictive environment possible.</p>
<p>Being Child Study Chair and School Testing Coordinator at the same time causes a major drain on provision of direct services by School Counselors, and Central Office should issue guidelines to principals not to permit this.</p>
<p>SSTs should be provided with better guidance from Central Office on ways to motivate and remediate students academically.</p>
<p>In order to sign students up for Summer School, test results must be provided to counselors as rapidly as possible following Spring testing. Guidance from Central Office is needed on making determinations in cases where test results are not available when Summer School decisions must be made.</p>
<p>More SST collaboration needs to occur on prevention of mental health problems within the student body. A psycho-education model may be a useful model to running prevention groups with at-risk students. Central Office should provide guidance on how SSTs can implement effective psycho-education groups within schools.</p>
<p>More Counselor staff development is needed in the area of intervention methods to use with children with specific adjustment problems—e.g. Play and Art Therapy techniques.</p>
<p>The Central Office administration of Counselors within Central Office is extremely responsive, as effective dialogue has been encouraged between the Counseling liaison and staff. The Counselor Liaison should serve as a role model for the administration of other SST professional groups.</p>

Table 37. Phase III. Nurses' Comments
on Central-Office Oversight of SST Implementation

Nurses' Comments
<p>Nurses find it hard to follow the confidentiality regulations between FERPA and HIPPA since sensitive student information may be handled differently under the two laws. A Central Office in-service in this area would help to clarify nurse's responsibilities with regard to student health records.</p>
<p>Nurses have problems not knowing the status of children sent for medical evaluations of contagious illnesses (e.g. Strep). If students return to school before starting medications they are contagious. However, nurses are unclear as to whether they are permitted to make such inquiries of parents and guardians.</p>
<p>The Free-Reduced Meal status of students is not made available to nurses, yet nurses must nevertheless request services on behalf of a family based upon their socioeconomic status. Central Office should grant nursing staff limited access to such information when needed to assist needy students.</p>
<p>The SST resources at schools with ED centers are overly drained by ED programs. There is a need for one person in ACPS administration to be in charge of all ED centers full-time. Employees must be certified in ED education.</p>
<p>Incentive pay should be considered for such para-professionals. Such a provision would positively impact the functioning of the ED center school's SST. There is too much staff burnout among para-professionals in the ED centers who are not paid any more than other para-professionals to work in these programs.</p>
<p>There is a need within the ACPS for a trained pool of substitute nurses in the event a school nurse is absent from a school.</p>
<p>There is a need for a School Nurse Coordinator within Central Office to clarify procedures and policy issues as these arise, and to provide substitute nursing staff when needed in schools.</p>
<p>There is a high volume of paperwork required of nursing staff during the start of a school year. Within 60 days all new students and Kindergarten students must have hearing, vision and speech screening. Relief may be required in particular at these times for nurses to attend SST meetings. If they cannot attend such meetings, they work in a vacuum since the SST is the core of communication about students.</p>
<p>There is a need for uniform guidelines to SSTs on child abuse recognition, and for parent education on child abuse guidelines which must be followed by nurses.</p>

Table 38. Phase III. Psychologists' Comments
on Central-Office Oversight of SST Implementation

Psychologists' Comments

The expertise possessed by School psychologists would render them logical sources of consultation when programmatic changes in services to ED students are being considered. Central Office should advocate for the importance of including school psychologists in dialogue on programmatic changes in services to ED students. It is important that Central Office staff appreciate and understand the expertise provided by the school psychologist.

Psychologists have a need for central supervision within ACPS, as the present Central Office Psychology Liaison is not a School Psychologist. A Lead Psychologist position should replace the current 'Psychologist Liaison' position in Central Office. The Lead Psychologist could conduct peer-review evaluations of psychologists to ensure quality control of psychological evaluations, testing, hiring, and other functions pertaining to school psychologists.

Services to students diagnosed as ED must be improved to optimize their access to educational programs and opportunities. Central Office should consult with psychologists to optimize services to ED students. Dialogue opportunities should be provided to psychologists to discuss the merit or feasibility of their recommendations for improvements in LAB programs.

Staff morale suffers among psychologists due to the fact that staff to student ratios for psychologists are inequitable across schools. These ratios have been skewed due to the mandate by the School Board for the presence of a full-time psychologist in every school with a LAB program. Lab Programs at small schools may not require the presence of a full-time psychologist. This mandate should be reconsidered by the School Board.

There is a need for yearly staffing changes to be carried out in a manner permitting 'appropriate termination' with students, families, and staff. Central Office must ensure that sufficient notification of transfers is provided to psychologists in advance.

Supervision of psychology interns must be improved so that interns are adequately supervised within the ACPS. A Central Office Lead Psychologist position would help to solve this problem.

Proposed changes in the procedures for identification and assessment of children for Special Education will involve greater focus on implementation and systematic evaluation of improved models for instructional and behavioral intervention (e.g. The Instructional Support Team (IST) model). The current model of identification within ACPS involves a 'wait to fail' requirement for identifying students in need of Special Education. The IST model would be superior, more humane, and the ACPS Central Office should become proactive and advocate for as a component of the SST concept.

The IST model should be implemented system-wide in ACPS, as this model is much like what the SST model promised to be, but never became: i.e. a systematic program for implementing pre-CSC screening instructional and behavioral interventions. This will necessitate an IST Coordinator position in each school, reporting to each SST.

ACPS requires triennial re-testing of all Elementary Special Education students, in spite of the fact that the Individuals with Disabilities Education Act permits a record review, and such records have abundant information (SOL, PALS, SDRTs, and classroom performance information) by which to assess many Special Education students' continued need for services.

Table 39. Phase III. Social Workers' Comments
on Central-Office Oversight of SST Implementation

Social Workers' Comments
<p>There is a need for training by Central Office staff in the design of educational programs for emotionally disturbed (ED) students in schools. A Central Office administrator of ED programs should visit some good programs in operation in other school districts, and develop suggestions for improvements in the design of the ACPS LAB programs.</p> <p>Social Workers have varied responsibilities which conflict at times (advocacy for students and families vs. support of ACPS Central-Office decision-making).</p> <p>SST standards and expectations should be more consistent, district-wide.</p> <p>Social Workers and Psychologists should be supervised by persons in their own fields, in order to maximize their potential to provide professional services.</p> <p>SST effectiveness should be evaluated yearly, and a database of school-level referrals and outcome evaluations should be created with Central Office guidance on record-maintenance.</p> <p>There is a need for provision of bi-lingual administrative assistants in schools, so that bilingual Social Workers do not spend undue time in translation work for routine school relations with non-English speaking parents.</p> <p>There is a need to develop English Language classes for Spanish-speaking parents and guardians within ACPS.</p>

Table 40. Phase IV. Survey Participation of ACPS Teachers by School
2003-2004

School	Number of Teachers Surveyed	Number Responding	Percent Responding
	#	#	%
John Adams	43	18	42
Charles Barrett	17	11	65
Patrick Henry	33	20	61
Jefferson-Houston	36	11	31
Cora Kelly	37	15	41
Lyles-Crouch	18	9	50
Douglas MacArthur	34	24	71
George Mason	25	13	52
Maury	23	8	35
Mt. Vernon	30	15	50
James Polk	32	11	34
William Ramsay	41	22	54
Samuel Tucker	42	23	55
Francis Hammond	93	40	43
George Washington	77	24	31
Minnie Howard	52	27	52
TC Williams	143	65	45
STEP	9	1	11
ACPS	785	357	46

Table 41. Phase IV. Participating ACPS Teachers by Subject
2003-2004

Subject	#	% of Sample
All Subjects (Elementary)	150	42
English	26	8
Language	34	10
Library Media	6	2
Mathematics	30	8
Music	9	3
Other Elementary	11	3
Other Secondary	21	6
Physical Education	15	4
Reading Teacher (Elementary)	8	2
Science	25	7
Social Studies	22	6
ACPS	357	100

Table 42. Phase IV. Participating ACPS Teachers by Class Setting
2003-2004

Class Setting	#	% of Sample
ESL Teachers	34	10
Special Education Teachers	41	12
Regular Education Teachers	282	78
ACPS	357	100

Table 43. Phase IV. Teacher Survey Results 2003-2004

Indicate the approximate number of times, during the present school year, you have referred a student issue to your School Support Team (SST)		
Response Category	Frequency	Percent
Never	79	22.1
Once	36	10.1
Two to Three times	121	33.9
Four to Five times	49	13.7
More than Five times	69	19.3
Total Responding to Item	354	99.2

Table 44. Phase IV. Teacher Survey Results 2003-2004

Are SST <i>referral forms</i> provided by your school for the purpose of referring student issues to your School Support Team?		
Response Category	Frequency	Percent
Yes	278	77.9
No	14	3.9
Unsure	63	17.6
Total Responding to Item	355	99.4

Table 45. Phase IV. Teacher Survey Results 2003-2004

The SST referral process makes it <i>easy for teachers to provide relevant information</i> about student-related problems.		
Response Category	Frequency	Percent
Strongly Agree	82	23.0
Agree	164	45.9
Neutral/Do Not Know	72	20.2
Disagree	25	7.0
Strongly Disagree	10	2.8
Total Responding to Item	353	98.9

Table 46. Phase IV. Teacher Survey Results 2003-2004

The SST <i>works collaboratively with teachers</i> to develop a student behavior or performance plan.		
Response Category	Frequency	Percent
Always	99	27.7
Usually	105	29.4
Sometimes	70	19.6
Rarely	36	10.1
Never	4	1.1
Total Responding to Item	314	87.9

Table 47. Phase IV. Teacher Survey Results 2003-2004

The SST provides teachers with feedback on ways to improve student learning <i>after careful assessment</i> of teacher-reported problems.		
Response Category	Frequency	Percent
Strongly Agree	58	16.2
Agree	131	36.7
Neutral/Do Not Know	88	24.6
Disagree	65	18.2
Strongly Disagree	12	3.4
Total Responding to Item	354	99.1

Table 48. Phase IV. Teacher Survey Results 2003-2004

The SST provides teachers with interventions and strategies which address the <i>specific academic or behavioral problems</i> of students.		
Response Category	Frequency	Percent
Strongly Agree	62	17.4
Agree	138	38.7
Neutral/Do Not Know	85	23.8
Disagree	58	16.2
Strongly Disagree	10	2.8
Total Responding to Item	353	98.9

Table 49. Phase IV. Teacher Survey Results 2003-2004

Teachers are informed of recommendations from the SST <i>in a timely manner</i> after requesting assistance with a student.		
Response Category	Frequency	Percent
Strongly Agree	69	19.3
Agree	135	37.8
Neutral/Do Not Know	85	23.8
Disagree	52	14.6
Strongly Disagree	12	3.4
Total Responding to Item	353	98.9

Table 50. Phase IV. Teacher Survey Results 2003-2004

Recommendations made to the teacher by the SST are <i>effective</i> in improving student performance in the classroom.		
Response Category	Frequency	Percent
Always	30	8.4
Usually	106	29.7
Sometimes	124	34.7
Rarely	25	7.0
Never	8	2.2
Total Responding to Item	293	82.0

Table 51. Phase IV. Teacher Survey Results 2003-2004

The SST <i>monitors the effectiveness</i> of its recommendations to teachers, making revisions when necessary.		
Response Category	Frequency	Percent
Strongly Agree	28	7.8
Agree	106	29.7
Neutral/Do Not Know	134	37.5
Disagree	69	19.3
Strongly Disagree	16	4.5
Total Responding to Item	353	98.8

Table 52. Phase IV. Teacher Survey Results 2003-2004

The SST provides ongoing staff-development sessions to teachers which address commonly-encountered classroom difficulties.		
Response Category	Frequency	Percent
Strongly Agree	22	6.2
Agree	99	27.7
Neutral/Do Not Know	103	28.9
Disagree	101	28.3
Strongly Disagree	26	7.3
Total Responding to Item	351	98.4

Table 53. Phase IV. Teacher Survey Results 2003-2004

The SST is a <i>useful starting-place</i> to address academic difficulties among students who may later be referred for Child Study Screening		
Response Category	Frequency	Percent
Strongly Agree	88	24.6
Agree	148	41.5
Neutral/Do Not Know	71	19.9
Disagree	32	9.0
Strongly Disagree	12	3.4
Total Responding to Item	351	98.4

Table 54. Phase IV. Teacher Survey Results 2003-2004

Additional Comments: Please make any additional comments about your experience in referring student-related academic or behavioral concerns to the School Support Team at your school.		
Comments Provided	Frequency	Percent
Yes	165	46
No	192	54

Table 55. Phase IV. Teacher Survey Results 2003-2004

Additional Comments:		
Response Category	Frequency	Percent
Positive Comments about SST	42	25.5
Need for More Instructional Support by SST	38	23.0
Need for More Classroom Behavioral Support by SST	26	15.8
More Timely Response Needed by SST	13	7.9
Need Improved Referral Process	19	11.5
Students Do Not Receive Services Needed by SST	24	14.5

DISCUSSION

The evaluation of the School Support Team (SST) model and its implementation in the Alexandria City Public Schools (ACPS) has yielded a large number of useful recommendations by stake-holders, many of which cannot be summarized in this section with adequate justice to the complexity of every issue. It is hoped that members of the school community will attend carefully to the many comments, concerns and best-practices described by SST staff, teachers and administrators whose comments have been summarized in the foregoing tables.

Thirteen years after the implementation of the School Support Team model within the ACPS division, there is a high degree of consistency across elementary schools in the implementation of the original concept of a multi-disciplinary team approach to the provision of services to at-risk students. Twelve of thirteen elementary schools have instituted the original SST model in full, including the 'round-table' meeting which is the model's most salient feature, and a vital component of its perceived effectiveness.

At the secondary school level, the SST model has generally been implemented without (or with infrequent) 'round-table' meetings, due to the limited utility of such forums for individual case-management in large systems. One middle school (George Washington) has completely terminated the 'round-table' meeting in favor of the Instructional Support Team (IST) model of teacher-consultation.

The discontinuation of the SST meeting in three ACPS schools has been met with considerable discontent within resident SST staff, for whom the SST roundtable meeting served as the central channel for communication and case-management. The two secondary schools (Minnie Howard and Francis C Hammond) which have continued to hold 'round-table' discussions have reportedly found them to be useful forums for the systematic planning of support services for at-risk students. Nevertheless, at the secondary school level, the objectives of SST meetings tend to be more administrative than oriented toward problem-solving for individual students.

Many features of School Support Teams which were noted to be in need of improvement in 1991 remain unresolved in 2004. Questions about the confidentiality of student information and how best to maintain SST records for the purpose of school-level monitoring of SST effectiveness are in need of clarification by administrative staff. Management issues pertaining to staff attendance, promptness, procedural clarity, assignment of responsibility, and timeliness and effectiveness of interventions and follow-up to teachers continue to arise. Such issues call for improved oversight of SSTs at the school level, and for procedural guidance at the administrative level.

In relation to the confidentiality issues, regulations pertaining to the disclosure of ACPS student information, which also pertain to the SST context include the Board of Education Regulations (including the Family Educational Rights and Privacy Act (FERPA) of 1974, the Individuals with Disabilities Education Act (IDEA), Protection of Pupil Rights (PPRA), Health Insurance Portability and Accountability Act (HIPAA) the Virginia Public Records Act, and the Code of Virginia. A recent publication of the Virginia State Department of Education designed to

summarize and consolidate regulations pertaining to school records is included in Appendix C, and should address many questions which have been posed by SST staff and principals about the maintenance of SST records for the purpose of SST utilization reviews and evaluation. In conjunction with a review of these guidelines, it is recommended that School Support Teams conduct annual SST evaluations, and maintain database records which include non-identifying student information, including number of cases seen monthly, the nature of referrals, and the outcomes of referred cases.

It is clear that the scope of problems delegated to SSTs under the terms of the original model has narrowed somewhat as new school programs have emerged to accomplish tasks such as management of attendance problems (i.e. the Attendance Review Panel), inter-agency referrals for mental health and social services for disadvantaged students (i.e. the Family Assessment and Planning Teams), and referrals for services pertaining to teen pregnancy, sexuality and parenting (i.e. services offered through the Teen Health Clinic at the Department of Health). Nevertheless, the SSTs at many schools continue to play an important role in provision of these same services, at the school level. Similarly, while the Office of Educational Facilities has assumed responsibility for developing the district's Crisis Plan, and SSTs are no longer tasked with the development of crisis plans at the school level, the role of SSTs in the event of a school crisis remains a central one.

Questions concerning SST staffing-ratios and supervision have persisted since the inception of the model in 1990 without satisfactory resolution. SST staffing ratios have always been atypical in the elementary school setting. In comparison to all seven comparable-size school divisions in Virginia, ACPS has the highest staff-to student ratios for psychologists, and likewise serves as a model to other school divisions in the staffing of each school with a full-time registered nurse and social worker. Such SST staffing practices have been justified by the school division as reflecting the School Board's original vision for a richly-staffed SST model within each school. Nevertheless, the vision has been inconsistently applied at the secondary school level, since staffing ratios have either barely been met or have fallen below state standards for some professionals. The staffing of registered nurses at both TC Williams and George Washington Middle School are currently below state recommendations, and should be increased by one full-time position (possibly an L.P.N.) at each school to attain parity with the rest of the school system.

In the case of school psychologists, personnel at TC Williams have voiced the need for an additional full-time school psychologist to meet the current demand for services. Moreover, a number of highly experienced psychologists within the ACPS division have outlined and justified the need for a Lead Psychologist position in order to provide professional guidance to the school division's LAB schools for students with emotional illnesses, to assist in the supervision and mentoring of new psychology staff and interns, and to maximize the potential of SSTs to provide services in support of students in the general education setting, as well as in the Special Education setting. It is thus recommended that two full-time psychology positions be added to improve school psychologist staffing levels at TC Williams, and to serve such these oversight functions within the division.

The implementation of the SST model within elementary schools has been consistent and well-supported within schools. Only one of thirteen elementary schools has elected not to hold regular 'round-table' SST meetings. At the secondary level, however, two of five schools have discontinued the 'round-table' SST meeting. This is a development which merits further discussion by school principals, as it has implications for both administrative oversight and school-level management of SST personnel. While the guidance staff at TC Williams meets weekly, SST staff the two other schools receives referrals either directly from teachers, or as 'triaged' by the principal or assistant principal, when teachers are instructed to refer directly to the school administrator.

One disadvantages of this 'triaging' of cases to the SST includes the placement of an administrative barrier between the school community and the SST, as well as in the loss of benefit from the collective wisdom of the multi-disciplinary approach. There is evidence that the marginalization of the middle and elementary school's SSTs have demoralized SST staff, a number of whom have worked capably within ACPS for many years. On the other hand, one principal has described a consequential improvement in teacher-morale with the disbanding of the 'round-table' SST forum which was viewed suspiciously by some teachers. These considerations, in conjunction with Phase III survey results, indicate that SST members find teacher-consultations to be among the most challenging aspects of the SST model, a finding which points to the need for further development of and improvements to consultation services to teachers by SST staff. A brief review of some events pertaining to the initial implementation of the SST model will aid consideration of these issues.

The School Support Team model was originally implemented in ACPS schools in 1990 in response to a growing trend in which students with academic and behavioral problems were diagnosed with learning and emotional disabilities in response to a scarcity of support service alternatives to Special Education. Nevertheless, the problem remains a major concern in 2004.

The SST's original mandate was to remove barriers to academic achievement by providing effective instructional and behavioral consultations to teachers. Over time, the role of SSTs to provide teacher consultation became de-emphasized within schools. Originally, the explanation for downplaying this role was that it was logistically difficult to pull teachers into SST meetings. The principal was tasked with the responsibility to hold consultation meetings with teachers, but this practice was soon abandoned. The SSTs largely relinquished instructional support of teachers and emphasized skills that they had more experience with; provision of direct mental health and social services to students and families. ACPS teachers reacted with skepticism at being left out of SST meetings, but at the same time avoided being included, due to time constraints. The SSTs, in turn, were never properly trained to provide instructional support to teachers, although the SST staff were somewhat more effective in providing classroom behavioral supports.

Administrative struggles between SST psychologists and Central Office seemed to have their origin in the 1990s, when the transition from Central Office-based psychological services to school-based support services took place. In the 1960's, there had been two psychologists employed as examiners in the school system, supervised under a psychologist whose title was

Director of Pupil Services. This title was later changed to Director of Psychological Services as the notion of psychological services in schools became more acceptable to the public. In 1968, a new Director of Psychological Services was installed with the resignation of the former, and two social workers were hired, in addition to the two psychologists, to provide student evaluation and support services, largely to students in Special Education.

During the 1970's and 1980's, Special Education requirements proliferated, and psychologists experienced problems keeping up with demand for evaluations and services. It was in response to these problems, and to the scarcity of support services available for general education students struggling with academic or behavior problems, that the Superintendent and Executive staff proposed the new, school-based, School Support Team model. Within this new conception of service delivery, a psychologist and social worker were to be based in each elementary and secondary school, and psychologists were to be supervised by the Director of Special Education. The latter shift was intended primarily to ensure compliance with the multitude of new regulations and deadlines governing the conduct of the Child Study evaluation process. The change in administration of psychologists (from Psychological Services to a Student Services Department) seemed to result in improvements for the school division as deadlines for Child Study determinations were more consistently met.

The new SSTs, while successful in monitoring and improving attendance and providing access to short-term counseling services and behavioral intervention plans, were far less successful in providing instructional intervention consultation to teachers. In part, this deficiency was a result of the fact that psychologists, social workers, and counselors had not traditionally seen their role as providers of remedial instructional strategies. In addition, SSTs have often been viewed, by both teachers and by SST staff themselves, as providers of mental health services, rather than instructional-support services.

At the present time, there remains a need within the ACPS school division to develop and implement SST services which will better support general education teachers and students in the general education classroom. The goals of providing an enhanced SST teacher-consultation model in each school would be to improve academic performance for at-risk students, and to enhance teacher understanding of and facility with applying research-based instructional practices. The Instructional Support Team model (IST) has been cited by a number of school staff as a viable model by which to improve the services of SSTs. Moreover, the ISTs have been designed to accomplish an important task which SSTs have had little success with: the reduction of inappropriate referrals, and the disproportionate referrals of minority students for Special Education services.

The Instructional Support Team (IST) concept is a Virginia Department of Education general education initiative currently instituted within 18 school divisions, and is a mechanism for providing individual and team consultation to teachers. Within the model, students in the general education classroom who have demonstrated learning or behavior difficulties are studied in the instructional situations through a systematic process which includes instructional observation, data collection, and, finally, alignment and institution of new instructional strategies geared specifically to the learner. By means of a consultative, problem-solving approach,

informed decisions are made by the teacher about the “match” between instruction, instructional strategies and the individual student. Classroom teachers, working with a trained building colleague, design intervention strategies which may often be generalized to larger groups of students, to the entire classroom, and potentially to other teachers. The IST program is thus designed to create transformation in instructional problem-solving at the entire school-level through a teacher-focused, rather than a student-focused, instructional consultation approach.

During the 2003-2004 school year, the ACPS Office of Student Services funded pilot IST teams in two schools (George Washington Middle School and Mount Vernon Community School). These schools have made a commitment to the IST project for three years, and have completed the first year of the training of an IST ‘facilitator’ (Master Teacher). The facilitator, in turn, has committed to a three-year program of advanced training in the instructional consultation process, and in the development of instructional strategies which can be used throughout the school.

Both IST pilot schools have received ongoing professional development and technical support from the Virginia Department of Education and the University of Maryland to develop and implement the IST process within the two schools. The ultimate goal of the training of facilitators is to develop the consultation skills of several other identified school professionals, resulting in an IST team. The IST teams in each school provide direct consultation and support to teachers. The IST team-building process takes approximately three years to develop within each site.

An important finding of the SST evaluation was that only 8% of teachers believed SST recommendations to teachers were consistently effective, and only 30% indicated that such recommendations were ‘usually’ effective. Nevertheless, the results of the SST evaluation have made it clear that most schools highly value the SST model, and wish to optimize its effectiveness in schools. Thus, any wholesale replacement of the SST with the IST model of teacher consultation would be inadvisable, given that the two models serve complementary but not redundant purposes. The appointment of an IST-trained teacher to SSTs would seem to be the most prudent approach to maximizing the significant benefits which ACPS School Support Teams provide.

While some continue to react with skepticism to the funding of mental health support services in schools, a plethora of research in child development has shown that psychological, just as well as physical health problems, disrupt learning in profound ways. Conversely, when children perform poorly at school, the effects of failure become debilitating influences in their own right. Large numbers of students within Alexandria City Public Schools suffer from the effects of poverty and deprivation which remain invisible to the untrained eye. The effects of low income create psychological, as well as material barriers to learning for children. In impoverished settings, community resources are insufficient to the task of helping children surmount barriers such as difficult family circumstances, violence, drugs, and high rates of mobility. Such conditions create a breeding ground for frustration, apathy and hopelessness which are antithetical to learning and to success. The School Support Team model was instituted within the ACPS to help students overcome such barriers, and the strengthening and refinement of this model would certainly be a worthwhile investment.

APPENDIX A

SST SURVEYS AND PRINCIPAL INTERVIEW SCHEDULE

APPENDIX B

THE INSTRUCTIONAL SUPPORT TEAM MODEL
(PENNSYLVANIA PUBLIC SCHOOL PROJECT)

APPENDIX C

GUIDELINES FOR THE MANAGEMENT OF THE STUDENT'S SCHOLASTIC RECORD
IN THE PUBLIC SCHOOLS OF VIRGINIA

APPENDIX D
SAMPLE SOCIAL WORK LOG