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The education evaluator: An emerging profession

Fybish, Ira Norman, Ph.D.

City University of New York, 1994

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THE EDUCATION EVALUATOR: AN EMERGING PROFESSION

by

IRA NORMAN FYBISH

A dissertation submitted to the Graduate Faculty in Sociology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

1994

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This manuscript has been read and accepted by the Graduate Faculty in Sociology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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Abstract

THE EDUCATION EVALUATOR: AN EMERGING PROFESSION

by

Ira Norman Fybish

Advisor: Professor Lindsey Churchill

As a part of the process of evaluating children to determine whether they required special education services, in the early 1970's a special position, filled by a teacher, the education evaluator, was developed. Over the course of the next two decades, the education evaluator has developed a professional identification which has distanced him significantly from his starting role as a classroom teacher. In studying this development, we have used fieldwork experience and ethnographic interviews. A theoretical base for the study has been drawn from Andrew Abbott's book, The System of the Professions. Abbott has suggested that when a new profession emerges, one of the issues which needs to be examined is the relationship of its jurisdictional claims to those of already existing professions. This involves questions of boundaries, and boundary conflicts. When education evaluators came on to the scene, they worked with other colleagues to conduct evaluations. Although individuals from

diverse professions are involved in evaluating students, in most cases these evaluations are carried out by only three professionals: a social worker, a psychologist, and an education evaluator. From the perspective of many social worker and psychologist professionals, the education evaluator was an intruder. In connection with this the various contexts, legal, public, and workplace, in which jurisdictional claims are asserted have been examined and we have noted how relations among these three professional groups have developed. Workplace assimilation, another issue discussed by Abbott, has also been reviewed. This was done particularly in connection with the education evaluator's assumption of the task of writing social history updates, traditionally, part of the social worker's jurisdiction. Although there have been some interprofessional tensions over the years these have, for the most part, not been severe. Nevertheless, as a result of circumstances which we consider Abbott to have underestimated, the weakness of professional defenses combined with the power of bureaucratic and external forces, we found that the position of an older, established profession social work was seriously weakened, while that of a new profession, the education evaluator emerged with an unexpected strength.

Preface

The research behind this project has gone on now for a period of nearly nine years. The work which finally led to my being able to complete this research has a still longer history. Given the amount of time that has been involved and the various settings in which I have worked and studied during these years, it is difficult to make an appropriate statement which will truly thank all of the people who in one way or another have helped me to bring this dissertation to completion. Fully mindful of the inadequacy of anything I can really write here, I nevertheless wish to emphasize in the strongest possible terms that I could not have reached this point without the assistance of many people, both at work, and at the C.U.N.Y. Graduate Center. Because of the requirements of anonymity imposed by the nature of this research, I am unable to thank by name most of the individuals who were most helpful to me.

However, I do wish to acknowledge in a general way that many of my professional colleagues at work were generous in the help they provided. Mostly, this involved a willingness to invite me into their homes so that interviews could be conducted. In a few instances, they agreed to meet me at a neutral location which often required them to travel a significant distance in order to accommodate my research needs. Several colleagues provided me with valuable

suggestions as to individuals who should be interviewed. In a few instances these leads were critical to whatever success I have had in completing this work.

Because of the difficulty of obtaining printed data originating at the New York City Board of Education, I was often dependent upon material provided to me by people who had amassed large or small collections of such documents and were willing to share them with me. Although I am unable to mention all of the people who gave such assistance, I particularly wish to acknowledge the encouragement and materials received from Joel Rosenshein, whose importance to the development of the education evaluator is discussed further on in this work. Jon Berry, formerly head of the first organization of education evaluators provided valuable written material about this profession's early years.

Names of education evaluators who might be willing to submit to my interviews were provided by Marc Korashan, currently Chairperson of the Education Evaluator Chapter within the U.F.T. He also provided access to his personal collection of union data, including handwritten materials which were otherwise unavailable. It should be emphasized that neither he nor anyone else in the community of education professionals to whom I turned for help, was aware of the precise nature of the research project in which I was engaged. Given that there is a real possibility that some of my helpers will disagree with at least some of my conclusions, I think it

is important to stress that they provided assistance without asking for more than a general sense of what my work involved. It would be difficult to imagine more generous support than what they have provided.

I am grateful for the assistance provided to me by the members of my dissertation committee. However, I particularly wish to acknowledge the generous help which I have received from Professor Lindsey Churchill. We met at the beginning of my sojourn at C.U.N.Y. and he has been a constant source of support and encouragement. He has provided assistance with matters both academic and personal. Even when I was inclined to see only a long, seemingly endless travail, he saw light at the end of the tunnel. I am delighted that the tunnel has finally been successfully traversed.

Finally, I wish to mention the encouragement I have received from friends and relatives. Several of my aunts have been especially helpful because of their frequent expressions of confidence in my ability to get this work done. It is especially appropriate that I thank my aunt Jennie Scheller, who with her late husband Herman, never lost faith in my ability to complete this work. Jennie's encouragement and practical advice on a variety of matters, helped to provide the kind of anchor which everyone needs when they are negotiating the demands of a dissertation.

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Chapter 1

A Brief Review of Special Education Before There Were Education Evaluators

Special Education: The Early Years

In its current form, special education in the United States is a relatively recent development. Although it might be possible to write a coherent history of special education in this country from a perspective which views it as part of a constantly developing, ever widening gyre, the fact is that until the mid to late 1970's, children whose educational needs could not be met through standard educational means, were largely ignored. If their problems were sufficiently severe, they languished at home, or worse yet, in institutions. However the majority of children who were not competent as scholars probably dropped out altogether, at a fairly young age. Certainly they were not differentiated in any meaningful manner from their peers.

Attempts in this country to improve the condition of disabled young people were initially focused upon those with obvious physical impairments, i.e., the deaf/blind. Kentucky, in 1823, was the first state to initiate a special school for the education and training of deaf children. The first

significant federal action in this sphere occurred in 1857, with the founding of an institution which later became the Gallaudet College for Hearing Impaired Students. Indeed, in 1864, Abraham Lincoln signed congressional legislation which authorized Gallaudet to award college level diplomas to its graduates. Aside from some legislation to help in the printing and distribution of braille books for the blind, the next significant federal legislation passed to assist any category of disabled Americans was geared to rehabilitation of soldiers injured during the first World War. Two years later, this was followed by passage of a similar act meant to assist disabled civilians, "The Citizens Vocational Rehabilitation Act." Over time, especially during the 1940's, and the 1960's, a number of extensions were made in the rehabilitation act, thereby broadening its authority substantially.

By the late 1950's and early 1960's, there was starting to be a trickle of Federal involvement in education matters that concerned handicapped citizens. Certainly though, there was nothing suggestive of the tidal wave which came later. In 1958, federal legislation was passed which included a funded program whose aim was to train professional personnel who in turn would train teachers for the mentally retarded. Further legislation, passed in the 1963, was intended to allow for appropriate training for teachers of children with a variety of handicapping conditions other than mental retarda-

tion.[1] Subsequently, various additional items of legislation were enacted, each providing some improvement over previous conditions until 1975, when PL94-145 was passed. This legislation had the advantage of being both comprehensive, and permanent.

In New York City,by the turn of the century and the early 1900's, the Superintendent of Schools, William Maxwell, had started to endorse and in practice, develop special education classes for certain types of problem children. Aside from Maxwell, the most significant individual at this time working to develop new ways of dealing with troubled youth was Elizabeth Farrell, a classroom teacher whose ideas about special education rapidly became reality within New York City. Aside from a genuine humanitarian thrust on the part of education reformers, an interest in social control was never far below the surface.[2]

Like many other large American municipalities, New York, in the early years of this century was faced with large numbers of children who were the offspring of immigrants, or

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[1] John C. Pittenger and Peter Kuriloff, "Educating the Handicapped: Reforming a Radical Law," The Public Interest, 66 (Winter, 1982) : 73.

[2] Hendrick, Irving G. and Donald L. MacMillan, "Selecting Children for Special Education in New York City: William Maxwell, Elizabeth Farrell, and the Development of Ungraded Classes, 1900-1920," The Journal of Special Education 22, no.4 (Winter 1989) : 395.

who were themselves immigrants. Also, child labor and compulsory education laws were just then coming into effect. This meant that many children who in the past might have enjoyed only very brief sojourns in the educational system, were now expected to spend the greater part of their childhood attending public school. Incidentally, compulsory education meant that there would be a substantial increase in the number of children with problems, who regularly attended school. In New York City, this led to the establishment of special "ungraded" classes. These "ungraded" classes were populated largely with pupils who were developmentally delayed, though not too severely. New York school superintendent Maxwell concentrated his attention on children who would today most probably be classified as being at the borderline or mildly retarded level of intellectual ability. Although a survey of New York City school principals produced a figure of about 8,000 children whom these educators identified as mentally retarded, (about 2% of the total school population) Maxwell believed that the correct figure was closer to 2,000.[3] Apparently out of concern for the stigmatizing impact of labelling someone as mentally retarded he "...suggested that mentally retarded children should be referred to as 'exceptional children,' rather than

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[3] Ibid., 400.

as 'defectives.'"[4] Maxwell's plan was to have these children attend classes of 12-20 pupils, but the larger size was to be permitted only when an assistant was present. Maxwell's intention was to have at least one special,i.e. ungraded class per school, assuming the school was sufficiently large, meaning that it had at least 12 regular classes.[5]

At least in theory, by 1906, the makings of a multi-disciplinary approach to assessment, in a sense the direct forerunner to provisions in PL94-142, were in effect. At that time, before a child was placed in a special class, the Board of Education required a doctor's physical examination and "...a mental examination by the inspector of ungraded classes."[6] The multi-disciplinary evaluation of candidates for special education was fully established, at least in theory, by 1914. According to a contemporary authority, for a child to be deemed in need of special education the following procedure was followed:

> 1. The report of the school principal or other person proposing the child for examination. 2. The social service report made by a social worker who visits the home to get the various phases of the environmental setting of the child's life. 3. The clinical study of the child which includes a physi-

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[4] Ibid., 402.

[5] Ibid.

[6] Ibid., 403.

cal, psychological and pedagogical examination.[7]

In addition she reported that

> ...the obvious cases are given relatively little time. The emphasis is placed on the examination of those border-line cases which are being reported more and more by the schools; of those children who deviate only slightly from the normal, the child who can grasp arithmetic but who cannot learn to read, and vice versa, the child who is strongly ear-minded or motor minded and who has fallen behind because the instruction given in most schools is based on the fact that the majority of children are eye-minded.[8]

As can be seen from this citation, emphasis was on cases where a child's disability appeared to be mild, particularly on children whose school difficulties might be a consequence of their needing to be taught differently from other children because they had a different learning style. The authors of one work which discussed Walsh's paper have suggested that these students may be similar to those now routinely labelled as "learning disabled."[9] We also should note that her discussion very clearly points towards the idea of "modalities" meaning that children have different ways in which they learn and appropriate teaching for any particular

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[7] Elizabeth A.Walsh, 'Ungraded Class Work in New York City-Methods and Results, Journal of Psycho-Asthenics XIX, No.2 (Dec. 1914) : 59-60.

[8] Ibid., 60.

[9] Sarason, Seymour B. and John Doris, Educational Handicap, Public Policy, and Social History (New York: The Free Press,1979), 307.

student should be oriented towards his/her needs in this area.

This idea was extremely popular among special educators from the late 1960's to at least the mid 1980's.[10] Incidentally, by 1906, theoretically, academic performance two years below grade level was considered adequate criterion for removing a child from the classroom in order to provide special assistance. This was the viewpoint expressed by a Manhattan district superintendent, Julia Richmond. What makes this interesting is that currently a two year deficit in reading and/or math performance is a frequent criterion for placement in a resource room program, with a label of "learning disability." In addition to classes for the mentally retarded, there were a number of other special types of classes. These were established in order to place children who presented a variety of other problems. Included were classes for children who lagged behind because of foreign birth, and classes for children who were physically handicapped, late comers to the school system, or chronically truant. Especially in reference to the Maxwell program for developmentally delayed individuals, it should be noted that he did not have much interest in seriously retarded individuals, those with IQ rating below 50. Maxwell's emphasis was on working with pupils who appeared to have the greatest potential for

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[10] Susan Rogers, page 40.

becoming self-supporting citizens.

One difficultly which arose in the early years of special education in New York City's schools was over the question of who really qualified as a mentally retarded individual. By 1916, Ms. Farrell was expressing concern over the belief that some school principals were attempting to have troublesome, but intellectually average children, placed in classes which were meant for the mentally retarded. There was in fact, some evidence to sustain the claim that this was happening. For example, Henry Goddard, a psychologist well known for his apparent tendency to find 'defective' children everywhere, nevertheless concluded following review of a number of cases of children in special education classes, that a number of children in them were of normal intelligence and so, did not belong there.[11]

It may have been at least partially in response to her growing awareness of these problems that by 1916, Farrell had decided that objective, i.e., IQ tests, should be a regular part of the placement process. In discussing this issue, the authors of an article highlighting Farrell's role in early special education note that

> Perhaps her growing acceptance of so-called objective measures was attributable in part to her continuing frustration with the ways principals were identifying children as candidates for ungrad-

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[11] Sarason and Doris, 303-304.

> ed classes. Her most common complaint against them continued to be their tendency to refer children for testing who were merely troublesome, not mentally retarded.[12]

However, it is possible that the authors of this article have overlooked a more important reason for Farrell's turn to these "objective" measures. In a paper she published in 1915, she looked forward to the application of a natural science approach to school problems, writing that "As tuberculosis and spinal meningitis have been studied by scientists and now seem possible of control, so the laggard as well as other problems of the school will yield to knowledge of their causes."[13]

It is difficult to make judgments about the factors motivating people in bygone eras. Certainly, the concern over the condition of troubled children was not altogether motivated by a benign concern for their well being. The eugenics movement may have been one force contributing to an interest in the treatment of these children as we can see from an editorial comment in the November, 1915 issue of the journal UNGRADED:

> Most people believe that the feeble-minded must be eliminated as a social burden. But that is all. They merely believe. They must be aroused. This work must inevitably fall to our lot. It is for the physician,psychologist, social worker and teacher to take the leadership. If we teachers content

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[12] Hendrick and MacMillan, 411.

[13] Elizabeth E. Farrell, "The Backward Child," UNGRADED 1, no. 1 (May 1915) : 4-9.

> ourselves with training a handful of feeble-minded children, we are failing to live up to our opportunities. We must be filled with the spirit of science. Our room is our laboratory. We must leave this laboratory daily more convinced of the futility of merely training these unfortunates, more ready to preach the gospel of prevention everywhere. The knowledge is ours. The opportunity is ours. What are we doing about it?[14]

By the mid 1920's the needs of children with special problems affecting their ability to profit from school attendance was attracting considerable attention. According to the city's leading special educator at that time, by June 1925,

> ...there were reported from the schools in this city, 37,000 children in need of psychological, psychiatric and social service investigation...Of that hugh number 5100 came from the educator schools of New York City....not all of low mentality, of course. Some of them were superbly gifted, yet were not able to keep on, not able to make the adjustments that secondary schools demand. Needless to say, no staff adequate in number, is provided at this time...to attack the problem of the examination of that hugh group of children....teachers and school administrators are looking at difficult children as presenting situations that must be understood..."[15]

She goes on to explain that these children are now being assessed by clinicians:

> ...in every school, today, men and women are at work examining, analyzing, studying, judging, measuring the human material that is not adjusting to school environment...these men and women are at

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[14] Editorial, UNGRADED 1, no. 4, (November, 1915).

[15] Elizabeth E. Farrell, "What New York City Does For Its Problem Children," UNGRADED X, no. 1, (October 1925) : 12-13.

work in this new field..."[16]

In the final paragraph of this article the author expresses a wish that was to a considerable extent fulfilled only a few years later:

> And I hope to see a Headquarters, a House of Children, a House for the Understanding of Children, where will be brought together psychiatry, medicine, psychology, education and social service. I hope that the work of the experts in these departments will be focussed on the prevention of problems in childhood, that their work will make for the right education of every child, and that no child will leave the schools of this city without experiencing the glow of success..."[17]

The next really significant step in the development of special education services by New York's Board of Education occurred in 1931, with establishment of the Bureau of Child Guidance,[18] an organization not unlike what Elizabeth Farrell was advocating. From our perspective, perhaps the most significant fact about the Bureau is that from the start there was serious conflict among interested parties, concerning its purpose and function. Although BCG was established out of a wish to serve children whose emotional difficulties were getting in the way of their school work, its ultimate concern was the broader community of "normal" children. Helping

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[16] Ibid., 13.

[17] Ibid., 17-18.

[18] It was started with an initial budget of $100,000. Five Year Report of the Bureau of Child Guidance, 1932-1937, (Board of Education, City of New York: 1938). 19.

teachers and school administrators to have a better understanding of all children was a significant part of what BCG hoped to accomplish. Thus when reporting about the value of a case conference, it is stated that

> ...the study of one child is used as an educational medium because the discussion of the principles of behavior in any given case is applicable and helpful in understanding and evaluating the conduct of other children. For this reason we believe that the educational value of these conferences cannot be over-estimated....The Clinical Division, therefore, serves partly as a laboratory, making available to the principals and teachers specialized types of knowledge needed for a better understanding and adjustment of the average child as well as those children who manifest undesirable personality traits."[19]

Within this understanding of BCG's mission, there was nevertheless ample space for conflict over its raison d'etre. At one point in its history, tensions over the bureau's purpose prevented appointment of a permanent director. This was the situation in 1955, when the Board of Education published a major study of BCG.[20] This survey was carried out because of BCG's many problems especially

> The lack of clarity concerning responsibility and function of the Bureau of Child Guidance. This has led to conflicting interpretations among the professional staff of the Bureau as to the primary function of the clinical personnel in the school system...The place of the Bureau within the school system and in the community. There is a lack of

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[19] Ibid., 57.

[20] The Bureau of Child Guidance, A Survey (Board of Education, City of New York: 1955).

> continuing and systematic coordination - causing duplications and contradictions - between the Bureau and other agencies with guidance responsibilities....There are conflicting expectations of the services the Bureau should render on the part of school personnel as well as among public and private community organizations."[21]

Among the responsibilities which various parties thought should belong to BCG were "...clinical services to individual children in the schools...", contributing "...to the integration of clinical and educational thought for the improvement of school practice....", providing "...parent education and a program of community information..."[22] Given this diversity in goal orientation, there was considerable argument over who would most appropriately head the Bureau.

> Surely, said some, a psychiatrist: this is primarily a child guidance clinic. Surely, said others, an educator: the outstanding characteristic of this agency is its school-centeredness; it will require interpretation to the schools in educational terms; since in cannot hope to cure all the emotional ills in so large a school population, it must concentrate on helping teachers provide a wholesome social atmosphere in the classroom and on the playground, and activities geared to support emotional maturing as well as intellectual growth.For this task, psychiatrists, social workers, and clinical psychologists are unprepared; the techniques of adapting learning situations to provide emotional release, build ego strength, and the like, are largely <u>terra incognita</u> to them....Thus, the Bureau of Child Guidance has been harried since its inception by too many voices calling on it for too many things. It came into being in response to differing expectations, and those differing expec-

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[21] Ibid., XVIII-XIX. (Italics in the original)

[22] Ibid., XV-XVI.

tations have continued to play upon it ever since.[23]

Aside from its value in explaining something about the tensions which were present at the Bureau of Child Guidance during much of its existence, this citation also emphasizes the presence of a long-standing tension between the educational and clinical perspectives. In view of the tensions which existed, especially in the early years of their existence between education evaluators and members of the social worker/psychologists chapter we think this reminder of the longstanding disagreements between educators and clinicians at BCG can help us to better understand the interaction of these SBST members.

Judged by today's standards, the number of children involved in special education programs was small until several years after the passage of the "Education for All Handicapped Act." However, the growth of special education programs within the New York City Board of Education was steady and considerable so that by the start of World War II, special education had its own division at 110 Livingston Street. This division consisted of seven bureaus, each established to deal with different types of handicapped children. The Bureau in charge of CRMD programs was operating 621 classes with a total of 12,000 children in attendance by the time the war started. No

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[23] Ibid., page XVI.

doubt a variety of factors were responsible for this expansion. Although most were probably benign in the minds of the labelers, and the result of child welfare concerns, other factors were probably also present. For example, at times it is likely that regular education teachers looked at special education to relieve themselves of especially burdensome pupils. In 1920 there was pressure from a teacher's organization to: (a) broaden the definition of feeblemindedness; (b) include class work and behavior as part of the basis for placement; and (c) move kids to a separate school, thereby eliminating the special class routinely found in each school.[24]

However, in some ways the position of the Board of Education's administration was just the opposite of these demands. Although by 1928, Elizabeth Farrell was able to start to establish classes for children with IQ's below 50,[25] there was a long standing awareness at 110 Livingston Street that some children sitting in classes for the mentally retarded were clearly mislabelled and misplaced. The second item in the teachers' group program eventually did become a part of the process of evaluating children in order to make decisions about the ultimate placement. As for the third idea,

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[24] Hendrick and McMillan, 412.

[25] Sarason and Doris, 308.

at one point, separate schools were established, the so-called 600 schools, for the cordoning off of some children who presented very severe behavior problems. However, in general, the thrust of the Board of Education bureaucracy was in favor of what would currently be called mainstreaming. Hendrick and MacMillan note: "Integration with normally achieving children was a key part of the philosophy underlying the ungraded classes. In choosing to describe the special classes as "ungraded" instead of as classes for "mental defectives," Farrell and Maxwell had hoped to show parents and pupils that school personnel were sensitive to their feelings. (New York City 1921)."[26] Farrell's position was that "The ungraded class child was segregated for instructional purposes only, thereby permitting him or her to play with other children, walk to school with them, use the same stairways and other school facilities, and attend the opening exercises of the school."[27]

It is also interesting to note that at least as early as 1915, the city's then superintendent of schools, William Maxwell, was warning about the need to be cautious in characterizing children as "defective." Writing in the inaugural issue of UNGRADED, a professional journal published by

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[26] Hendrick and MacMillan, 413.

[27] Ibid., 414.

Elizabeth Farrell and her colleagues he reiterated her comment to him that

> ...many hundreds of children every year are reported to her and to her medical and psychological assistants as mental defectives who are not really so. They are children who are possibly somewhat eccentric in character, or who are suffering from some defect, the removal of which restores the mental equilibrium.[28]

This comment is particularly interesting in light of the continuing difficulty in defining which students today are really in need of special education services. Only now, instead of mental retardation, the key category under investigation is learning disability.

As noted above, by the start of W.W. II, the Board of Education had a substantial special education division which included several bureaus. Each one was devoted to the problems of children with one particular handicapping condition. This was essentially the situation until the passage of PL94-142 in 1975. That legislation had a profound impact on the organization and character of special education services in New York City. However, despite the very real changes which this legislation has caused, some aspects of the thinking about special education, especially thinking about the type of students who become part of the special education system, have changed less than might appear. Multi-disciplinary evalua-

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[28] "From William H. Maxwell," UNGRADED 1, no. 1, (May 1915): 1-3.

tions, misdiagnoses, and mainstreaming, aspects of pre-World War I special education practice remain current despite many changes.

Since the passage of the "Education for All Handicapped Children Act of 1975," later retitled the "Individuals with Disabilities Education Act," (IDEA), the number of students in this city who have been found "qualified" for special education services has enormously expanded. Some idea of how rapidly their numbers have expanded can be gathered by considering their increase over a five year period. In 1980, 54,344 children, 5.6 percent of the total school population, were enrolled in these programs. By 1985, the number had increased to 116,301, or 12.5 percent of the total school population.[29] At present, there is something of a crisis atmosphere in connection with special education. It is expensive. It provides services which, once offered to a student and accepted by his parents, become legally mandated. Because of the perennial budget crunch, there is a widespread fear that teachers, unable to obtain even the minimal services that had previously been available for their students through regular education channels, will increasingly refer their

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[29] Special Education: A Call for Quality, (New York City, April 1985), Appendix B, Table 4, unpaginated. The current figure is 130.037 students, approximately 13% of the city's public school population. Sam Dillon. "Special Education Absorbs School Resources," New York Times, 7 April 1994, sec. A, 1 and sec. B 5.

students for evaluation and possible special education placement, hopeful that at least this route will remain available as a source for much needed services in such areas as reading, speech/language therapy, and counseling. Currently these services are rarely available through regular education channels.

It is not at all surprising that accompanying this increase in special education evaluations and placements, there has been criticism suggesting that special education services are being inappropriately offered to students. Along with this charge has come criticism suggesting that overall, too many minority children are being placed in special education programs. At times it has also been suggested that not only are minority kids evaluated in disproportionately high numbers, but that when the decision is made to declare them as needing a special education program, they frequently wind up being sent off to some of the most restrictive settings.[30]

During the decades since the Board of Education first became seriously concerned about finding ways in which "handicapped" children could be provided assistance,many

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[30] This is not a new claim, and it is one that is also made in many jurisdictions outside of New York City. See for example, Mercer, Jane R. Labelling the Mentally Retarded (Berkeley: University of California, 1973), or Kugelmass, Judy W. Behavior, Bias, and Handicaps (New Brunswick: Transaction Books, 1987).

changes have occurred. These changes have included changes in the sort of child regarded as having a handicapping condition. Other changes have involved the types of classes and programs available for youngsters identified as having significant school problems. Almost certainly, most observers would agree that the most important of these changes involved the passage of PL94-142, in 1975. Briefly stated, this act made mandatory, the appropriate educational placement of all children, regardless of their handicapping condition. This was certainly in its national impact the most significant piece of education legislation ever passed. Its effects are still resonating today, in the nation's school systems.

Dissertation Concerns, Theory, and Rationale

Our concern here is with the current method of evaluating students in need of possible special education students. Over a period of years, originally starting prior to passage of PL94-142, the Board of Education has devised various means of evaluation of students. In 1980, the first School Based Support Teams were put into place. These teams, consisted of three members, a social worker, a psychologist, and an education evaluator. This latter member belongs to a new profession, and in its local form was, and currently remains unique to the New York City Board of Education. The

development of this new profession and its significance for the other SBST professionals, will be the center piece of our discussion in this dissertation. Within six years after the SBST's initial appearance, it was restructured into its current form, known as the "enhanced" model. The SBST's restructuring, which took place in the fall of 1986, appears to have occurred in response to a recommendation of the Beattie Commission. This commission, established by Mayor Koch, was assigned the task of investigating how the Division of Special Education operated, and suggesting ways of eliminating waste. Although the report discusses the entire operation of special education, our focus will be on only those aspects which affected the operation of the various Committees for Special Education, and particularly the School Based Support Teams(SBSTs).

The report recommended that a major change be made in the functioning of the team which assesses children for possible handicapping conditions indicating the need for special education services. Actually, the greatest change, at least on paper, came in connection with the assessment of children already recognized as having some sort of a handicapping condition. The effect of that change has proven to be implosive. The major change in the reconstituted SBST model was removal of the social worker for all but initial evaluations. Since the majority of an SBST's caseload involves

reevaluation and triennial cases, this effectively meant removal of the social worker for most of the team's work. Education evaluators, who in many instances had been spread so thin that they were almost like itinerant workers, suddenly became the team's central figure as they were given new responsibilities which ultimately led to a major increase in their numbers. The position of school psychologist remained relatively unchanged. The new model, while removing social workers from day-to-day SBST functioning, provided new work for social workers in the area of prevention. It was expected that this new model would lead to greater efficiency at the assessment end, while ultimately resulting in a substantial decrease in the number of students actually referred and found to be needing special education services.

Implementation of this new model was met with resistance, which came from members of all three professions. But it was social workers, supported by psychologists who were especially vocal in their opposition, although education evaluators too. were unhappy about the change. We are unaware of any effective practical resistance to this model offered by education evaluators. The fact is that education evaluators were placed in a somewhat anomalous position. On the one hand, the enhanced model had the potential, since realized, of enormously expanding the importance of their role on the SBST and within the entire assessment process. On the other hand,

it offered more than many of them felt able to handle comfortably, especially at that point. None of these groups were able to offer effective opposition to this change. Even resistance coming from social workers appears to have not ultimately been very tenacious. Certainly, it cannot be said to have had any major impact on how either psychologists or education evaluators have functioned under the new model.

Following two summers in which the researcher had worked as an education evaluator during per session activities, he became a full time education evaluator for the first time in September, 1986. His entry into this position coincided with the changeover to the enhanced model. During September, while CSE members were being trained, the old model was still in effect. It was superseded by the enhanced model at the start of October. Aware that something interesting might result, the researcher had begun keeping field notes about his work experience as an education evaluator from the beginning of his per session work, in 1985. Almost immediately, it became clear that there was a certain amount of discrepancy between job description and reality. Under the circumstances, it seemed reasonable that some sort of research project might be developed, based on this discrepancy. It wasn't long before I began to think that a case study of the education evaluator could be an appropriate dissertation subject.

While trying to decide how to utilize my material

most effectively, I read Andrew Abbott's The System of the Professions.[31] This work, because of its discussion of jurisdictional disputes among professionals, and its emphasis on studying actual work environments, appeared to have direct applicability to the data I was accumulating. The education evaluator is a new type of professional who has been emerging in a work place situation where there is considerable potential for conflict with co-workers. Abbott, though noting that his theoretical work is backed by extensive fieldwork experience in fact makes little reference to such data.[32] By contrast, the research presented in this dissertation will be heavily immersed in the researcher's fieldwork experience.

Abbott's review of earlier studies of the professions led him to reject the "natural history" approach which particularly characterized the work of Everett Hughes and others. He discusses a number of questionable assumptions contained in the natural history perspective, among them, that "change is unidirectional; "that "professions are homogeneous units;" and that "professionalization as a process does not change with time."[33] He notes that a number of empirical

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[31] Andrew Abbott. The System of Professions (Chicago: University of Chicago Press, 1988).

[32] Ibid., XI-XII.

[33] Ibid., 17.

studies have brought these assumptions into question,[34] and suggests that "The central problem with the current concept of professionalization is its focus on structure rather than on work."[35] This emphasis on the paramount importance of studying a profession at work dovetailed with my own interest in writing a case study of the education evaluator profession. In the following paragraphs I will make a selective review of Andrew Abbott's theory of the professions, as described in his book, The System of Professions, with emphasis on aspects that are relevant to my concerns, but that appear to be in need of some modifications in order to accurately reflect the circumstances under which members of an SBST operate.

The major reason why such modification appears necessary is that Abbott's theory understates the impact of external factors upon professional jurisdiction. This refers not only to the organization in which the professional works, but also to the impact of other external organizations. In the case of the SBST, these include their union and the federal courts, as well as the actions of several organizations which have had a heavy impact on the organization of special education in New York City through on-going litigation that has been largely responsible for federal court involvement in

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[34] Ibid., 16.

[35] Ibid., 19.

the city's educational system. These external forces have played a significant, even determining, role in the nature of professional jurisdiction of psychologists, social workers, and education evaluators working for the New York City Board of Education.

Abbott writes that "The tasks of professions are human problems amenable to expert service."[36] He then notes that "tasks" include both objective and subjective qualities. "Objective" qualities refer to aspects of a task not amenable to ready redefinition, whereas "subjective" qualities may be redefined. It is in this redefinition that scope exists for jurisdictional clashes over which profession "owns" a particular problem.[37] To take an example appropriate to our concern here, in any school situation, some children emerge as non-learners. They simply fail to profit from school. The presence of such children is ubiquitous. How they are treated, what response is made to them, is very much a matter of context. Although the properties they display are unchanging, the meaning given to them is very much "situated." Context may not be everything, but it is quite critical.[38] One of the diffi-

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[36] Ibid., 35.

[37] Ibid., 36.

[38] Dexter, Lewis Anthony. The Tyranny of Schooling (New York: Basic Books, 1964). Dexter, whose book is subtitled "An Inquiry into the Problem of 'Stupidity,'" discusses the impact of compulsory education laws and points out (at times using terminology that

culties faced by all SBST professionals is that their actual ability to control the definition of the problems with which they deal is limited by bureaucratic constraints. They really are not free to consider all aspects of these problems without concern that someone is looking over their shoulders. In a variety of ways they are not independent, and this may affect their operations much more strongly than Abbott would expect.

In discussing a professions's ability to maintain its jurisdictional claims, Abbott has written that there are three contexts in which such claims are staked: legal, public and workplace. As stated in the introduction, our interest in this dissertation lies in the development of the education evaluator as a profession and in how this relates to Abbott's theory of the professions. The education evaluator role is apparently unique to the New York City school system. Though its roots go back to at least the 1960's, development of the education evaluator as a separate entity occurred only at the beginning of the 1970's, and as a somewhat experimental component of what was itself a new, experimental approach to the evaluation

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would be rejected today), that "It is highly probable that the school has actually created the whole problem of retardation as it affects the 'moron,' whose lack of intelligence is no barrier to normal functioning in most areas of life and who does not suffer from any serious physiological or nervous defect...In fact,'the stupid,' high-grade retardates are in many school systems, communities, and environments more real and serious victims of discrimination and prejudice than Negroes or American Indians." 4-5.

of children in possible need of placement in classes for handicapped students. Its subsequent development undoubtedly owes much to the impact of PL 94-142. As a consequence of litigation, education evaluators are now part of a federal court mandated plan for carrying out provisions of this law in New York City. The number of education evaluators employed by the Board of Education has increased in numbers so that they now exceed the number of social workers employed by several hundred. At one point, they also exceeded the number of psychologists too, but this latter profession is now at, or close to parity in numbers, with their education evaluator colleagues.

Abbott has written about the relative ability of organized professionals to withstand "attack" by unorganized newcomers.[39] This has not really been the case in this instance. Social work is a profession with a long history, and a national organizational structure. The education evaluator role began as a limited, almost ad hoc experimental effort to add a meaningful educational component to the assessment of handicapped students but it has developed significantly over the more than twenty years of its existence. Not only do education evaluators now have a legal basis for their existence, but in practical daily affairs in the school, they have

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[39] Abbott., 82-83.

developed a significant role in the eyes of their clientele, which includes especially administrators and teachers, but also, though in a secondary sense, parents and students.

In his discussion of the way professions work within an organization, Abbott has stated that the actual division of labor will be determined through negotiations among the involved professionals. He emphasizes that an important factor in jurisdictional conflicts within the workplace is what he terms "workplace assimilation," i.e., when a group performs tasks for which it was not originally qualified, but which it has learned through contact with other professionals whose tasks it is, and with whom they work within the organization.[40] There have been major changes in work load distribution since education evaluators came on the scene but they occurred according to a scenario very different from that expected by Abbott, one suggesting that the organization, and even outsiders have much more say, and professional groups much less say in how professional work is organized, than Abbott acknowledges.

In the example being considered, the combination of litigation in the federal courts, and reorganization of the SBST structure by the central Board of Education's bureaucracy, accounted for boundary changes that significantly altered

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[40] Ibid., 65-66.

the roles of education evaluators and social workers. We also have here the phenomenon of a profession being "forced" to perform work for which its members claim to be unqualified. Under protest by their UFT Chapter, and with very little formal training, education evaluators have now been conducting social history updates for nearly eight years. Although social workers too, also through their UFT Chapter have voiced considerable unhappiness over this situation, on a practical level they have been unable to stop it so far. What does this situation say about the professionalism of workers who are performing work for which they claim to feel fundamentally unqualified? Is it possible that we should not take this claim seriously? What does it say about the extent of its jurisdictional control when a profession can lose a significant piece of its work by what is, in effect, bureaucratic fiat? What are the limits of a professions's ability to resist bureaucratic directives? What role do outside factors and organizational bureaucratic policy play in "creating" any particular profession?

Why did a well established, nationally organized profession like social work prove to be so vulnerable, allowing bureaucratic surgery to remove a significant part of its jurisdiction? In discussing his definition of a profession, Abbott refers to the need for it to have a base in abstract knowledge. However, he goes on to ask:

> How abstract is abstract enough to be professional? The answer depends on time and place. What matters is abstraction effective enough to compete in a particular historical and social context, not abstraction relative to some supposed absolute standard.[41]

In considering why social work has proven to be so vulnerable in this instance the question of its knowledge base may provide a clue. In general, neither social work nor teaching are regarded as disciplines having a substantial amount of abstract knowledge behind them. The absence of such a knowledge base may provide at least a partial explanation of why these professions are so vulnerable to bureaucratic dictate.

This is not to say that these professions do not claim that there is an important theoretical underpinning to their work. The question is, rather, why this claim is apparently taken so lightly by their employers. Abbott feels that the theoretical knowledge that professions claim as a crucial part of their training is often of little practical value, although he readily acknowledges that these knowledge claims are usually well received by the public.[42] Thus a professional group, social workers in this case, may insistently claim that others who have been assigned to do work normally within their domain, lack the necessary knowledge base to carry out the

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[41] Ibid., 9.

[42] Ibid., 53-54.

task in a truly correct manner. However, if the most relevant public for social workers is in fact their employers, then clearly, this argument has so far fallen on deaf ears. As noted above, unlike many professional groups that presumably would be delighted by an opportunity to expand their jurisdictional boundaries, the education evaluators have taken as their official position that they are not qualified to do social history updates. Psychologists, as participants in a joint UFT functional chapter with social workers are also officially committed to supporting the claim that only social workers should be doing social histories, whether they are initials, or updates. As for the Board of Education, it is clearly motivated by practical concerns, in this case a belief that this is the most expeditious and cost effective way of meeting the legal requirements involved in assessing students.

Provisionally, we can suggest at least two possible explanations for the education evaluators' reluctance to embrace this opportunity to expand their jurisdiction: (a) their own position, until quite recently, had been vulnerable; and (b) more likely, especially at this point, due to fraternal union relations, they feel they cannot take advantage of the social workers' current weakness to encroach upon their generally accepted jurisdictional domain. It should be noted however that further on in our discussion we will find that union fraternalism did not initially prevent the Social

Workers/Psychologists Chapter from pressing for the total elimination of the education evaluator position. Thus union attitudes may to some extent simply relate to nothing more than current strengths and weakness, moment to moment pragmatic needs.[43]

Perhaps one key is to be found in Abbott's comment that "Dominant professions seem to be successful in hiding from the public the excessive assimilation of professional knowledge in the workplace."[44] The example Abbott cites involves nurses performing tasks which the public believes are in a doctor's domain only. The difference between doctors and social workers is found precisely in this idea of a "dominant profession." Of interest here is the question of what factors make professions dominant, subordinate, or coequal?

In discussing the strongest claim that a profession can make, that is, to "full jurisdiction" of an arena, Abbott notes that this will include an assertion about the profession's "efficacy" in performing its tasks. In the conflict

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[43] We should perhaps add to this that personalities are also of some importance here. When education evaluators were first emerging in a really noticeable way, the Social Workers/-Psychologists Chapter was dominated by leadership which took a very angry, unyielding position towards this new group. One person who has had inside knowledge of union politics during most of the period under discussion has stressed his belief that much of the cooperative attitude between the two functional chapters at present, can be attributed to the close personal relationship between their two top leaders. (Franklin Lobel, page 7).

[44] Abbott., 68.

between education evaluators and social workers, not only do social workers not have any product that can be said to provide an "objective" measure of their efficacy, but, if anything, it is the newer professionals, the education evaluators, who are able to make a more publicly impressive showing. To their somewhat naive audience, the testing done by education evaluators may be given the appearance of an "objective" social fact, a "hard" piece of data, as compared to the "soft" data provided by the social workers' social histories.

Abbott also states that "...other things being equal, the more strongly organized a profession is, the more effective its claims to jurisdiction."[45] This may be true, but if so, we need to specify what happens when other things are not equal. At least superficially, social workers and psychologists share a similar organizational strength. However, when the Division of Special Education made changes in the child evaluation process, social workers lost out badly to education evaluators, whereas psychologists lost nothing to the newcomers. In trying to account for this difference, once again the issue of a profession's knowledge base comes to the fore as decisive. Psychologists claim an area of expertise in the form of intelligence testing that is especially germane to diagnos-

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[45] Ibid., 82.

ing a child's educational problems. Education evaluators are able to make a similar claim, from a different perspective that of their educational tests, and their practical knowledge of children in the classroom. Eighty to eighty-five years ago, when social workers were new to the school system, at a time when few psychologists worked there, educators and more importantly, the public, seem to have believed that home influences were critical to school accomplishment. More recently, "enlightened" opinion has held the schools responsible for pupil progress, more so than the home. But if this is so, of what value today is the school social worker? When home/parent situations were held to be accountable for school failure, the possibility of social worker interventions to help improve a difficult home situation, was considered a meaningful adjunct to the school's efforts to improve education. But if the importance of home environment is discounted, the social worker's input will inevitably decline in significance.

Although initially, one could speak of education evaluators as being an unorganized group, eventually they received backing from the parent UFT, becoming a functional chapter, similar in status to the social worker/psychologist functional chapter. Given this circumstance, if Abbott's statement that "...organized professions stand much better

chances of maintaining workplace claims against competitors"[46] is true, then what happens when two well organized professions confront each other? Abbott does not deal with this, but we are able to suggest a tentative answer. It is that the result will depend upon outside forces that are connected with, but not necessarily a direct part of, the organizational bureaucracy. Education evaluators were able to gain a foothold because they are teachers and the United Federation of Teachers, although representing psychologists and social workers too, is essentially a teacher's union. It can, although not too blatantly, ignore or at least downplay the needs of psychologists and social workers because they are a small minority with no place else to go.

We will conclude this discussion of Abbott with one final point. He has noted that

> External forces directly disturb the system by opening new task areas for jurisdiction and by destroying old jurisdictions. A new task appears and some profession achieves jurisdiction over it, at the expense of weakening its other jurisdictions....Not only tasks can enter or leave the system, but also groups of professionals. Some occupational groups have simply withered with time..."[47]

Something akin to this has occurred in connection with social workers. External factors have directly affected their

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[46] Ibid., 83.

[47] Ibid., 91.

jurisdiction over an important aspect of their work. Another group, the education evaluators has, as we have noted taken over work done previously by social workers. However, as we have already noted above, and shall see in some detail below, these particular changes[48] did not occur due to any initiatives on the part of the professionals affected. Instead, to a large extent they occurred as a result of professionals being ordered into doing a particular sort of work, and passively doing as they were ordered.

Other authors who have written about the professions have skirted around Abbott's main concern, the matter of jurisdictional disputes within the work place. When they have dealt with such issues, they have not treated them as central. Nor have they necessarily viewed the matter of boundary changes as likely to be a main focal point of interprofessional disputes. Thus Everett Hughes has written that "...there is not a profession I know whose boundaries are not changing,"[49] but he did not discuss this as a source of conflict. In one case (Dinitz and Beran), where "boundary busting" is discussed, it appears that the jurisdictional conflict that such action inevitably involved was neither

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[48] We are referring here to the social workers' loss of two aspects of their work, case management, and social history updates.

[49] Everett C. Hughes, "Education for a Profession," Library Quarterly 31 (1961) : 336-343.

intended, anticipated, nor welcome. Apparently, no single professional group was attempting to obtain exclusive jurisdiction over the problem behaviors being encountered.[50] This is contrary to what Abbott would have predicted. In another paper, conflict among professionals is referred to, but it doesn't seem to be of the type which concerns Abbott. Goldner and Ritti write that:

> Professionalization continues apace, but the new professions within organizations are different from the autonomous professions of old. The proliferation of specialties has resulted in a pluralistic system of contending groups. And that struggle is not simply between a professional group and the organization; it is between the professional group and other groups in the organization.[51]

However, the struggle referred to here is not a question of jurisdictional disputes over work. Rather, it is jockeying for position on the path of administrative advancement, a very different concern.

William Goode does discuss jurisdictional disputes, though not as they occur within the context of a bureaucratic organization. He notes, perhaps correctly, that "A sociological guess is that the most severe skirmishes in the process of

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[50] Simon Dinitz and Nancy Beran, "Community Mental Health as a Boundaryless and Boundary-Busting System," Journal of Health and Social Welfare 12 (June 1971) : 99-108.

[51] Fred H.Goldner and R.R. Ritti, "Professionalization as Career Immobility," American Journal of Sociology 72, (March 1967) : 489-502.

institutionalization would occur between the new profession and the occupations closest to it in substantive and clientele interest."[52] Although in "Professional Autonomy and the Revolt of the Client,"[53] Haug and Sussman are not concerned with jurisdictional disputes among professionals in organizations, their work is nevertheless relevant. They note that "The power of the professional to determine what is best in a particular case, and the autonomy to carry out various remedial, treatment, socializing, or advisory activities depends on the consent of the client."[54] They go on to suggest that clients have begun to question the authority of professionals on a variety of grounds and that professional autonomy to act without restraint in what the professional views as "the client's best interest," has been eroded. They believe this situation will lead to a change in the relationship between professionals and their clients. They conclude that although some professional autonomy will remain, "... the rising level of general expectation and expectations will prevent a return to former patterns of client-practitioner

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[52] William J. Goode, "Encroachment, Charlatanism, and the Emerging Profession: Psychology, Sociology, and Medicine," American Sociological Review 25 (1960) : 902-914.

[53] Marie R. Haug and Marvin B. Sussman, "Professional Autonomy and the Revolt of the Client," Social Problems 17 (1969) : 153-161.

[54] Ibid., 154.

relations."[55]

In order for any student to become part of special education in a school system s/he must become the recipient of a handicapping label. Given the centrality of labeling in the assessment process, any study of assessment professionals must focus much of its attention on the decision making process. Over the past decade and a half, "learning disability" has become the handicapping condition of choice. And yet, many authorities consider learning disability (LD) to be a questionable concept of dubious legitimacy. But because it is so widely used to label students, questioning the validity of this concept raises questions about a substantial portion of what is being done under the rubric of "special education". James G.. Carrier, for example has written that "...learning disability is not an objective reality which only recently has found its Newton."[56] Among Carrier's main concerns is to demonstrate the role special education plays in the "differentiation and allocation" of pupils to various programs within the public schools.[57]

Another study, Richard Weatherley's Reforming Special Education: Policy Implementation from State Level to Street

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[55] Ibid., 161.

[56] James C. Carrier. Learning Disability (New York: Greenwood Press, 1986), 3.

[57] Ibid., 10-11.

Level,[58] is a study of how special education services were implemented in Massachusetts. Its theoretical orientation was influenced by the work of Michael Lipsky, who wrote the book's forward. Weatherly maintains that how a law is implemented is in the hands of street level bureaucrats. The result is that various local factors impact upon implementation and have the effect of vitiating and distorting the actual intent of the law. Originally, I had hoped that this perspective, largely derived from Michael Lipsky's book, Street Level Bureaucracy,[59] would provide insights into the SBST's work environment, as does Abbott's work. But Lipsky's research does not really describe members of the SBST. They are not actually street level bureaucrats because it is primarily teachers who make referrals of students for testing. SBST members are part of a school's staff, rather than its line operation.

Mehan, Hertweck, and Meihls, in their book Handicapping the Handicapped,[60] have studied the decision making process that is involved in determining whether or not a child is in need of special education services. However,their focus

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[58] Richard A. Weatherly. Reforming Special Education:Policy Implementation from State Level to Street Level (Cambridge: Massachusetts Institute of Technology Press, 1979).

[59] Michael Lipsky. Street Level Bureaucracy (New York: Russell Sage Foundation, 1980).

[60] Hugh Mehan, Alma Hertweck, and J. Lee Meihls. Handicapping the Handicapped (Stanford: Stanford University Press, 1986).

is broader and not as directly concerned with relations among the decision making professionals as will be our approach. Carl Milofsky's Tester's and Testing[61] is a study of school psychologists. Although he considers the work environment, he does so in a setting very different from what exists in New York City. Consequently, although he makes some interesting observations, much of what he has to say is inapplicable to how SBSTs operate.

Mary Lee Smith's study, How Educators Decide Who Is Learning Disabled[62] is especially relevant to the present research. The author is interested in the process of decision making in special education, specifically in connection with the learning disability label. She states as we do in our research, that the concept presents serious problems, and that "...even people with years of experience cannot discriminate the learning disabled from the non-disabled."[63] She concludes with a statement which raises serious concerns about the way children are being labeled by professionals:

> The psychological ambiguities permit the intrusion of social forces into decision-making. The community of professionals expands and benefits as the rolls of identified cases of learning disability

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[61] Carl Milofsky. Testers and Testing (New Brunswick: Rutgers University Press, 1989).

[62] Mary Lee Smith. How Educators Decide Who Is Learning Disabled (Springfield: Charles C. Thomas, 1982).

[63] Ibid., 226.

> expand. Bureaucracies expand and gain influence. Schools can both explain their failures and keep them enrolled. Teachers benefit from smaller and more homogeneous classes.Children can move into less competitive learning environments and benefit from remedial instruction. Middle class parents can account for their children's lack of success.[64]

Although not quite applicable to conditions in New York City, this comment does have a certain relevance which will become clearer as we proceed with our discussion.

Even assuming there is no problem with the specific concepts involved in considering whether a child is handicapped, questions have been repeatedly raised about the competence of the professionals whose task it is to utilize them in their decision making. Each of the dissertations discussed below made use of members of Committees on the Handicapped. The second study drew on personnel from various parts of New York State. The other two studies used subjects who worked for New York City Board of Education COHs. One study completed in 1981, The Knowledge and Attitudes of New York City Committee on the Handicapped Personnel with Regard to the Appropriate Placement of Handicapped Children[65] examined decision making by COH members. The author asked them to make judgements about students' handicapping conditions.

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[64] Ibid., 226-227.

[65] Joseph G. Hickey, "Knowledge and Attitudes on New York City Committee on the Handicapped Personnel with Regard to the Appropriate Placement of Handicapped Children." Ed. D. diss. Fordham University, 1981.

However, his study was based upon responses to a scale which was used to measure respondents' understanding of the "least restrictive environment" concept. This scale is of very questionable validity, if only because it contains only brief vignettes of the students being considered. On the basis of fieldwork experience and interview data the researcher regards a meaningful judgment about a student's handicapping condition as impossible to make on the basis of such lean data. We regard the study as having little value.

A similar criticism can be applied to the research involved in two other education doctoral dissertations reviewed. One, by Eugene Paul McMahon, considered whether knowledge about a student's current school placement biased decision makers who were reviewing data to determine the student's handicapping condition. In this case, subjects were asked to look at summaries of three cases and then make a decision. Earlier a panel of experts had reviewed each of these cases and determined that none of them met the criteria for special education placement. It was found that when case records of children already placed in a special education program were reviewed, the respondents were biased by this knowledge. Moreover, the author noted that "Nowhere is the confusion more severe than in distinguishing the learning

disabled child from the underachiever."[66] In view of our own findings (see Chapter 5: The Later Years: Further Analysis of the Three Professions) about the limited role of social history data in decision making it is interesting to note that none of these three studies provided any social history data for respondents to consider.

The last one, by Michael David Mendelson,[67] was also concerned with the "least restrictive environment" issue. Subjects were presented with data on two students and then asked to make a decision. The researcher found that statements by the child's teacher biased decision making. He also found that individually, the three professional groups surveyed (social workers, psychologists, education evaluators) reached the same decision but that in a team setting, the psychologist had greater influence in reaching a decision. However, statistical analysis did not reveal that group decision making produced superior results.[68] As in the previously discussed study, a panel of experts had reviewed the cases and concluded

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[66] Eugene Paul McMahon,"Decisions Concerning Underachieving Students as a Function of Present Placement: A Study of Group and Individual Decision Making", Ed. D. diss., Columbia University, 1986.

[67] Michael David Mendelson, "Maintaining Children in the Least Restrictive Environment: Bias in the Decision Making Process of Special Education Placement Teams", Ed. D. diss. , Columbia University, 1987.

[68] Ibid., unpaginated dissertation abstract.

that none of the students met New York State standards to be labeled as handicapped.[69]

In discussing his findings, Mendelson makes two points with which we strongly concur. One is that the respondents were presented with minimal data and he comments that "The lack of information which is normally accessible to placement team members, that is, previous test results and a current IEP, may have exacerbated the artificiality of the experimental situation."[70] It should be noted that he makes no suggestion that lack of social history data had any impact on the validity of his research findings even though such data was lacking. Following this point, he makes another which we feel is critical, namely he acknowledges that this research occurred just prior to implementation of the enhanced model. In a comment that is an exemplary case of understatement he remarks that "Therefore, the functioning of the team may have changed as a result of the expected changes."[71] Actually, our research does not really allow us to make a definitive

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[69] Ibid., 73.

[70] Ibid., 83.

[71] Ibid., 83. The present researcher was one of the subjects included in Mendelson's research. He filled out this protocol during his first days as a full time education evaluator. This was a time of enormous tension and even aside from the question of how the enhanced model affected team functioning, there is the question of how much interest SBST members had in doing a careful job filling out this form at a time when there was really somewhat of a crisis atmosphere in the air.

statement about this issue simply because, despite the studies just discussed, we lack adequate data about how decisions were reached by SBSTs prior to the enhanced model. Our data suggests that substantial changes have occurred. Clearly the absence altogether of a social worker for most cases involving students already in special education may have an enormous impact. But we don't really know. This issue of which professions are most heavily involved in the special education decision making process is central to defining power relations among CSE/SBST members. As we shall see, changes in this area have almost uniformly worked in favor of enhancing the position of the education evaluator.

Abbott's discussion of the relationship between bureaucracy and the professions is quite brief, and he makes clear his uncertainty about the precise impact of bureaucratization on professional behavior, noting that: "The competitive implications of this bureaucratization are not theoretically obvious. It may have affected professions' ability to provide service, to distribute services to those needing them, and to draw boundaries between professional jurisdictions."[72] Even though further on Abbott acknowledges that "The preponderance of multiprofessional bureaucracies among professional workplaces make the workplace contest for jurisdiction an increas-

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[72] Abbott, 150.

ingly important part of the overall competition for control of work"[73] he does little to develop this point.

However, I would like to note that the power of professional organizations to negotiate jurisdictions is attenuated when professionals are part of a large organization. I would further contend that in many instances the professional organization may be virtually powerless. However, the degree of power that such an organization can exercise may depend upon the profession, and the specific issues involved in any particular set of jurisdictional disputes. Abbott writes that "The false opposition of organization and professional ignores the fact that often those members of the organization doing the pilfering are members of or themselves are creating another profession."[74] This seems to suggest that organizational professionals have the power to redistribute tasks and settle arguments among themselves so long as the bureaucracy's needs are met. But in the organization presently being studied, the professionals lack this degree of autonomy. Jurisdictional changes were imposed by bureaucratic and judicial fiat, and although representatives from the affected professions have had some opportunity to be heard, the settlement currently in effect is unsatisfactory to all three

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[73] Ibid., 153.

[74] Ibid., 155.

of the affected professions.[75]

In the pages to follow, we will (1) provide a full description of the emerging role of the education evaluator,[76] and (2) discuss the ways in which SBST professionals fit and do not fit into Abbott's theory. Of particular interest is the relative absence of jurisdictional disputes or of really serious and prolonged episodes of backbiting. Indeed, the relative passivity of professional disputes among CSE/SBST personnel seems to run counter to Abbott's view of professions on the prowl.

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[75] At least, that is the official position of the two U.F.T. functional chapters which represent members of these professions. Currently (1993-1994 school year), Board of Education researchers are conducting a study aimed at determining how S.B.S.T. clinicians feel about the enhanced model. People involved in the implementation of this research have acknowledged that the research design is heavily skewed in a way that they hope will "prove" that the enhanced model is ineffective. Our own research suggests that while there is considerable dissatisfaction among clinicians concerning this model, there is also good reason to believe that resolving these dissatisfactions can be done without radically restructuring it. (Fieldnotes, 1993-1994)

[76] On occasion, the reader will notice that the term "educational evaluator" is used by interviewees. It also appears in some written materials. We have used the term "education evaluator" throughout this dissertation because that is the term now generally used by the United Federation of Teachers including the education evaluators' own functional chapter, and in official Board of Education documents. According to one knowledgeable individual, the term "education evaluator "...was written into the contract simply because it was correct English." (Fieldnotes, 1990-1994).

Chapter 2

Education Evaluators: The Early Years Prior to 1986

This research, which chronicles the rise and development of a new profession, that of the education evaluator, begins at a time when the Bureau of Child Guidance (BCG) founded in 1931,[1] was nearing the end of its history. The establishment of a new assessment process, having as its most distinctive feature the education evaluator's presence, coincided with, and played a role in the final decline,and ultimate demise, of the BCG.[2] Certainly there were some in BCG who felt that Evaluation and Placement (E and P) was directly linked to its decline and fall.[3]

In 1970 a grant of more than a million dollars was obtained from federal Title I funds, in order to establish an experimental operation at the Board of Education, a special

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[1] Five Year Report of the Bureau of Child Guidance 1932-1937, (Board of Education, City of New York, n.d. [1938]), 19.

[2] For example, most of the testing functions previously carried out by BCG were transferred to E and P in accordance with recommendations made by an internal Board of Education study, Strengthening Business Management in the Division of Special Education and Pupil Personnel Services,(Board of Education of the City of New York, 1975), 54.

[3] Arnold Eckhardt, # 1, page 13."...the feeling was that that operation was being used to undercut BCG. I think that was the feeling. I don't know how valid that was, because BCG was also under such an attack from the health forces." Page 13.

unit know as Evaluation and Placement. The idea for this unit was not entirely new. Indeed, the idea of splitting the diagnostic from the therapeutic aspects of the work being conducted by BCG, was initially broached as early as 1955, in the report of a committee studying that organization.[4] Nothing much appears to have really happened, at least until the mid or late 1960's. By then,there was a small committee operating within BCG concerned with finding placements for certain children whose handicapping conditions made it particularly difficult to fit them into the existing programs. This committee included Helen Feulner then with the bureau of speech improvement, and Joel Rosenshein, at the time, a supervisor in the Bureau of Child Guidance. In addition to these difficult to place kids, there were also a substantial number of children who stayed at home, never attending school, but instead receiving home instruction.[5] They had became increasingly dissatisfied with the way children suspected of having handicapping conditions were being evaluated and placed.[6]

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[4] Arnold Eckhardt interview, p.31

[5] Zelda Bernstein, pages 12-13. "...We got referrals not only from BEPH....but from agencies that had been holding kids...never in school. We were getting kids from the placements, Willowbrook, here, there. This kid could come home, if he had a school. So we realized we needed more."

[6] Samuel Kogan,# 1. pages 1-2.

Helen Feulner was appointed head of the still relatively small Division of Special Education and Pupil Personnel Services (DSEPPS) in 1968. Soon thereafter, she decided to find a new way to deal with the substantial problems of evaluation and placement which confronted the special education division.[7] The problem which concerned them involved the slow, uncertain. and at times repetitive process through which handicapped children were evaluated and placed in special classes. This was several years prior to the enactment of the "Education For All Handicapped Children Act of 1975" Public Law (PL)94-142, which substantially altered the ways in which handicapped children were dealt with by educational systems throughout the United States.

At the time that the grant for establishment of E and P was received, there was a substantial backlog, perhaps 400 or more cases, of children who were awaiting assessments by personnel at BCG. In order to be placed in a special education program, a child was first evaluated by a BCG psychologist. Concurrently, a social history was done with the child's parent(s) by a BCG social worker. The social history written at that time was ideally the product of a number of separate meetings between the social worker and the parent. Evaluations, except in very obvious cases, only occurred after a

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[7] Samuel Kogan, # 1, page 6.

social worker had already spent some time working with the child's family[8]. The Bureau of Child Guidance was part of the Board of Education, and yet somewhat separated from it. Much of the Bureau's funding came from New York State, and the Bureau was considered to be a clinical agency, serving the needs of the Board of Education. It was not an educational organization. This means that the attitudes of BCG personnel were not always the same as those of Board of Education personnel when it came to defining their purpose and functions. This later led to serious conflicts.

One problem that existed at the time E and P was founded is that BCG psychologists were often not very oriented towards the testing necessary to place children into appropriate educational programs. A psychologist with many years of supervisory experience at BCG told the interviewer that there were certainly a number of psychologists working there who really weren't very interested in doing psychological testing. They were clinically oriented and saw their work at BCG as a means of obtaining the money they felt they needed in order to carry on with their private practices outside of BCG. Whether this was true is almost an irrelevancy. What is true is that

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[8] Lillian Kramer, page 1. "Social history was part of on-going contact. We weren't under a clock [and] had as much time as needed to do a case...we probably knew the family already for some time, and there had been [an] effort earlier to do preventive work. [The] need now was simply for a somewhat more organized social history."

many people perceived BCG as essentially a boondoggle organization.[9]

This de-emphasis on testing was one factor in creating the waiting lists of pupils in need of BCG testing[10]. Another problem, the major one, judging from what interviewees recall, had to do with placement. Once kids were evaluated by BCG personnel, this did not always lead to a rapid placement for the child. The next step was for the parent to take these test findings along with her child to the appropriate bureau. At this point, the chief handicapping conditions involved physical impairment, very broadly defined, mental retardation, and speech difficulties. When a BCG evaluation pointed to mental retardation, the situation was relatively simple. Few children found to be mentally retarded failed to be placed in classes run by the Bureau for Children with Retarded Mental Development (BCRMD). Basically, once brought to this bureau, kids with the proper test documentation were admitted to the

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[9] As one education evaluator who was aware of BCG's reputation among teachers in the mid-1970's reported: "It was known as a place of goof-offs. That's what I heard. That was BCG's reputation...That was the scuttlebutt. Those were the stories. But I did work with a psychologist and social worker [from BCG] and on a lovely, sunny, spring day, they were going to lunch. And they looked at each other and said, if we were still at BCG, we'd be signing out and going to the beach. And that's a first hand story. But, that's only one, and doesn't mean all of them." Roberta Logan, page 20.

[10] Arnold Eckhardt, # 1, page 68. "Yes, BCG psychologists did not want to do testing all the time...Some of them didn't want to do any..."

appropriate level classes there. In the absence of triennial evaluations, these children remained in CRMD classes throughout their school careers unless one of their teachers suspected that the child was inappropriately placed. In that situation, the teacher could do his/her own testing, and if the results seemed to suggest that a child was misplaced, BCG personnel were prepared to review his case, and recommend a program change, if warranted[11]

For children presented to the School for Language and Hearing Impaired Children (SLIC) program, or to the Bureau for the Education of the Physically Handicapped (BEPH), the process was different. These children were subject to further, though less extensive testing.The writer is unfamiliar with the specific process involved in SLIC, but there is no reason to assume that the following discussion is not also applicable there. Nevertheless, it should be understood that the data below was gathered in reference to circumstances in the Bureau for the Education of the Physically Handicapped, and within that bureau, to the Health Conservation (HC) 30 classes. The following discussion is based on information received from teachers who worked in the HC 30 classes run by the BEPH. These HC 30 classes were for brain injured children. The bureau also contained other classes,for example, HC 20, for

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[11] Ibid., p.31

orthopedically handicapped children. Presumably, a child's need for the services provided by this type of class was considered obvious, at least during the time covered by our discussion, so our concentration is on candidates for the HC 30 program.

Children who were being considered for this type of class were brought into BEPH, and sent to participate in a HC 30 class for a period of several days. During this time, the HC 30 teacher looked at the child's functioning within the program. This "look," aside from a concern with how the child fit in with other children already in the program, also included individualized testing of the candidate by the HC 30 teacher. This testing, which will be described in more detail below, mostly involved the use of informal test devices,and normally took place in the back of the classroom, while the other kids were kept engaged at their desks, doing various assignments. There was a sheet on which the results of these evaluations were written by the HC 30 teacher, and these write-ups were then evaluated by a small committee at the BEPH to determine whether the child truly fit into its program. The evaluating teacher was generally not a part of this committee, and normally had no further contact with the student evaluated. If a child's completed profile indicated that he was appropriate for the BEPH, he was placed there. If not, the case was sent on to another bureau. The next, bureau,

SLIC for example, would do its own evaluation. It too, might reject the child, and find some place else to send him. In this manner, sometimes a year would pass before a child would be placed. This caused frustration and concern for the children and parents involved. While awaiting placement, the child may have attended school, or may have been on "home instruction."[12] This was the situation that existed for handicapped students at the point in time when E and P was created.

The first Evaluation and Placement Units were established during the 1970-71 school year. When E and P was first set up, it was given a specific assignment by Helen Feulner, then director of the Division of Special Education of the Board of Education.According to one of the first E and P Unit coordinators, "The mission we were given when we set this operation up, and this was given to us by Dr. Helen Feulner, and I remember this very clearly, sitting in her office and being told this. Our mission was to conduct the evaluations, to make the placements, and, in addition, to recommend other types of classes that might be needed as we did our evaluations.[13] The establishment of E and P brought with it substantial changes in how children suspected of having

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[12] Larry Hall, page 9.

[13] Jennie Rosen, 17-18

handicapping conditions were evaluated by the Board of Education. One of the most significant changes it brought was the development of the education evaluator as a co-equal member, along with a social worker and a psychologist, of the child study team.

Evaluation and Placement was very much an experiment. There was no certainty that it would last beyond it initial year.[14] People who came to work there were usually leaving secure positions within the Board of Education. Had E and P ceased to exist, they would have retained their tenure, but wouldn't necessarily have been able to return to the positions they'd left[15]. When E and P was founded, its mission was to both evaluate and place students. The idea was to carry out these tasks with speed and efficiency, while at the same time providing the child with the best possible evaluation. Once a child was evaluated by E and P, and it was determined that the child belonged in a HC 30 program, that is where the child went. The HC 30 teacher was not expected to do further testing in order to determine whether the child belonged in her classroom. That determination had already been made. In order

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[14] Zelda Bernstein, page 48.

[15] Ibid. " She noted that although E and P administrators notified teachers that they were looking for people to work as education evaluators, "...people were not interested, still not interested in coming out. Really, they didn't know whether there would be security, and so on, coming out of the classrooms."

to accomplish these evaluations which because of their finality, can in a sense, really be viewed as more authoritative than those coming out of BCG, a different type of evaluation team was needed.

At E and P, the evaluation team consisted of a social worker, a psychologist, and an education evaluator. The actual term education evaluator did not appear right away, but did arrive within E and P's first year, originated by one of the first unit coordinators.[16] A neurologist was very often part of the team, too, and initially, no assessment was complete without a speech/language evaluation[17]. Joel Rosenshein was the "Clinical Director" and Murray Pescow was E and P's "Administrative Director". This remained the case until the beginning of 1976. At that time, Rosenshein was designated "Director," and Pescow's title became "Assistant Director."[18]. Rosenshein, as noted earlier, was a psychologist who

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[16] Ibid., page 14. Further detail about the invention of this term will appear below.

[17] Jennie Rosen,page 11. "...we felt strongly about the fact than many of the disabilities were language based. And we probed language with a separate specialist who was expert in speech and language. So it was routine. It was not as needed. Every child went through the speech and language eval." Michael Carey confirmed that speech evaluations were initially done with all children. Michael Carey, page 4.

[18] This information was gleaned from Board of Education letterheads. Despite occasional suggestions that their respective titles made them officially co-equal, at least in the earlier period, in the memory of virtually everyone interviewed whose connections with E and P went back to that era, Joel Rosenshein was

came out of BCG. More than anyone else, he was the force behind the establishment of E and P. Pescow, a social worker, had also been a supervisor at BCG.

Although the first E and P unit was opened in Brooklyn, almost immediately several others were opened, so that during the first year there were five units, one for each borough. Actually, Brooklyn had two units, one of which also covered Staten Island. Three of the initial units were headed by people with speech/language backgrounds, but this may have only been a matter of coincidence. In addition to the education evaluator, it must be emphasized that the other new and key element in E and P was its power of placement. This meant that once a child's handicapping condition was determined, E and P made a placement decision that could not be controverted by personnel in the existing bureaus. This change was actually quite upsetting to the BCG and bureau administrations because from their perspective it involved a considerable loss of power.[19] Evaluations were not done at a child's school, but at the E and P unit.

Originally, educational evaluations were supposed to be done on an individual basis, but it wasn't long before the E and P administration decided that even though individual

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clearly in charge.

[19] Samuel Kogan, pages 6-7.

education evaluations were critically important, there still remained a need to see how the child functioned in a classroom situation. This led to the idea of the "diagnostic classroom." And in fact, this too was in place by the time the first unit opened its doors.[20] The intention was to place a half dozen kids who were being evaluated into a room with a teacher for a two day period at the E and P unit. This teacher would write a report discussing the child's classroom functioning, and this report would become a part of his overall evaluation. This may have been inspired by what teachers in the HC 30 classes were doing, though in practice it was somewhat different. The class itself was only operated for a two or three day period. None of the kids in the class were formally diagnosed at that point. Nor did they know one another or even the teacher. The teacher dealt with all of them in a group, not taking any of them to the back for individualized testing. That was done elsewhere, by another person. Thus despite a superficial similarity, in fact, the diagnostic classroom experience was really quite different from what a child experienced who was placed temporarily in a HC 30 program. During the time when the child was attending this diagnostic classroom, s/he would be pulled out so that individualized psychological and educational evaluations could take place.

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[20] Zelda Bernstein, pages 25-27.

Apparently, in the first few months of E and P's operation, in at least one unit, the same teacher actually ran both the diagnostic classroom and did the individual education evaluation. This was necessitated by a shortage of personnel which existed because, as already noted, there were real doubts about E and P's ultimate ability to survive beyond its first year.[21] As noted above,speech and language evaluations were also conducted at this time on every child who was being evaluated. At week's end, on Friday, the E and P unit's professional personnel would get together at a "staffing," and review the cases of children assessed during the week. These conferences were also attended by a neurologist who interpreted the results of any outside neurological workups which where part of a child's case. In this way, as many as a thousand children were evaluated and placed during E and P's first year. This should have entirely cleaned up the backlog of cases which was one of the key motivating factors in its establishment. However, the obvious success which the operation was having in testing and placement, led to the generation of a vastly increased number of referrals so that by the year's end, despite the efficaciousness with which E and P performed its work, there was once again a substantial backlog.

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[21] Ibid., pages 11-12.

The education evaluator, as may have been suggested to the reader by the above reference to the testing done by HC 30 teachers, did not originate entirely with the founding of E and P. This role already had a past, but only in a very limited sense. In the course of this chapter we will consider the development of the education evaluator role from its earliest years, until 1986, when a major change occurred in the work they performed. That change will be discussed in the next chapter. Because documentary evidence is almost impossible to come by, nearly all of the information in this chapter is based on interview material about events dating back more than twenty years ago. Inevitably this means there is some blurring of memories and loss of details.[22] In some cases, it has been possible to gain confirmation of stories through multiple interviews. But in other cases this has not been possible either because the events described were carried out solely by the interviewee or, simply because other participants were not available to this interviewer. In some instances, participants have died or left the New York area. In other cases potentially valuable written material was thrown out when the participants in events moved their offices, retired,

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[22] Discussion of a similar difficulty appears in the introductory pages of Blee's socio-historical study of women who were active in the Clan, where she notes that difficulties encountered in doing interview work include "...memory distortion, selective recall, and self-censoring..." Blee, Kathleen M., Women of the Klan, (Berkeley: University of California Press, 1991), 5.

or simply cleaned house. One important early participant in the establishment of E and P told a story about how he came to work one day when he was in the process of changing offices and found that someone had dumped the contents of his file cabinet on the floor. Rather than gather it up to bring to his new office, he simply left it for the custodians to throw out. Unfortunately this material appears to have included, among other items, the original proposal for the establishment of E and P.[23]

As noted earlier in this chapter, children assessed by BCG psychologists and social workers were sent with their parents to the bureaus deemed most appropriate in terms of meeting their educational needs. But being sent to a bureau did not mean acceptance. Once there, the child was looked over again, this time by the people who would actually be working with him. Kids classified as mentally retarded and destined for CRMD classes were usually accepted without much fuss into the appropriate class at BCRMD. However the same was not necessarily true for kids sent to other programs. In these other programs more testing was a real possibility, in addition to a careful look at the already attained test results.

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[23] Harvey Weill, page 38.

Educational Testing During the BCG Era

One of the newer programs run by the BEPH was the HC 30[24] program for brain injured (B.I.) children. These classes began around the mid-1960's. Children placed in the first such, still experimental class, were tested by a BCG psychologist, Joel Rosenshein, and by a speech/language evaluator. In addition to testing,they began at that time to write a very minimal educational prescription which was meant to provide some guidance for the teacher in terms of how best to go about teaching that particular child. Although the clinicians wrote this brief prescription, they consulted the teacher about it because they felt she was the one who would actually be teaching these children. Eventually, they also arranged to have the teacher watch, while they did testing, because it was hoped that at some time in the future the teacher would develop enough skill to be able to do some standardized reading and math tests. Her test results would then be added in with the other test results in order to be able to construct an educational plan that would most effectively serve

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[24] As noted above, H.C. stands for Health Conservation. Various types of health conservation programs have a long history with the Board of Education. They were initially established for children with such handicaps as orthopedic, hearing, and vision problems.Their establishment preceded by several decades the passage of PL94-142.

the youngster's needs.[25]

By the time E and P was established, the program for brain injured children was an integral part of the BEPH. In practice, the kids in this program tended to run the gamut from some who were really having deep difficulty, to others with rather mild handicapping conditions.[26] To enter into one of these classes a child went through the procedure already delineated, of first being tested at BCG and then being sent over to the appropriate bureau.

There is no doubt that some sort of educational assessment was conducted within the HC 30 classroom by at least some of the teachers working with these children. Whether or not these assessments should be called "screening"[27] as one person referred to them, or whether they should be characterized as actually constituting education evaluations, as others have called them,[28] is perhaps only a matter of semantics. What is certain, is that something took place between a HC 30 teacher and a child who was a candidate for that program. It is not clear whether all of the teachers in this program conducted such evaluations, or whether only some

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[25] Samuel Kogan, #1, pages 4-5.

[26] Nora Levin, p.14

[27] Susan Rogers, page one.

[28] Carla Matthews, # 1, page 15; Barbara Berger, page 1.

of them did so. However,given that the program itself was quite small, prior to 1970, on the basis of our having spoken with several people who either taught in that program, or who recall its operation, it appears to us, likely that most of the teachers there participated in assessments at one time or another.[29]

Determining whether a child really belonged in the program was accomplished by giving the youngster an opportunity to actually spend a little time, normally two or three days, [30] in a HC 30 class, so that the teacher could get a sense of how well he blended in with the other children. These were small classes taught by one teacher without a paraprofessional. The maximum number of children registered in any of these classes at this period was eight, and one person who left the HC 30 program in 1971, never had more than six kids on register.[31]

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[29] Larry Hall refers to several people having worked during the summer doing assessments as a part of the HC program.(page 19). One of the people interviewed believes everyone teaching HC 30 was deemed competent to do these evaluations.

[30] Denise Jolas. (page 10) Although she says HC 30 teachers received no formal training from supervisors, she believes all of them were considered qualified to do the limited evaluations they performed in the classroom. This does not necessarily mean that all HC 30 teachers actually did them. The number of HC 30 teachers doing them seems to have varied, possibly depending upon local circumstances.

[31] Barbara Berger reported never having more than six children on her register.(page 15) According to Denise Jolas, she began with only six children, but by the time she left the HC 30 program, class size had gone to eight. (page 13).

Many of the children in this program were considered very difficult to cope with behaviorally, so a good fit was essential[32]. As for the type of child who was present in this program,it is, of course, possible that there was considerable variation from one class to another. Apparently many of these children were 'hyperactive.'[33] All of them were believed to have significant perceptual difficulties resulting from some sort of brain injury, hence their placement into the HC 30 program which was for brain injured children. However,despite the involvement of a neurologist on the placement team, cases of kids with anything other than soft neurological signs were very rare. What did characterize many of these kids was the finding that they were carriers of the 'Strauss syndrome[34],' then very much in style, and believed to indicate the presence

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[32] Teachers who worked in this program have indicated that there could be considerable variation in the type of student assigned to the HC 30 program. Judged by current standards these kids ranged between students who could have been assigned to the least restrictive special education program, and others who today would most likely be placed in one of the relatively more restrictive programs. Although kids were supposed to be placed in this program on the basis of 'brain injuries,' none of the individuals interviewed is aware of anything other than soft neurological signs being used to make that diagnosis. One person recalls hearing that students diagnosed as being minimally brain injured were supposed to be getting EEG's but she does not recall ever actually seeing such a medical report. Denise Jolas, page 15.

[33] Larry Hall, page 4

[34] Carla Matthews, for example, refers to this situation as something they were on the lookout for. (pages 1-2)

of minimal brain dysfunction (MBD). In a practical sense, the individual with this condition was expected to suffer from significant perceptual deficits, and hence the major emphasis in the testing carried out by HC 30 teachers was to determine whether a child had such deficits.Parenthetically,we should note that one of the former HC 30 teachers interviewed noted about many of the kids evaluated that they "...had significant learning problems that we presumed at the time were due to ...perceptual difficulties because, really, that was the primary thing we tested for, perceptual difficulty...That's like the thing that overshadows anything else in my head, that we spent a great deal of time testing for, and then we remediated for perceptual difficulty. And we kind of hoped that reading came along."[35]

There were really at least two main considerations in determining whether a child was ultimately accepted into a HC 30 program. One important criterion was behavioral. Precisely because these children were not easy to cope with, it was essential that any new registrant appear to be the type of child who would be able to blend into this program. It is important to remember that some of the children being considered for this program had never attended school.[36] The other

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[35] Denise Jolas, page 4.

[36] Carla Matthews, page 7

important consideration was whether he fit in with the other kids in terms of apparent perceptual and academic deficits. To make that determination, the HC 30 teacher conducted a certain amount of testing in areas deemed relevant to classroom work. It should be emphasized that the bulk of the testing carried out by these teachers involved informal tests. Aside from such academic areas as reading and math, teachers also tested for writing ability, gross and fine motor skills, reactions to external stimuli, and learning modalities, i.e., whether the child could be considered to be more a visual, or more an auditory learner.[37]

The student's academic achievements were definitely not the main interest area in this testing. The main interest lay in finding out about the child's perceptual skills. Aside from teacher made devices there were a few manufactured items used in the testing such as material developed by Marianne Frostig, which at that time was much used for dealing with perceptual disorders. Also used were parquetry blocks. These blocks which came in a variety of forms and shapes had to be properly assembled by the test subjects. Although there seems to have been a certain resemblance, at least superficially, to the sort of block design done by psychologists on the various versions of the WISC, the use of these blocks in this context

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[37] Barbara Berger, pages 1-2.

is not known to have elicited any sort of expressions of concern on the part of psychologists.[38] Academic testing was limited, and did not result in any formal test scores. It too, was often dependent on informal, 'home made' devices, such as math inventories.[39] The results of this testing was reported on a form which may have been standardized, but this is not certain.

Whether or not all HC 30 teachers actually engaged in these screenings is not clear but apparently most of them did, because it appears to have been a fairly routine part of what was expected of anyone working in this program. Indeed, that might explain why there was apparently little if any training specific to the art of testing, although one person did report training on the Strauss Syndrome. That however, is not the same thing as getting trained in how to administer a test. According to one person, you learned testing from your colleagues. This person was specific in noting that no training was received from supervisors[40]. This at least suggests that this testing may not have been considered a particularly important aspect of their work.

Although everyone may have done testing sooner or

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[38] Denise Jolas, pages 3 and 4.

[39] Ibid., page 4

[40] Ibid., page 5

later, people were expected to gain a bit of experience before starting to do these evaluations. Thus, one teacher notes that it wasn't until she had worked six months that she had the opportunity to test a child and she said that "...they usually let the more experienced teachers do it..."[41] The testing itself, was done under conditions that can not be considered to be really ideal. Apparently, what occurred with most frequency, is that the teacher made time to do the necessary testing by giving her kids an extra amount of individualized desk work to perform. We should recall that these were very small classes and there was normally an effort to provide a considerable amount of individual work assignments. While the pupils were doing these assignments, the teacher would test the pupil/candidate. Also, as part of the HC 30 program, all of these students had to take a nap at some point during the school day. This allowed the teacher time to do testing. In at least one case, an HC 30 teacher was relieved for a while by another teacher so that she could do her testing. Incidentally, during the entire period of at least two days when a child was 'visiting' the HC 30 program, his/her parent was waiting right outside of the classroom.[42]

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[41] Carla Matthews, page 1.

[42] Ibid., pages 8-9. She is aware that this was definitely the practice in Brooklyn and the Bronx, but doesn't know the procedure elsewhere.

Basically, testing was limited to at most a morning, or some similar amount of time. Under the circumstances, the amount of testing that could be done was clearly quite limited. As one teacher noted, it didn't allow her to get into "fine points."[43] Someone else noted that she was a good disciplinarian, and so keeping the class busy while she tested wasn't much of a problem,[44] but this seems to imply that for someone else, who wasn't such a good disciplinarian finding time for testing might not have been the only, or even the most serious problem that had to be dealt with, to get this task completed successfully. One former HC 30 teacher did indeed note that overall the result of having to test children in this situation was that the class was disrupted "...and you never really got an accurate reading of the child."[45] However, this opinion should be contrasted to that of others who felt that the testing done in this context was fair and objective.[46] The issue of objectivity is one that is difficult to really resolve.

One of the concerns which has been expressed about the 'evaluations' done by these HC 30 teachers is indeed the

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[43] Barbara Berger, page 6

[44] Denise Jolas, page 19.

[45] Susan Rogers, page 2

[46] Carla Matthews, pages 10-11

question of whether, given the possibility that the child seen briefly today could become one's student tomorrow, this impacted upon the objectivity of the teacher's report. For the most part, the teachers interviewed who actually did this work, have claimed that they were unaffected by any such concern. One argument made by a couple of them was that they never saw any of these kids again, and therefore, had no reason to be concerned that they would one day appear on their registers. However, this claim is contradicted by at least an equal number of other teachers who were also involved in this work. In addition one supervisor who was very familiar with this program noted that the number of HC 30 classes around the city at this time was so small, that it was almost inevitable that teachers would have to see some of these kids again. In addition, this same person, responding to the suggestion that the kids never wound up with the evaluating teacher remarked, "Its possible, but all those teachers ate lunch together."[47]

In most instances, when a case was reviewed for the purpose of making the final decision about whether or not a child should be placed into a HC 30 program, the teacher preparing this educational statement was not present. However, there were occasions, apparently dependent more on local

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[47] Samuel Kogan, # 2, pages 5-6.

practices than on anything else, when the teacher was present.[48] Normally, though the report was brought to the conference by the teacher's supervisor.[49] Although its impact may have been even greater when the teacher was present, because the report was presented by the teacher's supervisor, it often had a significant impact on whatever decision was finally reached.[50] Some children were occasionally found by these teachers to be unsuitable for their program, but this wasn't a frequent occurrence. However no one provided any information about why a child might be rejected.

We have discussed testing within the HC 30 class at some length because even though it was carried out for a very limited purpose, it does appear to have had some impact on the development of the role of the education evaluator. But it was only within E and P, that this role came to fruition as an independent profession. Although the data we have been able to obtain at this point does not permit making a definitive statement about precisely what testing within the HC 30 class was like, it appears certain that it differed very significantly from what was conducted by education evaluators at E

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[48] Denise Jolas. When she worked in Brooklyn she attended at least some conferences, but she ceased to do so when she transferred to another borough. (page 4)

[49] Larry Hall, pages 43-44

[50] Ibid., 43-44

and P. The overwhelmingly important fact about evaluations done by HC 30 teachers, is that they were conducted on children who were already slated for their program. This was basically a final check on the pupil's suitability for that school setting. Testing was not carried out in order to determine whether the child required education in a special program. That decision had already been made, elsewhere. Testing was only meant to confirm the suitability of the HC 30 setting.Precisely because the entire procedure had such an informal character, it is likely that some of the variation in how people recall this situation does correspond to actual differences they experienced.

First, we need to point out that the picture of the HC 30 evaluation process given above is largely drawn from the perspective of teachers who were in fact actively engaged in that process. It is important to emphasize that their perspective about what they were doing, is not necessarily shared by others, for example, by people who were in an administrative position at the time. Nor do all of the former HC 30 teachers view their work in that program the same way. From our perspective, the most important issue is what to make of the testing that was carried out by them. In some ways, it was clearly very different from the testing done by the education evaluators at E and P. What was different, was both the testing itself, especially as it evolved, and also, the

context in which it took place. Testing done by teachers of the brain injured was done for a very limited purpose. It was carried out for one reason only, which was to determine whether or not a child was a suitable candidate for placement in a HC 30 class.[51] This really explains why testing was largely limited to the child's functioning in the perceptual motor area. Academics, though tested to some extent was clearly not the area of main interest. Language issues were not addressed at all. At least this area was not mentioned by any of the respondents. In addition, there was no effort to come up with a diagnosis other than, again, to see whether the student fit the HC 30 profile.

We should also recall that these evaluations took place under less than ideal conditions. The time allotted to carrying them out was very limited. They were done in a classroom where other children were present, children who were not easy to deal with, and whose needs must undoubtedly have interfered with evaluations on at least some occasions. As noted above, for some of the kids being evaluated this was their first time in a school building and so they were being asked to perform in a setting which was foreign to them.[52] These evaluations also did not result in preparation of a

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[51] Arlene Rubin, page 50.

[52] Carla Matthews, page 7

diagnostic educational prescription, something which characterized the work of the education evaluator at E and P. On at least some occasions, children assessed by HC 30 teachers did return to sit in their classes, so inevitably questions of objectivity must be raised.[53] Finally, but certainly not of least importance, although members of other disciplines reviewed the work of these teachers, decisions were not being reached through interaction and discussion by members of a multi-disciplinary evaluation team. It is in these ways that the situation of the teacher doing a screening of a student sitting in her class for two days differed from the work of an education evaluator at E and P. Nevertheless, despite these substantial differences, not everyone felt that the education evaluator role, as it existed at E and P, was really all that different from the fundamental evaluation work performed by HC 30 teachers. Specifically, this was the position taken by some individuals who moved from working as HC 30 teachers into the Evaluation and Placement Operation to work as education evaluators.

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[53] Denise Jolas, pages 39-40. This interviewee did not feel that the possibility of getting a child into the tester's class necessarily prejudiced the evaluation. Although noting that the teacher was bound to be cautious when testing a child "...who appeared to be disrupting the very fragile balance you had in your room..." she felt the response would be "...this youngster is appropriate to this kind of class, but not to this class. So, ah, I don't know that there was a prejudice against labeling the youngster just because you didn't want them in your class." page 39.

Evaluation and Placement Decides to Emphasize Education Evaluations

When details of the new Evaluation and Placement operation were being worked out, one of the primary concerns of its clinical leadership was with the issue of how to find an effective way to turn psychological data into a form where it could be utilized by the classroom teacher.[54] When E and P was established it was clear from the start that this would be an area where the new education evaluators would be expected to play a critical part. One of their main tasks was to write a detailed diagnostic prescriptive statement concerning the child's educational needs. The purpose of this statement was really to provide the receiving teacher with a clear sense of the educational needs of the child newly assigned to her class. This would allow the classroom teacher to start effective work with the child in terms of his/her 's basic needs and learning style right away, instead of having to await until such a time as the teacher finally was able to really learn for herself about the child. This diagnostic prescriptive statement, which discussed the child's strengths, weakness, and learning style could be quite lengthy. It preceded the now federally mandated "Individualized Education

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[54] Samuel Kogan, # 1, pages 3-4.

Program" (IEP), and was actually a much more detailed document. It was one of E and P's key innovations. During interviews with the researcher, it was stressed that because this document allowed the teacher to be immediately aware of a child's needs, teaching was able to be directly oriented to them, and children were able to make rapid progress.

What is unclear, is the extent to which these diagnostic prescriptions were in fact utilized in the classroom. Several individuals who were closely involved with E and P have suggested that in practice, the diagnostic prescriptions were not widely utilized. One individual suggested that although the prescriptions themselves were of high quality, the receiving teachers were often relatively inexperienced, and lacked the know-how necessary to their implementation.[55] Two others felt that they were simply ignored.[56] One of these people suggested that even if classroom teachers had wanted to implement these prescriptions and knew how to go about doing so, they frequently lacked the materials needed to carry them out. Looking retrospectively at the idea of the diagnostic prescription, she noted "This might have been good. It may not have been good. One of the problems obviously was that the teacher did not always have access to the materials that we

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[55] Paul Adler, pages 15-16.

[56] Zelda Bernstein, pages 46-47; Jennie Rosen, page 13.

recommended...Another problem is, we have to recognize that teachers in the classroom vary in terms of their teaching style and it is not always easy to prescribe that a certain strategy should be used with a particular child. That might be very valid, but this teacher might not have expertise in using it, might have another strategy. But we prescribed like that and we did it in great detail. And this was the heart of what we did. And this was done by the educational evaluator. So from the very outset, the educational evaluator played an extremely important and key role."[57]

When E and P opened, it was a small operation with an uncertain future. One of its problems was simply finding appropriate personnel to staff the units. The first social workers and psychologists to work for E and P were volunteers who came out of BCG. Their motivations for joining it are not altogether clear but one of the first psychologists to volunteer said that in his earlier assignment he'd had to cover as many as 18 schools. By comparison, all of his testing for E and P was carried on at one site.[58] Another psychologist who joined E and P fairly soon after its start, also mentioned his preference for working at a single site, instead

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[57] Jennie Rosen, pages 13-14.

[58] Harold Feldstein, page 4.

of having to travel around.[59] As for the teachers who joined as education evaluators, most of them came out of the various bureaus and for them there was some risk, at least the possibility that if they had to return, it would be to less desirable positions. At the least, while away at E and P, they might lose out on some opportunities to advance themselves.[60]

Initially, an effort was made to ensure that the first teachers hired to be education evaluators were individuals who knew something about evaluation work and had some practical experience with it previously. In many cases, they had also studied evaluation while in college. There was an intense effort to get the most qualified teachers possible.[61] Care was taken in selecting personnel. There was some advertising, some word of mouth. At this point there did not exist any sort of centralized process for hiring people to work as education evaluators, and teachers qualified to do this work were not always easy to recruit. At one point,during E and P's early years, a number of the people hired, brought in through newspaper advertising, were people with teaching experience in private schools. The first thing that had to be done, was to get them some sort of substitute Board of Education teaching

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[59] Stephen Meltzer,# 1, pages 3-4.

[60] Zelda Bernstein, pages 11-12.

[61] Nora Levin, p.28.

license. Only then could they work for E and P.[62] Not every teacher was suitable for, or necessarily likely to enjoy this sort of work. Some were wary because they didn't know if the job was going to last.[63] Almost immediately, it became clear too, that some people were more appropriate choices to work in the diagnostic classroom,while others would do better if they concentrated on doing individual diagnoses.[64]

Although at first the plan was to hire only licensed special education teachers, in practice, some of the people hired for the diagnostic classroom did not have such a background. They were chosen because they were considered to

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[62] Susan Rogers, pages 19 and 20. Administrative matters at E and P were normally the domain of Murray Pescow. In the case of newly hired people who were not Board of Education employees he was considered to be a whiz at quickly getting them through the bureaucratic mazes necessary to obtain the substitute license they needed. There is another point that should be made about the hiring that occurred in those early days. As one person stressed, "It was all very informal. We didn't expect it to last more than the year of the millon and a half dollars. And in any event, the ed evals that he brought in were ...good B.I. [brain injured] teachers,dependable. He knew their families, and he was personally acquainted with them. And those were the criteria, you know, intelligent people.." However, this was at the very start, and the same person indicated that almost immediately thereafter, hiring criteria became somewhat more stringent and stressed that the ideal candidate combined teaching experience with recent academic training in how to do educational diagnostics. This person also noted that advertisements for the education evaluator position were posted at a couple of local universities. Zelda Bernstein, pages (48-50)

[63] Arlene Rubin, 19.

[64] Zelda Bernstein, page 27.

be superb teachers. However, once hired, they were fully trained to do the same work as teachers doing primarily individual evaluations. Some education evaluators preferred to avoid working in the diagnostic classroom, if they could . In fact, in some units, one person did most of the diagnostic classroom work whereas in other units there was more back and forth movement between diagnostic classroom work, and individual testing[65]. One individual who was hired initially for the express purpose of running the classroom, nevertheless noted that she usually spent at least one day a week doing individual testing.[66] If they lacked appropriate academic course work they were expected to obtain it, as expeditiously as possible.

Not only newly recruited education evaluators, but everyone at E and P participated in staff development training of some sort at various times during the school year[67]. Some of this training involved everyone, but our concern is with

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[65] See for example, Jennie Rosen, who noted that "Sometimes we switched them, sometimes we didn't." In her district, she tended to have one person doing the diagnostic classroom. She emphasized that teachers working in those classrooms were fully qualified as education evaluators. 46

[66] Renata Slater, 3-4.

[67] At the very beginning of E and P, when it was first being set up, some of the people newly hired, spent time traveling throughout the city to a number of private schools in order to learn about test methods and also about the various types of programs extant at these schools for handicapped children. Paul Adler, page 17; also, Barbara Berger, page 28.

the training of education evaluators. Typically, the most significant training occurred through mentoring. Newly hired evaluators were assigned to work with experienced evaluators. Initially, the new evaluators did not do any testing at all, they simply observed while others tested. They also spent time reading education evaluation reports to see how they were supposed to be written. According to one person who was a supervisor during this period, once an individual had done whatever was deemed an appropriate number of observations, the next step was for her to do some testing. To begin with, a novice was permitted to administer and write up only one test. This work would then be reviewed by both the mentor and the unit coordinator. This process continued until eventually the novice was capable of conducting an entire evaluation independently.[68]

Precisely because this position was new, and no sort of centralized system was operating there were undoubtedly, as with many other aspects of the situation we are describing here, local variants. Thus one administrator who used a mentoring system noted that she also had the novice writing

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[68] Susan Rogers, page 18. Without discussing specifics, Zelda Bernstein also noted that education evaluators received substantial in-house training. (p.24)

reports on non-existent kids, just so they could get practice.[69] In addition to this training within each unit, there was some training conducted that involved the entire E and P staff getting together at one place, for an all day workshop session.[70] Teacher's College was one site favored for such activities.[71]

Incidentally, some of the BCG supervisors were critical of E and P's use of the diagnostic classroom, saying "What do you need that for?...We used to do our own. We know them best."[72] This was apparently a reference to the tentative class placements done with HC 30 candidates in the pre-E and P days. There were several reasons why E and P's personnel felt that having the kids take part in a diagnostic classroom situation was important. One supervisor stressed her belief that it was only by close observation of a child in a class-

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[69] Zelda Bernstein, pages 50-51. One variant for example, is suggested by Arlene Rubin, who said that when she felt education evaluators needed strengthening in their test skills one thing she might do is put together a person who was skilled at test administration, with another colleague who had a flair for scoring. That way, she felt they could learn from each other. Arlene Rubin, # 2, (page 19)

[70] When it came to testing, the administration of E and P was very much concerned to make sure that its clinicians were at the cusp of new developments in testing. Joel Rosenshein literally travelled throughout the country on the lookout for innovative methods by which pupils could be evaluated. Zelda Bernstein, Page 9.

[71] Jennie Rosen, page 21.

[72] Zelda Bernstein, p.24

room situation that you could really get at the core of a child's inner language.[73] She stressed that observing a child in a diagnostic classroom was really very different from observing him as he is today, in a regular classroom setting. The reason is that today, you observe him in a classroom situation where he is, in fact, failing. By contrast, in the diagnostic classroom "...you're observing the child with other children who also have disabilities and who are being presented work in a way that might help them cope. And see whether changing the way that they are taught makes a difference. And that was a very different thing that you could not reproduce right now."[74] Although children usually spent no more than two or three days in this setting, a lot of ground was covered. As one coordinator stated: "And during those two days we engaged in academics. We did social studies. We did math. We did reading. We did activities involving fine motor skills. They did little projects involving fine motor skills, cutting, pasting. They went outside to games in the playground. We observed their socialization with other children, their

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[73] Arlene Rubin, #1, pp. 3-4

[74] Arlene Rubin,page 9; Arnold Eckhardt, # 2, stated that he felt the diagnostic classroom was "...exceedingly valuable. I think its the direction that everyone should be moving in. I think to eliminate that, was one of the tragedies really....What they were able to do, at its best, was try out different techniques.That's what I think should be done by everybody." (page 13).

relationship with adults.[75]

Although the interviewer spoke with individuals who worked as supervisors and/or clinicians at all of the first five units, it was impossible, given time constraints and the need to cover as much material as possible, to go over the same material with each person interviewed. Because this was a new, still quite experimental program, a certain amount of variation inevitably occurred at the different E and P Units. This has led to occasional discrepancies in the data. At times there may be slight contradictions between what subjects say about a topic but these may be there simply because the way things were done did in fact differ from one E and P Unit to another. Also, in some ways, this operation which was continuously expanding from the very moment of its birth, kept changing throughout the years of its existence.

Precisely how and at what point during a child's time at an E and P Unit individual evaluations were carried out, is a case in point. Some people have suggested that a child typically spent two days in a classroom situation,and was then given various tests for the next two days. There have been reports that the diagnostic classroom ran for two days, but other claims that it lasted for three. Some discussants have said that kids were pulled out for individual testing during

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[75] Jennie Rosen, 11-12.

the time when they were in the diagnostic classroom. These seem to represent local variations which probably don't have a great deal of overall significance. Especially in the first year changes are likely to have been inevitable in a new undertaking of this substantial magnitude. One point that is important to bear in mind is that E and P, was always behind in its work, a situation which was paradoxically, a consequence of its success.

As noted above, conferences were held on Fridays, although this day wasn't necessarily adhered to rigidly. The term "staffings," which was used to characterize them in Queens and also in Brooklyn, comes out of a hospital context, and seems to imply a medical model.[76] This term was not necessarily in use elsewhere. At early conferences the education evaluator was simply referred to as "the teacher." However, one of the people who wrote summary notes on these conferences, thinking that this term sounded a bit awkward, proposed using instead the term "educational evaluator,"[77]

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[76] According to Zelda Bernstein, the idea for these conferences, specifically their format did come out of the hospital setting. At one point, she had observed conferences in hospitals and was impressed by the way they were conducted, with everyone involved with the patient having a say. By contrast. at BCG, everyone involved with a child spoke with the psychologist who then wrote up a report on the child. She preferred the hospital manner, and was responsible for its introduction into the E and P operation. Zelda Bernstein, page 1.

[77] Ibid., page 14.

and this term quickly spread and became standard usage within E and P. However,it should be noted that for at least the next ten years, education evaluators were not referred to as anything other than "teachers" on budget requests.

The presence of a teacher member on the team at E and P was the deliberate consequence of a decision to make sure that an educational voice was part of the decision making process. In a sense, the educator's presence was a dramatic statement about priorities, an announcement that indeed, E and P was different from BCG. Unlike BCG, a mostly clinical operation within the overall confines of the Board of Education, E and P was at the heart of the Board of Education, and nothing symbolized this more than the presence of the new education evaluator whose purpose it was to ensure that decisions about children were, above all else, educationally sound and meaningful. It is worth noting at this point that one psychologist who worked for E and P in its earliest days, has suggested that what most bothered social workers/-psychologists about the education evaluator, was that this role symbolized the growing power of educators over clinicians.[78] With this priority at the heart of E and P, that operation anticipated the passage of PL94-142 with its emphasis on the centrality of the educational needs of

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[78] Stephen Meltzer,# 1, pages 1-2

handicapped children.

Despite its deliberateness, and its boldness, the significance of this decision to give educators a central role, perhaps ultimately the central role, was not always appreciated or acknowledged even within E and P. There were times when considerable ambivalence about the position was demonstrated, and this was manifested in the ways in which the education evaluator role was played out within E and P, and even later to some extent, within COH,and CSE units. The ambivalent attitude towards the newly created education evaluator position was probably least during the very first years of E and P, prior to the reluctant entry of former BCG clinicians into the various E and P units. In the very earliest years of E and P virtually everyone there was a volunteer. One administrator believes that it was precisely because people had volunteered for this work, that they were flexible about accepting education evaluators as their colleagues.[79] Interviews with people who served as education evaluators during that period, and also with E and P administrators from that era are for the most part united in stressing the democratic, consensual nature of decision making when

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[79] George Lehman, page 1-44.

it came to deciding on a student's handicapping condition.[80] Indeed, one of the things most pleasing to the new education evaluators was the fact that they were listened to seriously by other professionals who took their findings into account[81] It appears that this very early consensus phase was brief, and while it certainly did not vanish overnight, and probably continued in modified form until E and P ceased to be, in its pure form, it probably did not last beyond 1975, if that long.

No real analogue to the education evaluator role appears to have existed anywhere within the Board of Education prior to the establishment of E and P. Some individuals, including some of those employed at E and P as education evaluators in its earliest days, have suggested that there was no really major difference between what the educational evaluator did at E and P, and what HC 30 teachers did in the way of evaluations in their classrooms. Our reading of the data does not support this proposition. High level administrative personnel directly involved in the establishment of E and P have flatly denied this claim. We feel that even the

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[80] Arlene Rubin, Zelda Bernstein, Jennie Rosen. However, Zelda Bernstein also stresses her own willingness to provide slightly coercive guidance.Also, she recalls Larry Hall as more psychologically oriented. Arlene Rubin, pages 33-34; Harold Feldstein, page 26; George Lehman, # 2, pages 7-9. Zelda Bernstein stressed that she, as coordinator, sometimes had to force a consensual decision to emerge. (pages 41-42)

[81] Barbara Berger, pages 14-15.

individual taking this position most strongly provided interview evidence which contradicted her claim.[82] There seems to be little reason to doubt that what these teachers did, constituted one germ from which the idea and the reality of the education evaluator position developed. But their position as teachers within the program for which they were evaluating children was itself a very limiting factor. Even within the HC 30 program, it is not clear from the information gathered that a classroom teacher's rejection necessarily blocked that child from further consideration, or even acceptance into the program.

The teachers doing these evaluations were not in a position to do much more than say no to a child. They had little say on the next step. Whatever thoughts they had about the child were decontextualized. Precisely because they were not acting as part of a team, they had little awareness of what non-educational factors were impinging on a child's

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[82]Specifically, Barbara Berger, while maintaining that her role remained essentially unchanged at E and P, also noted that of course she now was doing full time evaluations, and by virtue of this fact was able to be more expansive in terms of the areas tested. She noted that from time to time as she felt the need, she added to the areas she tested. But, this does suggest that even if her position that she engaged in essentially the same activities at E and P, as she did in the HC 30 classroom is accepted, her statement would still raise the issue of whether a quantitative change, which she reported took place, might be legitimately viewed as permitting one to argue that a qualitative change had thereby ensued. Ibid., page 19.

performance. Also, no matter how comfortable the child may have been with them, testing in the back of an on-going classroom can not be considered an ideal situation for either student or teacher. It is for these reasons that it would be prudent to regard the HC 30 teacher who did some testing as a forerunner, rather than as an equivalent to the educational evaluator position. Another difference, less significant in the Bronx than elsewhere[83], is that the testing done by HC 30 teachers tended to be informal, using teacher made instruments, rather than standardized tests.

In the earliest period, the one really significant conflict involving education evaluators was not between practitioners of that discipline and their colleagues, but rather among themselves, over the issue of formal versus informal testing. The leadership of E and P felt that this was a significant issue which needed to be resolved,and the fact that it existed at all, could be taken as indicating the significance of the HC 30 experience on the work of some early education evaluators. Basically, this conflict was over whether or not the primary focus of the educational evaluation should be on informal testing, or whether it should be on carrying out the evaluation through use of formal testing.

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[83] Less significant because some of the earliest Bronx based education evaluators adamantly refused to use standardized tests.

This conflict occurred during E and P's first years and even though the absolute number of teachers performing informal evaluations was small, given the size of E and P, their impact was significant.[84]

From the viewpoint of the E and P's administration, it was probably inevitable that the trend should be toward formal testing at the expense of the informal testing. When this conflict was discussed with individuals who preferred and worked with the informal instruments, they were quite insistent that this is really the only way to get at the essence of a child. Indeed, one administrator stressed that within his unit, even the neurologists and psychiatrists involved with the cases valued informal methods, for example classroom observations, to the extent that they did some themselves. This person rather contemptuously referred to "WRAT psychologist mentality", individuals who would take a child into a room, test, come up with a score, and despite failing to establish rapport with the child, feel that they had done

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[84] Given the size of today's special education services within the New York City Board of Education, it is easy to loose sight of the fact that by June, 1974, the entire professional staff of E and P numbered only 75. In addition, the operation included 21 paraprofessionals and eleven typists. This data is found in Lolis, Kathleen, Evaluation and Placement Units, 1973-1974 Academic Year, (New York: Board of Education, Office of Educational Evaluation, October, 1975), 9-10.

appropriate testing.[85] It appears that it was the more experienced teachers who opted for informal testing. To some extent this suggests, perhaps correctly that there was, if not quite a generational dispute, at least a claim for age and experience over youth and enthusiasm here, but other factors appear to have been considerably more significant.

The fact is that for the most part this insistence on informal testing was centered in a particular E and P Unit, but given the operation's size at that time, this encompassed an important element. Moreover,since there was no iron-clad rule saying that all evaluations had to be done formally, what seems likely is that while this one unit was especially known for its virtually exclusive use of non-standardized tests, the same practice was occurring elsewhere, but on a smaller scale.[86] Although the preference for informal testing was undoubtedly there from the start, it wasn't until a personnel change took place, that this preference was really able to come to the fore unhampered.[87] Basically, this change left that particular unit somewhat isolated, and perhaps a target

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[85] Paul Adler, pages 5-7. He also remarked that it was characteristic that "Any person who ever went to TC and did a Bender, every kid was special ed." (page 7).

[86] This is implied strongly in comments by Samuel Kogan cited below about the different perspectives which characterized the various E and P Units, initially (pages 8-9) and also by George Lehman, pages 24-29,tape two.

[87] Nora Levin, page 19

for antagonism from people elsewhere in the operation who were upset by this turn of events[88]. By the 1974-75 school year senior E and P administrators had decided to take steps to try to change this situation, and two experienced members of the operation were assigned the task of working out a standardized concept of what was expected in an education evaluation.[89]

There were several factors animating the move towards a standardized and formal educational evaluation. One consideration was the fact that even if it was arguable that in some genuinely meaningful sense, these informal evaluations produced better results than standardized testing, it simply wasn't possible to recruit a sufficient number of qualified teachers to do the evaluations this way. Another problem was that kids frequently moved around the city and standards would undoubtedly vary too much from place to place if informal tests and testing methods were allowed to prevail. There was not only a concern about differences among the education evaluators who were doing the tests. E and P's leadership believed that those who were receiving the assessment results had a right to expect some uniformity in the type of data being sent to them[90]. Also at that time, each educational

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[88] Other factors, particularly the impact of individual personalities and ambitions were also at play.

[89] Nora Levin, pages 21-25

[90] George Lehman, pages 2-18-19.

evaluation included a lengthy diagnostic prescription, and this was easier to write when standardized tests were used.[91]

One person discussing the reasons that led to the emphasis on standardized testing had this to say: "...after a year of two there was a lot of criticism that we were producing different quality reports in different boroughs. Now its true that each supervisor picked their own staff for their borough, so of course, different styles were going to arise. Now that's positive, because we were starting off. We wanted to see what would come out of it. But after a year or two, we got too big for that, and we had to have a standardized format. So what we did, was insist that the format of the results be the same, but we allowed each unit to use its own informal or formal testing means. But because of what we insisted come out of this report, it pushed people who were real big on informal to do a few more formal things because there were certain aspects of the results they couldn't get informally. There was just different philosophies..."[92]

Another possibility is that there was pressure from some of the younger education evaluators to emphasize standardized testing. People coming out of schools of education with master degrees in special education had included course

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[91] Nora Levin, page 26

[92] Samuel Kogan, pages 8-9.

work on educational assessment in their training and were eager to put this academic work into practice. One person, discussing her graduate work and training in how to carry out evaluations, described it enthusiastically as "...the beginning of an era."[93] Such people, even when they saw value in the informal testing, felt that it was important to move the main emphasis towards standardized testing.[94] Yet another factor contributing to this push for standardization may have been the success which E and P was enjoying. When founded, its future was quite shaky By this time, it was already expanding rapidly, and seemed destined for a long life. This could have led to a change of perspective about testing. Certainly by this time the leadership, both at E and P, and at the Division of Special Education felt it was time to institute a more formal standard of testing.[95] This did not mean that anyone

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[93] Susan Rogers, page 10

[94] Susan Rogers, pages 8-9; later on in her interview, when discussing the current state of education evaluation, she nevertheless makes a point of emphasizing that ideally, an evaluation should combine both types of assessment, informal and formal.(page 48). Zelda Bernstein remarked at one point in her interview that a couple of people she interviewed for the education evaluator position who were just completing master's degrees in special education were more knowledgeable about [standardized] testing than she was. Zelda Bernstein, pages 48-49.

[95] According to George Lehman, this reflected the position of Helen Feulner, who headed the Division of Special Education and Pupil Personnel Services (DSEPPS) at that time. (2-22) (also see 2-24-29) This may be an appropriate place for noting that even though E and P ran its operation from a building

was pushing for elimination of informal test methods. It was simply that they wanted the overall evaluation weighted towards standardization.[96]

The overriding reasons encouraging this change were the result of bureaucratic needs, but the decision itself was not handed down by bureaucratic fiat. Considerable care was taken to give the education evaluators themselves an opportunity to feel that they were being consulted and given significant input if not actual control over the decision. Within E and P at the time,it was no secret that these differing approaches to educational evaluation were centered in two of the units whose coordinators were in each case, widely respected. The central E and P administration felt that if they resolved their differences over how the educational evaluations should be done, people at the other units would readily go along with their solution. After these coordinators were consulted and their agreement to support such a change was secured, it was decided that the next step should be to

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that was not physically part of Board of Education headquarters, and even though its administrators were to some extent, mavericks, this operation was nevertheless very much under the Board of Education. At the time this pressure for formalization was occurring, the E and P operation was the subject of separate studies by a New York State Commission, and by the Board's own management office. It was also under surveillance by its initial funding source, the federal government.

[96] George Lehman, perhaps indulging in a bit of hyperbole, put it this way: "...if people wanted to add a million informal pieces to it, fine, no problem with that." (2-22)

convene a meeting between education evaluators from each of these units so that they could discuss the issue and find a "professional way" to somehow merge their differing approaches.

Although the central administration was confident that these two coordinators could have resolved the matter between themselves, it is important to emphasize that this meeting was set up because the goal was to have this change occur as a result of decision making by the professionals who were actually doing the testing. In a sense we are on tricky ground here, and seeing something that is perhaps not very common within a bureaucracy. On the one hand, there is no doubt about what the administration wanted and considered necessary for the operation's survival and effective growth. On the other, there was a genuine concern not to coerce people into making changes which they did not want to make. There was a realization within the central administration that some of their very best education evaluators strongly adhered to the informal testing methods and the organization was still small enough to take their feelings into consideration. As one person put it, "...one of the main concerns was the teachers who were doing the informal testing perhaps feeling uncomfortable about

whether they would do as well with the formal testing..."[97]

What eventually occurred was that a meeting was set up and the participating evaluators[98] thoroughly aired their differences in what one person described as a real "knock-down, drag out discussion."[99] Before the actual meeting, participants were given guidelines as to what kind of decision they were expected to reach. Basically, they were given the parameters within which the administration wanted the solution to fit. How they got to that point, was their decision to make. Although the end result was a clear understanding by all involved of what the administration's goal was for the educational evaluation, it is not apparent that much immediate change occurred as a consequence of this conference. However, one participant did suggest that a standardized form for the educational evaluation was developed as an outcome of the meeting.[100]

Eventually, the change to a more standardized type of

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[97] George Lehman, # 2, page 25. There is no reason to doubt the sincerity of this concern although it may have been misplaced since one of the education evaluators who was at the center of this dispute said in an interview that she had actually done specialized research in one of the then most widely used standardized tests. (Barbara Berger, pages 10-11)

[98] This researcher is aware of at least four participants, two from each of the Evaluation and Placement units that were participating. However there may have been others.

[99] Barbara Berger, page 10.

[100] Susan Rogers, page 11.

evaluation did occur although there was a need for some pressure to effect this change. As noted elsewhere, certain information was asked for in the evaluation which virtually mandated that some use be made of standardized test instruments. Additionally, as E and P expanded, many of the new education evaluators lacked the sort of long term teaching experience that made their predecessors favor informal test methods. Beyond that is the simple fact that it is always easier to insist on a particular approach with people who are first entering an organization than it is to change the behavior of those already there. Basically, this is how change came about. The participants most immediately involved in this dispute, who preferred to work informally, continued to do so, abetted by strong support from their own immediate supervisor, despite his more expressed willingness to see changes occur.[101].

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[101] Supervisors who were present at E and P during this period, people on both sides of this issue have stressed their belief that the particular education evaluators who were most centrally involved on the side favoring informal testing were extremely competent individuals, so it is not altogether surprising that they were indulged in their insistence on adhering to their own ways. What is perhaps more unexpected is that according to one of those who adhered to informal testing,s/he and a colleague were asked to train other education evaluators within the borough where they worked(Carla Matthews, page 16). However, it is also the case that administrative changes occurred at about this time that along with the departure of one education evaluator especially committed to these methods probably opened the way to decisively resolving this issue in favor of those preferring to emphasize formal methods of testing. Also, we should stress

Social Workers, Psychologists, Education Evaluators: A New Concept in Multi-Disciplinary Evaluations

As noted above, when teachers were first hired to work at E and P as full time evaluators, an effort was made to obtain experienced teachers who already had a background in testing. As a result of this emphasis on the need for teachers with a testing background, and also because many at E and P were especially concerned about the role of language disabilities as an element in handicapping conditions, many of the first people hired as education evaluators were in fact speech teachers. According to one administrator "...the original ed evaluators were mostly speech and language people because they knew how to test kids. They thought like psychologists in terms of diagnoses and they knew tests in the education field which they could apply, or learn how to apply, to find out about areas of education. You couldn't find teachers in New York City who knew anything about this. Special ed teachers. They didn't know anything about this."[102]

It was inevitable that this situation would change. Our data suggests that despite the above comment, it was never true for all E and P Units, not even at the start. There

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that those favoring the primary use of formal testing devices did not wish to outlaw informal testing.

[102] Samuel Kogan, # 2, pages 27-28.

simply weren't enough speech teachers available to perform the necessary evaluations, especially since they were the only ones able to do speech/language assessments which were, as indicated earlier, a routine part of the assessment when E and P first opened. Furthermore another person familiar with E and P's earliest development stressed that "...we didn't want to make generalists out of the speech and language person."[103] This person went on to say that for expediency, especially in cases where a child's problem seemed to be speech connected, they liked the idea of having one person who could handle all of the necessary testing. She stated that "We read every case to see what was needed. If there was a big speech component, and we had one of these generalists, we were glad, because we were able to give the whole thing to them."[104]

In fact, neither of the two people interviewed who claimed to have been the first education evaluator hired, was a speech teacher. Aside from these speech teachers hired for a dual purpose, the first education evaluators were people with master's degrees in special education. However, almost simultaneously, with the development of the diagnostic classroom, openings began to be made available for others, teachers with excellent classroom skills, but not necessarily

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[103] Zelda Bernstein, page 28.

[104] Ibid., page 28.

in possession of training and a degree in special education[105]. What was considered ideal for the diagnostic classroom was the type of skilled teacher who could pull a group of six children, strangers to each other, into a cohesive class, on short notice. However, it should be emphasized that regardless of background and preferences, all teachers working at E and P were expected to develop the ability to do both group and individual evaluations. Some teachers clearly preferred doing one over the other,but they didn't always have a free choice about which one they did because it was the explicit policy of some E and P directors to see that there was alternation, so that no one worked exclusively on one or another type of evaluation. Although it may have always been the goal for education evaluators to work largely with standardized tests, we have seen that in the earliest era, there was a lack of uniformity in how evaluators went about their business.

This lack of uniformity also extended to the process of recruiting people to work as education evaluators. To some extent it appears that individuals already working at E and P units were able to suggest candidates for the job. However, no one was actually hired "officially," who was not personally seen by one of the two directors. Ideally, people were

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[105] Barbara Berger, page 3.

expected to have a background in testing and also in special education[106]. More important than how people were initially hired for this position, is how they were trained.

It is likely that there was variation from one locale to another, but in general, a buddy system seems to have been most commonly used to turn teachers into competent evaluators. New hires were given an opportunity to observe people already on the job, as they worked. They were also given the opportunity to read their reports. In one unit, a new evaluator began, after proper training, by administering just one test, gradually increasing the number of tests he/she did, until able to do the full battery. In at least one unit, on Friday afternoons, following the 'staffing conferences,' team members got together to discuss their work, sharing ideas about how to make improvements. In the earliest days, these meetings were interdisciplinary, but this was the case only while the unit was so small that there weren't a sufficient number of members of each discipline for them to meet separately. After numbers increased, the meetings continued, but they were now by

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[106] At least one person interviewed, an early education evaluator, suggested that there may have been some 'cronyism' in the hiring. However, this person did not believe that this therefore meant that incompetents were being hired. Roberta Logan, page 32. One individual who was involved in interviewing education evaluator candidates said that for him, the key criterion was not really substantive knowledge, but simply intelligence. If an individual came across as clearly intelligent, he was confident that he'd be able to do the work. Arnold Eckhardt, page 65.

discipline. These meetings were an important training tool, one by which the evaluators to a large extent participated in self education, sharing their personal problems and solutions with each other.[107] Another way in which people were trained were through staff development sessions set up by E and P's clinical director, Joel Rosenshein. One of the ways this was accomplished was through all day conferences held at Teacher's College, Columbia.[108]

Aside from occasional, relatively minor incidents, there appears to have been little significant tension among the professional groups over administration of particular tests although some of the psychologists were not really happy about having to give up educational testing to education evaluators. One psychologist with many years experience in BCG was loathe to stop using the WRAT. This is an academic test which is currently regarded as not being very valid or reliable and in fact this instrument was eventually outlawed by the Board of Education because it was in such ill repute. However,this test was also used at one time by some education evaluators.[109] Nevertheless, one E and P unit director tells

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[107] Arlene Rubin, # 1, pages 3-4.

[108] Jennie Rosen, page 21.

[109] The difference between its being used by a psychologist and its being used by an education evaluator was that the latter was presumed capable of making a more educationally meaningful interpretation of the results achieved on it. Also,

of having had to virtually order an old line BCG psychologist to stop using it.[110]

Interviews with former BCG psychologists suggests that once they came into contact with the new education evaluators, the reaction to this new profession was mixed. Some psychologists seemed to welcome them,[111] whereas others were indifferent, or even hostile to their presence. Among some psychologists, and also among some social workers, there was a reluctance to welcome the teacher as an equal member of the evaluation team. Other things being equal, it could be argued that a major source of dissatisfaction with having teachers on the evaluation team was that they were not considered to be

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in most cases, this was probably the only educational test performed by the psychologist. By contrast, an education evaluator would have employed it as only one of several test instruments used. However, we have seen at least one early education evaluation where the WRAT was used as a primary, but not sole instrument. However, in this case there was also an education evaluation from the diagnostic classroom, so it was actually not the sole basis for the child's educational evaluation. (Interviewee's scrapbook, on loan to the researcher who has also seen a different official form indicating that evaluators had up to eight other tests they could use in addition to the WRAT. The form also indicated that they were expected to do some informal testing as well. (Queens E and P Unit form lent by another interviewee.)

[110] In fact, despite her order, this psychologist said he would continue to use the test, anyway. Renata Slater, page 18.

[111] One early E and P psychologist not only welcomed the education evaluator, but he has stated that at times, he believes a child does not need a psychological evaluation at all. Even today, this position would be anathema to most SBST psychologists. Harold Feldstein, page 34.

clinicians, and therefore were not considered to have the qualifications necessary to make an appropriate judgment about a child's school difficulties.[112] In a nutshell, this could be considered to be the "professional" argument against augmenting the evaluation team with education evaluators.

A more political argument explaining the psychologist/social worker hostility towards them was voiced by one interview subject who noted that what really upset these clinicians was their sense that their hold on to power was eroding[113]. This may indeed have been true ultimately. But it was not always obvious to early E and P participants.[114] So far as can be determined from interviews, when it came to such an important aspect of E and P's work as to where children

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[112] E and P's administrators considered the new education evaluators to be clinicians, in effect creating a body of "clinicians by decree." Although they may not in fact have been accepted as such by their social worker/psychologist colleagues, an E and P administrator noted that it "...gave them the status we wanted them to have on the team....They liked it. they really did...That gave them a difference then the classroom teacher." Arlene Rubin, # 2, pages 34-35.

[113] Arnold Eckhardt, page 17.

[114] One person who was an education evaluator during this early era, though not from the very start, believes that people today have forgotten how things really were. She feels that the "ed evaluator was not an important member of the team." Stephanie Taylor, page 18. Based on both field research and interview data this researcher is convinced that there is undoubtedly local variation, at times quite significant in the weight of individual members of SBST/CSE teams. Much of this variation is due to personality factors, a point which has been made by a number of interviewees, covering the entire period under discussion.

having been evaluated should ultimately be placed, the importance of the various clinicians varied somewhat idiosyncratically. This may be due in part to the way the personalities and viewpoints of the different coordinators affected clinicians in a particular unit.[115]

One thing is certain. Although the administration of the Evaluation and Placement Units valued education evaluators, and believed that they were essential to properly assessing a child's needs, nevertheless there was a strong feeling among some of its leaders that only the psychologist was equipped to make the actual diagnosis of a pupil's learning disorder. This position recognized that there could

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[115] A former E and P administrator who felt strongly about this issued, noted that he needed to emphasize to people at E and P, that the psychologist was the only one who should make an actual diagnosis. The fact that he stated his need to do this, in combination with the different stories which the interviewer has heard, suggests that there really was likely to have been such variation from unit to unit, and perhaps even from team to team. (Samuel Kogan, Pages 31-33,#2) Actually, accuracy requires that we report that even within E and P's top administrative personnel, there was a split on this issue, and not everyone agreed that psychologists should routinely control the decision making process. Nevertheless, the dominant administrative thinking about this, seems to have favored the psychologists' primacy in deciding upon handicapping conditions. However, despite this avowed preference for psychologists to determine handicapping conditions, interviewees with close knowledge of what occurred during E and P's earliest days have stated that team consensus, rather than domination by the psychologist was frequently the case. (George Lehman, # 2, pages 7-9; also George Lehman, # 1, pages 37-38; Paul Adler, page 26, while also noting that consensus ruled suggested that in the settings he knew best, if any one discipline dominated, it was that of the education evaluator.)

be cases where the psychologist could not finally reach his decision without significant input from other people with knowledge about the child. In some ways, this position can be viewed as recapitulating the position of the psychologist at BCG, but it probably would be a mistake to look at it that way because at least in theory, E and P's leadership felt very strongly that input from other professionals was critical, and it was precisely because of such thinking that they emphasized the significance of the education evaluator.

In this context, we must stress the importance of remembering that education evaluators were teachers before they became evaluators. For BCG personnel, this teacher background was often the central fact about education evaluators. Until they came along, the idea that in some instances, teachers could be their coequal colleagues as well as people to whom they tried to demonstrate new ways of presumably working better with kids, does not appear to have occurred to most of them. In any event the centrality of the psychologist in diagnostic decision making was theory. Sometimes it was surely practice. Often it wasn't. The fact that E and P administrators needed to travel around to the various units, reminding people that psychologists were supposed to be making the actual diagnosis provides evidence that some people

clearly did not adhere to this policy.[116]

What is unclear, is whether even within the administrative structure of E and P, this emphasis on the predominance of the psychologist as a necessary good, was universal. Our interviews with several individuals who held high administrative positions within E and P, suggest that this sort of thinking was not unchallenged, even at the heart of the organization. There were individuals who felt that a really good educational evaluation was worth as much as a psychological. As noted above, there were even individuals who challenged the idea that psychological testing was necessary in each and every case.[117] There is no doubt that administrators knew that there was significant slippage. As one person recalled, "There was a weakening here...Its due to personalities.If there's a stronger ed evaluator, they take over the team. But I would always try to correct it. That's why I went around, to keep psychology's diagnostic strong...Professionally, if you had a better ed evaluator,and you had a poor psychologist, sure it's going to have an effect...then you're going to have the other member of the

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[116] Samuel Kogan, (2-34-35)

[117] Harold Feldstein, pages 13-15.

team taking over. Somebody's gotta do something."[118] More than anything else, when it came to making decisions about handicapping conditions and appropriate placements, the goal at E and P, certainly in its earliest days, was consensus. This was emphasized by virtually everyone.

How did the education evaluators working in E and P feel about what they were doing? A uniformly positive attitude seems to have existed about the work they were doing, but there was some variation in how the evaluators saw their work. Some, though certainly not all and very possibly not even most, of the evaluators who came out of the HC 30 program, though pleased by the respect they received from their colleagues at E and P, did not feel that their work represented an advancement in their position as professionals, and they did not regard what they were doing as especially different from what they'd been doing in the classroom, though in a less concentrated manner. For others, working as education evaluators entailed tremendous excitement about their work, a sense that they were engaged in something new and different. They saw themselves as pioneers in educational assessment. This sense of doing something new appears to have been quite common

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[118] Samuel Kogan, pages 34-35. It is noteworthy that another supervisor close to this one suggested that E and P's top leadership was realistic and not really rigid about this. In fact, judging by what this interviewee recalled, the other person portrayed himself as being more rigid than he really was, in practice.(2-8)

among the early education evaluators.[119] Interestingly, one person, although among those who claimed the job was essentially a continuation of what she'd been doing in her HC 30 classroom, nevertheless made a point of stating with apparent pride, that she was the first person to be hired by E and P citywide, to work as an education evaluator.[120]

Enthusiasm about their work was widespread among personnel at E and P. Several people interviewed have stated that it was not at all unusual for people to work late and to actually come in on either a Saturday or a Sunday,in order to do work[121]. In the discussion above, there has perhaps been insufficient emphasis on the degree of consensus which is said to have characterized the Friday meetings during which cases were conferenced. There appears to have been a tremendous esprit de corps within E and P. Everyone was aware that this was an experiment, a new way of assessing and placing handi-

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[119] Michelle Levinson, pages 4-5. Although not always spontaneously mentioned, when specifically asked if they felt they were inventing a new field, several interviewees responded yes, in very definite terms. (Susan Rogers, page 10; Nora Levin, pages 50-51; Zelda Bernstein, pages 30-31; Renata Slater, pages 5-7).

[120] Barbara Berger, pages 2-3. At least one other person, Nora Levin (page 19), claimed to have been the first person hired as an education evaluator. Since neither one of them worked in Brooklyn, the area where the first unit opened, it is likely that both claims are incorrect.

[121] Zelda Bernstein, page 52, and Larry Hall, page 28 make this claim.

capped kids, one that superseded and antiquated the process hitherto in force.[122]

E and P was able to demonstrate by the end of its first year in existence, a tangible superiority over the old method, in the number of kids assessed and placed in appropriate special education settings.[123] But the pride was due to something more than numbers. It was a pride in the methods by

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[122] At least initially, everyone who worked for E and P came as a volunteer. This was no less true for psychologists and social workers than it was for education evaluators. (George Lehman,# 1, pages 44-45). In the case of psychologists, they presumably came knowing that they would be spending most of their time doing assessments. Interview data suggests that this contrasted significantly with what they did at BCG. As one former BCG psychologist put it "...the people who went to E and P, to the extent that they had a choice, were the people who wanted to do diagnostic work...Yes, BCG psychologists did not want to do testing all the time...Some of them didn't want to do any..." (Arnold Eckhardt, Page 68).

[123] The source for this is a paper entitled simply "Draft" (Pages 5-7). It was provided to the researcher by a former E and P administrator, along with a variety of other documents concerning that operation. Several of these were similar in containing no indication of their precise origins. However, internal evidence suggests that it was written in 1978,or possibly early in 1979. The character of this document makes clear that it was written to provide a critical look at the state of special education evaluation and placements.Whether it was meant to be an official Board of Education document,or was prepared for other purposes is unclear. It probably was written as a contribution to the very heated discussions going on at that period as to the future of the assessment and placement functions of the division of special education which were very much in flux at that point in time. Its appraisal of the effectiveness of E and P are generally consistent with the findings of both the Lolis report cited earlier, and another study Strengthening Business management in the Division of Special Education and Pupil Personnel Services, Management Paper Number 1, November 26,1975, (Board of Education of the City of New York, 1975).

which kids were assessed. Because of the educational component when a kid was placed a teacher now knew, at least in theory, precisely where the kid stood educationally. The teacher had in front of her a diagnostic prescriptive statement about how the child could best be taught. As it became apparent to outsiders that E and P was doing well, more and more cases were sent in to it. Some came from within the public school system, but others originated in hospitals and in various social service agencies. The result was that even though E and P was very successful in meeting its original productivity goals, it nevertheless fell behind on the issue of cutting down the number of cases needing evaluations. Not only was there an increase in the number of cases presented to E and P, but there was also an increasing diversification in the types of cases being sent there.

Despite the innovative assessment methods used at E and P, it was found that some kids didn't fit readily into any of the obvious categories. Fairly early on,it was decided that rather than make arbitrary decisions about where to place a kid, there was need for another approach. This led to birth of what came to be called "preplacement classes." Faced with the problem of what to do with kids whose classification wasn't obvious, the administration at E and P did not follow the classic bureaucratic route of attempting to fit square pegs into round holes. Instead, small classes consisting of ten

children a teacher,and a paraprofessional were established to educate these children while the clinicians tried to figure out just how they should be diagnosed.[124] Ideally, these children were not supposed to spend more than a few months in preplacement.[125] In practice, some of them spent well over a year there.

Parents in fact were often quite enthusiastic about preplacement because their children received genuinely individualized attention in this setting. They were loathe to have them leave there. At least one study maintains that nearly all of the kids in preplacement classes eventually went on to be placed in full time special education programs.[126]

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[124] Marianne Secord, page 1.

[125] Although most interviewees have suggested that six months to a year was the standard anticipated stay, according to an administrator who had close ties to the program, the initial intention was for a student to stay in preplacement for about six weeks.(page 6) This interviewee was not entirely certain about this figure. She did acknowledge that stays were frequently for much longer periods. Another person, also close to the preplacement program stressed that "...the only thing we did try to keep to in preplacement was that the children not stay for more than a year, to the greatest extent possible. Preplacement, took on a life of its own." Herbert Silver, page 12.

[126] According to this source,"After one year, 95% of all children in the pre-placement classes were then transferred into special classes..." Evaluation of the Pre-Placement Classes, 1972-1973, Ribner, Sol and Jed Luchow. There is no date given for this report. It was generated by people who worked for E and P, and appears to be an internal document. It is not written on official Board of Education stationary. It is undated.

However, recurrent anecdotal evidence from people not likely to be communicating with each other about these matters, suggests that a significant percentage, somewhere between 10 and 30 percent were returned to regular grades after their time in this program.[127] Whatever the actual figures may have been the existence of preplacement programs underscores one of the important points about the E and P organization. When a substantial number of kids were evaluated who did not seem to fit into any of the existing special education programs, the administrators at E and P had the ability to establish the type of classes needed to meet the requirements of the population that was showing up in its testing. One early instance of a new type of program being authorized involved establishment of a program for children who were classified as being "neurologically impaired, emotionally handicapped (NIEH)."[128]

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[127] One person with close knowledge of the preplacement program, while somewhat reluctant to hazard any guess about these numbers suggested that a ten percent figure was likely to be more accurate. Marianne Secord, pages 3-4. It is also possible that the figures changed over time, or varied from one locale to another. The study by Ribner and Luchow cited previously was conducted only a year after the pre-placement program was initiated. However, given this figure the ten percent estimate given by Secord may be accurate, especially since the interviewee was familiar with this program throughout its existence.

[128] Larry Hall, page 30.

The Fruits of Success: Evaluation and Placement Undergoes Change

By the 1974-75 school year, E and P was well established although its future direction was not yet clear. However, its permanence seemed to be ensured when its funding moved from Title I grant money to more certain tax levy funds.[129] By the end of 1975, it was clear that important changes were going to occur in E and P. During that year two significant reports were prepared by the central Board of Education that impacted on E and P. One was an internal document prepared by the Board's own Office of Educational Evaluation. The other was a management paper, prepared by the Office of the Deputy Chancellor, Bernard Gifford. This latter report was an overall statement about management matters at the Division of Special Education and Pupil Personnel Services. Other recent events outside of the Board of Education also affected E and P. One was a decision of the New York State Education Commissioner in the Riley Reid case. Litigants in this case sued the New York City Board of Education charging that brain injured children were not being adequately educated. The Commissioner's decision concurred with the parents' charges and required action which in part meant improved and

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[129] Lolis, 8-9.

more timely evaluations of children suspected of being brain injured. The other and even more significant occurrence, was the Passage of Public Law 94-142, the Education of all Handicapped Act, subsequently renamed the "Individuals with Disabilities Education Act," (IDEA).[130]

In October 1975, the Board of Education's Office of Educational Evaluation issued a report of E and P's activities during the previous school year. Despite a few minor criticisms, overall, the report was very positive in its assessment of what was being done by the staff there. The report concluded that both student evaluations and placements were occurring much more expeditiously than they had before E and P came on the scene. This was done without sacrificing the quality of evaluations done on individual children, an important point, since there were certainly critics at BCG who felt that inferior assessments were being carried out in this new setting.[131] Only a month later, this was followed by another report popularly known as the "Gifford" report, after the deputy chancellor whose office prepared it. This report

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[130] This change was made when the "Education of the Handicapped Act" was amended by Congress in 1990. This information is included in a summary statement sent out by the Council For Exceptional Children of changes in the law made during that year. Not only was the act's name changed,but "In addition, the term 'handicap' is replaced throughout the Act,with the term 'disability.'"

[131] Arnold Eckhardt, pages 5-7.

encompassed the entire structure of special education as it then existed, and included some significant comment about E and P. It was, like the other report, favorable.

The key recommendation of the Gifford report concerning this organization was that it should expand its field and ultimately encompass all evaluations and placement of pupils. To begin, it recommended establishment of a pilot project for testing of a wide range of kids who would normally be seen by clinicians from either BCG or E and P. This pilot project would take all of these children and have them tested by clinicians drawn from both units. However,this seems to have been meant as something of a stopgap measure until E and P could take over all of the testing. The report's language is actually a bit unclear, so its not quite certain precisely what was really envisioned by its authors[132]. In a sense, though many of the details in this report were overtaken by events in Washington which occurred almost concurrently with its publication.[133]

From its very first days, the Evaluation and Placement organization was a rapidly changing, constantly growing organization. Initially, it consisted of five units, one for

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[132] Strengthening Business Management in the Division of Special Education and Pupil Personnel Services, 53-54.

[133] "Public Law 94-142, the Education for All Handicapped Children Act," was passed by Congress on November 29th, 1975.

each borough.[134] By the spring of 1974, that number had doubled, and it wasn't long before there were 32, one for each of the city's school districts. Most children evaluated during E and P's early days were sent to the HC 30 program. Although we don't have official figures for that first year, administrators have said that over a thousand children were evaluated then. During the 1971-72 school year, there were 222 HC 30 classes in the school system.The next year saw that number increase to 282. By the time a major evaluation of E and P was conducted, 504 such classes were in existence and it was expected that the coming school year, 1975-76, would see an increase in that number to 733. Although E and P increased its size during the time when this evaluation was conducted, the evaluator's report only included figures for children done by the staff of 75 which existed prior to this increase. That staff managed to evaluate over 3500 children during the 1973-74 school year. Of that number, 39% or nearly 1500, were classified as 'brain injured' and recommended for placement in HC 30 classes.[135] The other pupils were found to require a wide variety of other special education settings. Only a small number, amounting to 8%, were returned to a regular classroom

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[134] Actually there were two in Brooklyn. One of them also covered Staten Island.

[135] Lolis, 15-19.

setting.[136]

One of the aspects of E and P which we can really only touch on here because it is peripheral to our main concern, is that a number of new types of classes were established as a consequence of the evaluation work being done at E and P. When children were found not to fit into any exiting program, they were not cast aside, told there was no suitable school setting for them. Nor were they placed into inappropriate settings. Rather, when it became apparent that a certain number of children existed with similar problems, new types of classes were established to accommodate them.[137]

Inevitably, as E and P expanded, some compromises were necessary. In particular, when it came to hiring personnel, quality control was a problem. One of the proudest claims of the early E and P staff members was always that only the best people got to work there. Even discounting for pride and nostalgia, there appears to be some legitimate basis for this claim. One theme that came up several times during discussion

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[136] Ibid. , 19.

[137] At this point in time, the Board of Education really had little choice in this area. In November,1973,New York State's Commissioner of Education on Handicapped Children,in the Riley Reid case, issued a decision which forced the Board either to establish appropriate classes or pay for private school education for children whose disabilities were keeping them out of school even though a case could be made for their ability to learn. See Appendix "A" in Strengthening Business Management in the Division of Special Education and Pupil Personnel Services.

of E and P's start up days was the ability of administrator's to hire whomever they wanted from the universe of people who were available. It was noted that at that time, there was no interference from the union in terms of who could be brought into the operation.[138] In particular, hiring could be done without concern for seniority. This was considered to be important for E and P's success, not only because administrators felt they were not burdened with people whom they regarded as inadequate for the work, but also because it allowed them to recruit individuals who were particularly attuned to E and P's goals. Thus, even though E and P did have some trouble obtaining staff because of its uncertain, experimental nature, on the other hand it was free to hire anyone who was interested in the venture. And apparently what happened is that many of its first staff members were indeed highly qualified individuals looking for a challenge. As one person recalled when discussing the initial period, "We were able to select, really, the best teachers we could get our hands on. All the clinicians those first years were tops, best in the city. Everyone admitted to that. People used to say, 'Well, yeah, you're doing such a bang up job because you've got the best people.' That was partially true."[139]

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[138] Larry Hall, pages 20-22.

[139] Ibid.

For the first time, with the passage of PL94-142, federal law became a significant factor in the way special education needs were met. One of the early consequences of this law's passage was that the Board of Education decided that for legal reasons, it was necessary to split the process of determining special education needs and placements into two parts. Placement matters were now to be under the purview of 32 Committees on the Handicapped. There was one for each school district in the city. Initially, referrals were sent to these committees to be logged in. The actual assessments were then carried out by the existing evaluation structures, now simply known as the Evaluation Units. Once all of the relevant material was ready, the case went back to the COH for review. The purpose of this arrangement was to safeguard parental rights as these were defined under federal law.

This development was not especially well received within E and P. Administrators there felt that they were already quite concerned about parental rights and that COH represented a somewhat burdensome additional bureaucratic structure. There appears to have been a certain amount of resentment generated by this development. When asked about their attitude toward parental consent, E and P administrators stated that they considered it a necessity in order to work with a child. Indeed one person noted that a source of anger towards E and P from school principals was its failure to

place kids when parental consent could not be obtained.[140] However, there were exceptional cases when children were put into special education placements even though parental consent had not been obtained. One supervisor, while maintaining that the basic rule was "...no consent, no placement..." acknowledged that at times forced placements did occur if it was felt that a situation was explosive and placement was "...necessary for the sake of the child. We followed BCG prescription, which was, place. That's State law."[141] This same person was emphatic in stressing that while this sort of thing sometimes occurred at E and P, it was a rare event and became more so over time. By contrast, forced placements by BCG, were described by this person as being quite common when parents rejected placement decisions there. Parental rights were already very important at E and P by the time the federal law was passed.[142]

COH units were often, if not always, physically close to the evaluation units. They frequently shared adjoining offices. Also, there was at least some movement of membership back and forth so that a clinician might be testing for the evaluation units, while making handicapping and placement

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[140] Zelda Bernstein, pages 59-60.

[141] Ibid., page 58

[142] Ibid., pages 59-60.

decisions at the COH.[143] Aside from creating this split, perhaps the major change mandated by federal law was the addition of a parent member to the decision making process. This change was disquieting for some clinicians who raised several issues which they considered pertinent. Their concerns were that 1) the parent not being a professional, might misconstrue what was being said in their reports; 2) might not have the same understanding of confidentiality that was shared by clinicians; 3) uncertainty about how candid they really should be with parents present; 4) a belief that an emotional response to the data might affect parental thinking about the appropriate decision. One consequence of these concerns was that some teams tried to evade the mandated parental presence by pre-conferencing the case before the parent member arrived.[144]

Although evaluation and placement functions were presumably split in order to satisfy federal legal standards, by the start of the 1978-79 school year, it was decided that federal standards required that they be merged again. At this point, the evaluation units were merged with the existing COH's to become one structure. Until a change in state law, in the late 1980's they were known as Committees on the Handi-

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[143] Stephen Meltzer, who described the COH's as being "...very narrow review bodies." (1-10)

[144] Arlene Rubin, (2-25)

capped. That name, with no change in structure, became the current Committee on Special Education. Actually, the structures of these COH's did change in a very dramatic way, but that occurred within a couple of years after their 1978 reconstitution.

Frank Macchiarola, the new school chancellor, started to make sweeping changes in the Division of Special Education. To start with, he dismissed Helen Feulner as director replacing her with Jerry Gross, a newcomer to New York City. Also at this time,the specific learning disabilities resource room program came into existence. There had been resource rooms in New York City before this time, but they were for children whose basic problems were not academic in nature. This new type of resource room was for children who were having academic difficulties. They came into existence quite suddenly. Prior to their existence, none of the handicapped children in New York City carried the "learning disability" label as a description of their handicapping condition. The label most closely resembling it, was "brain injured." Some clinicians in fact, felt that the terms though not identical, were to some extent interchangeable.[145] When the first classes for brain

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[145] Thus one education evaluator who worked for E and P during its earliest years reported that even though kids were being labeled as "minimally brain injured," she and other evaluators in fact considered them to be learning disabled. Carla Matthews, pages 2-3.

injured children were initiated, the term "brain injured" was supposed to have referred to a fairly serious condition, although one for which hard neurological correlates were hard to come by.

The definition was taken seriously, which is why a neurologist was part of the staffing conference certifying that a student belonged in this program. However, as the years passed, the definition of "brain injured," including the expectation that such children would generally display signs of the 'Strauss syndrome,' indicating at least minimal brain dysfunction (MBD), was gradually watered down.[146] Meanwhile, as noted above, the number of HC 30 classes serving this population expanded rapidly. An important reason why the brain injured label was retained may have been that the "medical model" remained important even though one of the goals of E and P was to downgrade, if not entirely eliminate its importance in favor of an educational model. Also, as a practical matter, the label was necessary so that programs for these

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[146] According to one former administrator, by 1968, the National Advisory Committee on Learning Disabilities had already issued a definition of "Learning Disability." It was based on the work of such researchers as Strauss and Cruikshank. Herbert Silver, (page 9). Given this circumstance, it is clear that there was more than a passing similarity between the Strauss syndrome and the term "learning disability." Another administrator, discussing the way in which the labeling has changed from brain injured to learning disabled, (pages 22-24) pointed out that the latter term is "...much more acceptable to a parent..." Michael Carey, page 24.

children could obtain New York State funding. Regardless of why, it remained the dominant label until at least the start of the 1980's.

There is a possibly apocryphal story about the origins of the academic resource room program and the sudden discovery of a substantial population of learning disabled students.[147] After surveying New York City's special education services, the federal government informed New York State's education commissioner of its dismay at not finding a single child labelled as "learning disabled," although this is one of the primary handicapping conditions recognized under PL94-142. The State Commissioner in turn, contacted Macchiarola and informed him that he was prepared to order a state take over of the Board's special education division if this situation wasn't immediately rectified. This led Macchiarola to order a massive effort to locate and formally identify children who were had learning disabilities, and were in need of supportive resource room services.

This required a two pronged action plan. Resource rooms had to be developed from scratch. This meant that space had to be found for them within school buildings, and teachers had to hired to staff them. The other problem was locating

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[147] This story was reported to us by two sources independent of each other. Herbert Silver, pages 19-20; Jennie Rosen, pages 34-46

students to fill the seats in these resource rooms. The task was accomplished though not easily. The two parts of this operation were not well coordinated. The result was that for a while, there were a substantial number of teachers who had been hired to operate the resource rooms, but who lacked the students with whom they were supposed to be working. The students evaluated for resource room services came from the general education population. They were new to special education. The method for identifying them, was also somewhat new. The evaluations were all carried out by COH personnel.

Hitherto, children evaluated by E and P, EU, and later by COH, were brought to a central locale, and tested. This time, the process was different. Now, what were in effect "SWAT" teams of assessment personnel were sent out to the schools to test children on site. Children tested were selected by school staff who felt they might benefit from receiving support services. In addition to a psychologist, social worker, and education evaluator,the team included a family worker charged with actually bringing the child being tested to the evaluator. The family worker also did much of the paperwork.[148] Evaluations conducted under these condi-

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[148] Although this particular informant, a newly hired education evaluator, was not yet assigned to a COH and stated that her particular SWAT team worked out of a central locale on Attorney Street, as far as we can determine, most of the SWAT teams were drawn from local COH personnel. Roberta Logan, (pages 1-2)

tions were brief, but included all of the main components of a full scale evaluation and when it appeared that a child being tested was in need of more than resource room services, the case was referred to COH for follow up work. There was a great urgency about the work. Resource rooms had to be filled quickly, and "...the emphasis was on speed."[149]

The period when resource rooms were first being set up was also a challenging period for the education evaluators. By this time, there were more than 250 of them in existence, but they were in a somewhat awkward position. All education evaluators were teachers. Regardless of whether they had much or little classroom experience, all of them worked on teacher's licenses. And yet, they were not performing the sort of work which most people normally thought of teachers as doing. Except for time spent in the diagnostic classroom, they did not teach.[150] They didn't work for a school and they were not under the supervision of a principal. Many of them also felt that their interests were so different from those of the average teacher, that they were not being adequately represented by their union, the UFT. This was their situation at

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[149] Ibid., pages 2-3.

[150] As noted elsewhere, some education evaluators didn't really enjoy having to teach in the diagnostic classroom and mostly avoided working there. At a certain point, it ceased to exist. My data does not permit me to say definitively whether it actually existed in all COH units prior to school basing, or whether it was gradually disappearing before then.

the end of the 1978-1979. The following months and years were to see major changes in the special education system in New York City, and inevitably these changes had a powerful impact on education evaluators.

Perhaps the most difficult time period for education evaluators were the years 1979-1981. During these years it was unclear just what their future was, or even whether they really had much of a future. This was also a very troubled period for the Bureau of Child Guidance and during this period it went from being an organization whose future was doubtful, to complete extinction. Its clinicians and supervisory personnel became part of the Board of Education, and the transition was difficult for many of them. The Bureau of Child Guidance was a mental health organization. At least some of its funding came from New York State's Department of Mental Health. Its staff members considered themselves to be clinicians, mental health professionals. Although their whole existence was tied to the Board of Education, many of the staff there saw themselves as very much a separate and distinct entity. As one former BCG psychologist said concerning his colleagues there, they "...saw themselves as rather superior beings, above teachers, above everybody, just about. They were the muck-a-mucks of the system, and they would make

the decisions. There's no question about it."[151] Although this may not have been everyone's attitude, it was apparently not unusual. Certainly, E and P was not esteemed, or considered a good place to work.

Given that many psychologists at BCG emphasized the critical importance of counseling in their work, and given that there simply was no counseling in the world of E and P, it is not surprising that there should have been hostility towards this enterprise. In effect, E and P represented a new, or at least an altered definition of the psychologist's role vis-a-vis the school system, and it wasn't an attractive vision for many of them. To a certain extent, the social workers shared these views. For social workers too, E and P meant the cessation of counseling, and outreach work done with families was basically eliminated. So they also found E and P, and its successors to be unattractive. Also, the Board of Education did not have the same confidentiality rules that applied to BCG. As a mental health agency, it had confidentiality rules which were more restrictive than what applied at the Board of Education.[152] The difference was quite upsetting to some of the clinicians when they had to leave BCG. This was also the period when PL94-142's impact was starting to be felt

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[151] Harold Feldstein, page 11.

[152] Jennie Rosen, page 29.

with increasing force. This was a period of change and turmoil for the Division of Special Education as new leaders were put into place by new leadership at the Board's helm.

In May 1979, the Board of Education issued a plan designed to make major changes in the way that evaluation and placement was then being conducted. This was the PLAN FOR THE ESTABLISHMENT OF BUREAU OF SCHOOL MENTAL HEALTH SERVICES WITHIN THE OFFICE OF PUPIL PERSONNEL SERVICES,(Office of the Chancellor,May 18, 1979), which is popularly known by the name of its author Irving Berchuk, although his name does not actually appear anywhere on the plan. At the time when this plan was issued, the Board was already under substantial pressure to improve its handling of special education students and potential special education students. Recent litigation against the Board of Education had resulted in a ruling known as the "Lora Decision," in which the court found the then operating system for special education evaluation and placements to be seriously flawed.[153] The main point of this plan was that it called for the establishment of a new "Bureau of School Mental Health Services" (BSMHS). This new operation would have a number of functions but most importantly it would provide services to regular education children, while also evaluating children who were candidates for special education.

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[153] Joseph P. Viteritti, Across the River, (New York: Holmes and Meier, 1983), 172-173.

Establishing this organization would result in closing down of BCG because its functions would be transferred to the new Bureau, and a change in the work of the COH's since they would no longer be the locale for evaluating children. Apparently, the COH would revert to functioning pretty much the way it had worked prior to its merger with the Evaluation Units. The role of the education evaluators under this plan is unclear, although it appears that their numbers would be immediately decreased if it were implemented. However, there is nothing explicitly stated to suggest that their ultimate elimination was part of the agenda.[154]

It wasn't long before this plan was being subjected to heavy criticism from parties who felt it would have a negative

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[154] PLAN FOR THE ESTABLISHMENT OF BUREAU OF SCHOOL MENTAL HEALTH SERVICES WITHIN THE OFFICE OF PUPIL PERSONNEL SERVICES, (Office of the Chancellor, May 18, 1979). Pages 19-20, under the title "Staffing," consist of a table showing the numbers of personnel that the Board of Education anticipated would be necessary to staff this new bureau. The table calls for 689 psychologists, 608 social workers, 197 educational (sic) evaluators, and 21 psychiatrists. It is assumed that psychologists and education evaluators would be able to test one and a half children daily, and that social workers could manage two cases in that time frame. Interestingly, the table anticipates triennials being done without benefit of input by an education evaluator. However education evaluators were expected to test kids who were receiving a reevaluation. Elsewhere in the report, it was anticipated that "...as the school system identifies and places the large proportion of children who are currently in need of special education services,the referral rates should begin to decline. At that time, the Bureau of School Mental Health Services staff would be able to reapportion services to emphasize preventive treatment for both handicapped and non-handicapped students." (12).

impact on them. Within days a very sharp critique of it was prepared and put out under the auspices of what appears to have been an ad hoc group formed in response to it, **Parents and Professionals United To Save Handicapped Children.** This report found nothing positive to say about the Berchuk proposals. According to this report, one major purpose of the plan was to save BCG although the Chancellor had previously stated he wanted it eliminated. A key part of the Berchuk Plan is its call for psychologists and social workers to do supportive work with students suspected of having handicapping conditions to see whether referral to special education might be avoidable. In response to this proposal, the critique claims that this is a reversion to precisely the sort of activity that was going on in the schools prior to the establishment of E and P. The critique is very forceful in characterizing the plan's purpose as being to reduce the waiting list of kids needing to be assessed through prevention of referrals in the case of children for whom the suggested BCG type interventions will assuredly prove to be inadequate. But, because extensive time will be 'wasted' with these interventions children will wind up finally being assessed for special education placement years later than they should have been, and at a point where their disabilities will be

much more difficult to address successfully.[155]

The most important criticisms made of this plan are as follows; 1)it would"... subvert the intent of federal and State law..." and "...erase the progress [already] made towards identifying... handicapped children..."; 2) it would "...eliminate the waiting list by forcing handicapped children to remain in regular classes..."; 3) it "...presents a model which was in effect before 1971,and which deprived tens of thousands of handicapped children of adequate education by calling them regular children."; 4)it "...attempts to save the Bureau of Child Guidance..."despite "...city and sate audits that have found [it] to be mismanaged and ineffective; 5)it would "...eliminate the legally mandated watchdog status of the Committees on the Handicapped over the vital process of evaluation";[156] 6)it "...again divides C.O.H. from evaluation"; 7) evaluations will be one of among ten other tasks that this bureau would be expected to carry out in the

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[155] We feel it is important to point out that this paper was issued in May 1979 and PL94-142 was at that point less than 4 years old.We are writing in 1993, and a lot of water has passed under the bridge since then. At that point, there was a good deal more optimism about the ultimate success of special education programs in addressing the problems of students than there is now.

[156] Critique of the Plan for the Establishment of Bureau of School Mental Health Services Proposed by the Office of the Chancellor on May 18,1979. Prepared by Parents and Professionals United to Save Handicapped Children, Brooklyn,Manhattan and Bronx Chapters (In Formation), May 29, 1979, page 1.

schools; 8)"Only individual evaluations will be done.No child will receive the important group evaluation that the C.O.H.'s currently perform"; 9) after testing , the cases would then be sent on to the COH's which "...will not have their own clinical teams to help in making the legally mandated decisions on all handicapped children regarding classification and placement"; 10) supervisors would be the same ones running the now discredited BCG.[157]

It was also claimed by the critique's authors that despite any rhetoric there might be about servicing all kids, BCG routinely serviced non-handicapped kids, since it was quite easy to find a sufficient number of them to make up one's caseload.[158] In terms of overall efficiency, they note that the EU and COH operations were consolidated due at least in part to the report of an independent accounting agency which found that the split operation resulted in wasteful duplication. Berchuk's plan appeared to be advocating return to the situation that existed before the consolidation. It was also noted that BCG always operated under a loose administrative structure, that job descriptions there were non-existent as were specific goals for clinicians to meet. The critique

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[157] Ibid., 5-6.

[158] Ibid., 6-7. The report also claims that "B.C.G. and its clinicians have been against testing and evaluation. The last B.C.G. Chief Psychologist emphatically stated that a psychologist should not test." (page 6)

also claimed that BCG's supervisors regarded themselves as basically clinical, not administrative supervisors, and that this attitude was sure to have a negative impact on the way the new bureau operated. By contrast it was claimed that the E.U./C.O.H. units were tightly structured and highly efficient operations.[159]

In addition to the foregoing comments, the critique's authors claimed that when the Chancellor recently fired the director of COH, this was done because he refused to tow the line and support the proposed changes in COH operations. Instead, he publicly criticized them. The authors felt that firing him was meant to intimidate people working for COH's. They also suggested that by removing him suddenly, COH was left floundering, without leadership, and so naturally looked as though it was falling apart.[160]

Although the Berchuk plan clearly had its critics, there was strong support for its recommendations, or for recommendations of a similar type on the part of the Social Worker/Psychologist's Chapter of the UFT, or at least by its executive board. One question which remains unsolved, and probably at this point unsolvable in any definitive way, is the degree to which the overall membership supported the

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[159] Ibid., 7-9.

[160] Ibid., 10-11.

chapter's official positions.

The following material is drawn from an undated position paper issued by that chapter's executive committee. Its contents reflect most of the basic arguments that were made against the existence and continuation of the education evaluator position. Basically, the chapter maintained that the classroom teacher is a more accurate source of educational data about a child than is an education evaluator. It was also claimed that the education evaluators didn't really have an adequate understanding of the meaning of their tests which the chapter claimed were traditionally done by psychologists, anyway. The process of doing evaluations at E and P-COH is criticized as decontextualizing the assessment and it is asserted that COH chairpersons were "...assuming administrative functions and supervisor responsibilities for which they are by license and training unqualified."[161]

However the crux of this statement in terms of its intended audience at the central Board of Education is in the following. After first saying that they favor trying to keep kids out of special ed, which after all is appropriate, given the least restrictive environment clause in PL 94-142, they

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[161] Position paper issued by the Social Worker/-Psychologist Chapter's Executive Board (page 1). This paper is undated but reference to it in a Chapter newsletter which itself has an unclear date, but was issued either 9/80 or 9/81, indicates that this statement was put out in May, 1979.

talk about how school based clinical services will assess the problems and come up with appropriate treatments. Then, and only then, if they don't succeed , the case would be referred to COH. But, here they let the cat out of the bag by stating,

> Since the ongoing diagnostic process will occur in the schools, the 60 day limit for placement will not begin until the complicated diagnostic reports are submitted to the COH. This practice would eliminate the need for much of the private funding under the Riley Reid decision and remove the possibility of the Sate withholding funds.[162]

The statement also includes a foray against guidance counselors. Probably since their creation, the existence of the guidance counselors had been a sore point for the chapter, especially for its social worker members and there had been conflict at times over the guidance counselors doing counseling or any sort of social histories. It is within this context that the statement's final paragraph should be considered.It asks that counseling by guidance counselors be modified so that they are no longer permitted to deal with kids classified as emotionally disturbed. This change is asked on the grounds that they really don't have the training necessary to work with these children.[163]

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[162] Ibid.

[163] Ibid., 3.

New Directions: Special Education in Transition

The Berchuk Plan was short lived. Less than a half year later, it was replaced by another plan, Special Education in Transition, authored by the new Executive Director of the Division of Special Education, Jerry C. Gross, but at the time, no one could have predicted its demise so soon. Education Evaluators were quite distressed by the new plan and its publication was the immediate catalyst to several members organizing an emergency meeting which took place on May 22, 1979. More than 25% (about 70), out of the school system's approximately 250 education evaluators attended this meeting. People present represented 25 out of the city's 32 COH units and several calls came from education evaluators from other units who were unable to get to the meeting. The meeting's outcome was a decision to establish an organization, the Association of Concerned Educational Evaluators (ACEE). At this point, the plan was to explore areas of action and ways that the organization could start to assure education evaluator input into plans for reorganization of the evaluation process. It was decided also to explore the possibility of links with other groups sharing their concerns and interests, including the prospect of coordinated action with fellow COH

colleagues.[164] This was the first organized body of education evaluators. Its members very much wanted to gain acceptance from the UFT, but this took some time to accomplish.

Despite the success of the meeting which resulted in its formation, ACEE did not contain many activists. Essentially, it was kept afloat by a small group of members who wrote the organization's position papers and interacted on an increasingly regular basis with UFT officials. The organization's first need was to maintain regular contact with education evaluators throughout the school system. At the least, ACEE wanted to have one activist in each of the thirty-two COH's, so that this person could pass on the organization's information to colleagues. There were no readily available lists of education evaluators at that time, but fortunately since everyone worked out of a COH Unit, locating them wasn't too difficult. The simple fact that as evaluators, they had office space with telephones provided them with a valuable organizational tool.[165]

Aside from uncertainly over how the proposed reorganization plan would affect their numbers, another issue which concerned many education evaluators was the prospect of

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[164] Minutes of the 5/22/79 emergency meeting of education evaluators.

[165] David Schwartz, pages 5-6.

becoming school based. The suggestion for this change occurred concurrently with the SWAT team experience which many people had found to be an upsetting operation. This initial experience of school based assessment had not been comfortable for many of them and the idea of leaving the COH environment to work permanently in the schools was not well received. Unfortunately, data is scarce and it is difficult to get a handle on the full range of concerns which may have motivated the organization's founders.

A month after ACEE's start up meeting, several members got together and prepared an agenda of things that should be worked on during the summer. The agenda is sketchy, but includes references to exploration of State certification for education evaluators and the need to work on a critique of Berchuk's proposal for establishment of a new Bureau of School Mental Health Services.[166] In addition to these activities ACEE's steering committee had what appears to be its first "formal" contact with the UFT, when the teacher union's special education liaison, Gloria Weinman, met with ACEE's steering committee during the summer. The outcome of that meeting was agreement between ACEE and the UFT on a number of points.

One of the issues that upset some members of the

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[166] ACEE agenda, 6/25/79.

Social Workers/Psychologists Chapter were assertions that education evaluators were writing social histories.[167] In connection with this problem, it was agreed that the UFT would send a letter to the Chancellor aimed at putting a halt to this alleged practice. Job retention issues, including the possibility that education evaluators might ultimately be absorbed into the resource room program, were also explored. Included in this part of the discussion was the ACEE request for contractual guarantees of some sort, at the least something precluding arbitrary reassignments. Another job related issue discussed was the possibility that education evaluators should become what are know as "teachers assigned." This is a Board of Education designation used for many teachers working in various types of assignments outside of the traditional

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[167] We have been able to determine only one definite instance of someone, an administrator, trained as an education evaluator performing social history intakes, and this was said to be with full awareness of the fact and concurrence in its happening on the part of social workers in the affected COH unit.(Rose Jennings, pages 32-33). However, a different interviewee, someone else with a supervisory background, stated that this definitely occurred, saying "...Sure,if the social worker wasn't there, that could happen. And a lot of times, everyone agreed it should.A lot of corners got cut..."-(Arnold Eckhardt, #2, page 1). Another interviewee claimed that under a slightly different rubric, "family history" there was a period when someone other than a social worker or a psychologist was doing, or expected to be doing social histories. The informant was quite vague about this, and also about whether these were initials or updates.This is supposed to have occurred around 1979, and we have seen no other reference to this. However, that in itself doesn't mean the information is incorrect. (Joshua Steinberg, page 17).

classroom setting. Interest in this apparently was tied in with the possibility that education evaluators would become school based.

There were other issues discussed including the evaluators' concern that they would be expected to perform assessments using less than a full battery of tests if they became school based. Given space problems in schools, issues of confidentiality were also brought up. There was also agreement that a meeting would be set up in September between ACEE and the Social Workers/Psychologists Chapter so that mutual concerns could be discussed. The ACEE leadership was also assured that education evaluators as a group would be given ad hoc committee status within the UFT and that the special education representative would meet with them on an as needed basis. Finally, it was agreed that the UFT's president would appoint an education evaluator representative to sit on that body's Special Education Committee.[168]

Precisely what the nature of relations between the UFT and its education evaluator (teacher) members was at this point, is not all together clear. However the union was apparently somewhat upset because ACEE was starting to issue position papers concerning the proposed special education reorganization. This was being done with the express purpose

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[168] Minutes of the July 16, 1979 meeting with Gloria Weinman.

of influencing the Board's actions. One reason this was done is that the education evaluators felt that the UFT was not being very responsive to their needs.[169]

Although the U.F.T. apparently was quite upset by ACEE's actions, its initial response was not encouraging. On one occasion, when the education evaluators asked to meet with union representatives, a meeting was set up, but to their dismay and anger they found that the UFT had invited the author of the proposed new plan for organizing a school based bureau for mental health services, Irving Berchuk, to talk with them. As one participant saw it, "...instead of having a union meeting, we ended up with a meeting with management, sponsored by the union."[170] In fact the ACEE leadership was so unsettled by this event that consideration was given to taking legal action against the UFT on the ground that it was not properly representing their interests as members,[171] and so for a brief period relations between ACEE and the UFT were, if not properly described as 'rocky,' at the very least, they were unsettled.

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[169] David Schwartz, pages 7-8. Unfortunately, it has not been possible to establish the precise sequence of events in the initial encounter between the education evaluators qua education evaluators and the UFT. However this doesn't affect the essential description of what occurred.

[170] Howard Levy, page 1.

[171] David Schwartz, page 9.

Concern over the organization's independent stand was strong enough for the union to send three of its top figures Sandra Feldman, a key aide to President Albert Shanker, Lucille Swain, the UFT's chief negotiator with the Board of Education, and Gloria Weinman, an important figure in the special education area, to talk with its leadership. They presented the UFT's arguments as to why ACEE should give up its independent position and come into the union fold. One participant in this meeting recalls their line of argument being that they union would deal with the needs of the education evaluators. The union people appeared to be both concerned and embarrassed by the existence of this non-union organization and this person recalls them as "...literally saying, 'You should be part of the union. You know, we'll take care of you. You belong to us. That's the way you belong.'"[172]

Fairly soon after this meeting, the education evaluators were able to reach an accommodation with the UFT. ACEE ceased to exist, and instead they formed a committee within the UFT. It wasn't until a half-dozen years later, after the education evaluators had increased their numbers substantially, that the committee became a functional chapter within the UFT, thereby gaining representation parallel to that of their

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[172] Howard Levy, 2-3.

SBST colleagues. Actually, there were occasions when the possibility was discussed of having the education evaluators become a part of the Social Workers/Psychologists Chapter. This prospect was unpopular with all concerned. This was at a time when the official position of the Social Workers/-Psychologists Chapter continued to be very antagonistic to the education evaluators.

Although not all members of that chapter were unalterably opposed to the new discipline, and some looked upon it quite favorably, opposition was strong, particularly among some members of its executive board, even to the point of irrationality.[173] What motivated the UFT leadership's initial lukewarm response to the education evaluators' needs is unclear, but the Social Workers/Psychologists Chapter's opposition was undoubtedly due to a perception that its members' vital interests were very much threatened by these

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[173] This "irrationality" comment is based on my interview with someone who was in close contact with the chapter's leadership during this period.(Joshua Steinberg,page 44). It is consistent with comments that have come from another source, to the effect that progress couldn't be made in improving relations between the professions until the leadership of the that chapter changed.(David Schwartz, pages 15-16). Steinberg was himself, very active in the chapter throughout most of the time period under discussion. He did not share these strong negative attitudes about education evaluators. However, another interviewee who also was active in the chapter during this period, Frank Lobel, was very strongly opposed to the education evaluators.

newcomers.[174] Opposition to the Evaluation and Placement operation was there from the beginning. Early on, there were posters on the wall at chapter meetings, denouncing "Rosenshein's Empire."[175] Basically, the problem was that throughout the 1970's there were a variety of criticisms being made of BCG, which is where the members of that chapter were employed. There existed a very strong, and perhaps not irrational fear that the bureau would soon be eliminated. Establishment of E and P, which took over an increasingly large part of BCG's operation was viewed as confirming the

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[174] It should perhaps be mentioned here that in 1975, due to the city's budget crisis, there were very substantial layoff's of school social workers, psychologists, and guidance counselors, so their concern about future job loss was based on very palpable recent experience.

[175] Samuel Kogan, # 1, page 11. Joshua Steinberg noted that "...someone publicly called him an 'empire builder'..."-(P.31). Elsewhere in this interview, he suggested that some of the opposition to him "...had to do with anti-semitism because Joel Rosenshein was quite palpably and openly Jewish and orthodox. And I think this was an element that disturbed people about him...he seemed to embody a stereo-type that people found to be unpalatable, and that added to his negative luster." (page 32) In connection with one person's suggestion (Roberta Logan, page 32) that he hired a disproportionate number of orthodox Jews, this interviewee remarked that "He ended up apparently hiring a higher proportion of orthodox Jews than other people would....The people he hired in every instance I'm aware of were quite capable. He may have been more sympathetic, understanding, or whatever, of the nature of whatever the personal situation they brought." (Joshua Steinberg, pages 33-34).Another person discussing this issue stated that the original universe from which he was able to draw psychologists had a high proportion of orthodox Jews in it. This interviewee saying it was "definitely not true," stressed her convictions that this charge was a "red herring". (Zelda Bernstein, pages 54-55)

reality of people's worst fears.

In a sense, it could be said that despite their much longer history with the Board of Education, to a remarkable degree,the psychologists and social workers shared similar fears with education evaluators concerning their security. However, it should be emphasized that social workers and psychologists in some ways are in fundamentally different positions at the present time. In fact, it is the social workers who are really much closer to education evaluators in terms of job security problems than are psychologists. This is because PL94-142 mandates the presence of a psychologist on the evaluation team when a child is being considered to determine if a handicapping condition exists. A special education teacher is mandated, but this needn't be an education evaluator. A social history is required, but not a social worker. Although psychologists have occasionally been fearful that the Board of Education would somehow find a way to at least cut back on their numbers, it is actually social workers who have had much more reason to be fearful of cutbacks. In fact, at one point, there was considerable conflict between social workers and guidance counselors precisely because it appeared that the Board of Education might eventually attempt to substitute guidance counselors for social workers.[176] In

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[176] Arnold Eckhardt, # 1, pages 48-49.

the area of counseling, guidance counselors are indeed doing virtually the same work as their social worker colleagues. However social workers and psychologists weren't alone in challenging the idea of a single chapter for all three groups. The education evaluators too, were strongly opposed to the idea. They felt that with their small numbers they would be powerless within a combined chapter.[177]

When ACEE was transformed into a committee within the UFT, essentially the same people remained at the helm. It wasn't until a half-dozen years later that another step was taken and the committee was transformed into a functional chapter, co-equal with the social worker/psychologist chapter. By then, the number of education evaluators had more than doubled. The most significant factor bringing about this increase in numbers, and concomitantly the greater importance of the education evaluator, was the impact of the Jose P. litigation. The development, since 1986. of the "enhanced" version of the SBST model has also had a powerful impact on the education evaluator profession. Currently, there are close to 1,100 education evaluators employed by the Board of Education, slightly more than the total number of psycholo-

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[177] In addition, the chapter had some problems of its own which were unresolved. Howard Levy, page 3.

gists.[178] One of the major changes which has characterized this period has been the Board of Education's official recognition of the specific needs of education evaluators, as indicated by the increasingly detailed references to their position within the Board's contract with the UFT.

By the time school started in September, Judge Eugene Nickerson had issued his decision in the Jose P. litigation.[179] The decision declared New York City's Board of Education to be in violation of New York State and federal law for failing to provide "...a free appropriate public education in a timely manner...." as charged by the plaintiffs.[180] As part of the relief granted to the plaintiffs the

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[178] Jose P. Stipulation, 79 C.270, issued July 28, 1988. Currently, the number of social workers mandated by the Jose P litigation is 572. by 9/94. The mandated number of education evaluators and psychologists is 960 for each group. One half of the social workers, and a third of the other groups are supposed to be bilingual. These figures do not include clinicians employed on C.S.E. Review teams.

[179] The original litigant was combined by the courts with several other cases, but collectively the case is known popularly, as the "Jose P. Case." It has remained an open court case, and regular rulings throughout the years since 1979 have set the tone for a large part of what is done by the Board of Education in the area of special education. Currently, lawyers for the Board meet with lawyers for the litigants at regular intervals. Virtually all significant moves within special education are subject to review and revision or rejection by the litigants. Jose P. himself, according to one source is no longer a New York City resident. He is said to reside in Puerto Rico, where he allegedly works as a goatherd. (Fieldnotes, spring 1993).

[180] "Jose P. v. Ambach,79 C 270 (Nickerson, J.) United States District Court, Eastern District of New York," 6.

decision mandated implementation of Gross's plan, Special Education in Transition. The decision required that by April 1, 1980, all pupils referred by October 23, 1979, should have been properly evaluated and placed. It also called for the creation of School Based Support Teams, and their placement in every school by April 15, 1981.[181] The defendants were also ordered to provide a plan by January 9, 1980, discussing how the various components of the decision, including evaluations, would be implemented.[182] This was to be followed by another plan, to be submitted to the court no later than April 15, 1980. This plan was meant to discuss the full implementation of school based support teams and the continuum of special education services.[183]

One section of the January Plan, Paragraph 52 A, is of relevance to our concerns because it refers to the establishment of SBST's to carry out evaluations and make decisions about handicapping conditions. In its reference to SBST members, the term education evaluator does not appear. Instead there is reference to a Special Educator whose duties are described as follows: "...serves as a resource room teacher providing direct service, evaluation, and consultation; serves

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[181] Ibid., 6-15.

[182] Ibid., 28.

[183] Ibid., 38.

as a member of school based support team; is supervised by the resource room program supervisor."[184] Included on the SBST as well are to be a psychologist, social worker, parent of the child being studied, and various school personnel.[185] We have already noted that although a teacher or special educator is required at the COH level, social workers are not mandated but may be invited on an as "needed basis."[186]

One interesting part of this "January Plan" is that there is reference to anticipated SBST services to non-handicapped children, and indeed the definitions provided for the roles of social worker and psychologist do assume services will be provided by these personnel to children in the mainstream and to their families, as well as to school staff.[187] However, there was a qualification that went along with this provision for service to the non-handicapped portion of the school community. Such services were not

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[184] "Jose P. et al, v. Gordon M. Ambach,et. al., 79 C. 270, United States District Court, Eastern District of New York, City Defendants' January Plan" (1981), 22.

[185] Ibid., 22. We should note that this is described as being an interim plan and further on in the description of the team's work the term "educational evaluator/resource room teacher" appears. However the term "educational evaluator" is not used independently anywhere in the defendants' statement.

[186] Ibid., 27.

[187] Ibid. This may be regarded as a vestige of the psychologists' and social workers' roles when BCG was in existence.

scheduled to commence until "...the goal of timely evaluations has been achieved city-wide."[188]

The "April Plan" was not finally presented to the Court until May 29, 1981. It further details the Board of Education's plans for meeting the court's judgment. Included are the Board's projections for the number of cases where evaluations will be required, and its projected capacity to carry them out within the legally mandated time lines. A supplement projects numerical goals for COH/SBST staffing. "Educational Evaluators," are referred to there without any qualifier.[189] In deciding on personnel needs for evaluation teams, the report's authors assumed that each SBST would be capable of performing 300 evaluations yearly, on the basis of each team completing two daily, four days a week. The fifth day was to be used for conferencing.[190] On the basis of these

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[188] Ibid., 20.

[189] "Jose P.,et. al., v. Gordon M. Ambach, et. al., 79 C 270, United States District Court, Eastern District of New York, City Defendants' April Plan." 62.

[190] Ibid., 5. This of course, left no separate time for writing. Nor did it take into account emergency situations, ordinary absences of SBST personnel, or the unavailability of children scheduled for testing. It also failed to take into account the time needed by SBST members for classroom observations and for routine case management work. Although at times, eight evaluations were accomplished in the course of a week at E and P, it is by no means established that this was routine. In fact, this number was probably exceptional, rather than being the norm there. Also, at E and P, the set up was such as to make it possible to maximize the number of assessments done. Kids were brought in from outside and clinicians did not

figures the defendants stated their expectation that they would be able to evaluate all but a small number of children. They predicted that fewer than 2,000 would be in need of contracted out assessments.[191] In order to meet this goal the Board expected to make major increases in SBST/COH personnel hiring an additional 82 education evaluators, another 130 psychologists and 86 new social workers. The totals projected for 9/1/80 (sic) were 352 education evaluators, 452 psychologists, and 452 social workers.[192]

What made this period difficult for the education evaluators was that their ultimate position within the constantly changing special education system was very unclear. This was especially so, at the time when the initial Jose P. ruling was made. This judicial decision called for implementation of the Gross Plan, Special Education in Transition, and that plan called for the elimination of the independent education evaluator position, and its replacement by a combination education evaluator/resource room position. Judging by the education evaluators' response, this was not

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have to go after them as is the case in schools.

We should also note that according to our understanding, during this period,it was also expected that SBST psychologists and social workers would do some of the counseling recommended on IEP's.

[191] Ibid., 5-6.

[192] Ibid., Supplement IV, page 62.

something most of them favored.

The Gross Plan, which according to its introduction, grew out of the earlier Berchuk Plan, was aimed at anticipating the outcome of the Jose P. litigation on which there had yet been no ruling. It called for a variety of changes besides those affecting the evaluation process. Undoubtedly one of the most significant changed envisioned was to be establishment of a School Based Support Team, in each school. Although much changed from the Berchuk Plan, it too envisioned the SBST as performing preventative services in an effort to stave off the need to refer children for evaluation. Specifically, the plan stated that

> The members of the School Based Support Team will determine a chid's special needs and seek to meet those needs on a pre-referral basis. Many children's needs can be met through modification of existing educational approaches or through other solutions within the regular education program. When such pre-referral solutions are insufficient to meet the child's particular needs, the School Based Support Team and the parents of the child will meet to determine whether a formal evaluation is required..."[193]

The plan contained several appendices. The first and lengthiest of these discussed the formation and function of the SBST. On the matter of its composition, the plan states that this will vary according to circumstances of the school and of any particular case. However, at its core the SBST was

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[193] Jerry C. Gross, "Special Education in Transition", (New York City Board of Education, September 10, 1979), 7.

to "...consist of the parent of the child, a psychologist, a social worker, a special educator, the principal of the school (or a designee of the principal), the guidance counselor and, on an ad hoc basis, the regular classroom teacher of the child and other appropriate school personnel." It emphasizes though, that "...it is imperative that permanent, on-gong teacher representation exist on each team"[194], but it is unclear whether this was written to emphasize that the principal should make certain to include a non-special education teacher on the team, or whether it was simply meant to reemphasis the critical importance of the special ed teacher on the team. Most likely, since the special education teacher is a legal requirement, the former interpretation is correct. The need for effective case management is discussed and it is stated that in determining who is responsible for this, "The professional training of the team member may be a secondary determinant."[195]

From virtually the moment the idea of replacing education evaluators with education evaluator/resource room teachers was raised, the actual picture was blurred. The

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[194] Ibid., 36.

[195] Ibid,37. This is important because one of the changes made with the enhanced model was that case management was made an official education evaluator task. Before that, despite Gross's "catholic" approach to the work, it was rarely done by anyone except the social worker.

situation was especially difficult during the 1979-80 school year and the following comments all date from that period. Although education evaluators themselves were certainly fearful of losing their jobs[196] there is no evidence to suggest that as a group, they were ever reconciled to the proposed change despite the fact that the union duly conveyed to them the Board's message that their disappearance was only a matter of time. For example according to the minutes of one meeting between the education evaluators' steering committee leadership and the UFT's liaison person, they were told "Educational Evaluators will, at first, be part of the District COH and will help School Based Support Teams (SBST) perform evaluations, but will, eventually, become Resource Room teachers, if qualified. Number of Educational Evaluators will go down as they are converted to Resource Room teachers."[197]

Despite this, at the same time, the UFT agreed that it would try to get mention of the education evaluators in the next contract. It also agreed to giving them a place on the union's special education committee. And yet the UFT was cautious. The education evaluators' strongly desired to be

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[196] Roberta Logan, pages 6 and 35. Also, Michelle Levinson,pages 11-12.

[197] Minutes reporting on a meeting with Gloria Weinman, 10/2/79.

granted permanent status as a union sub-committee, but its representatives were told that this wasn't yet possible because of the uncertain status of the education evaluators at that time. Education Evaluators were adamant about the impropriety of Resource Room teachers conducting educational evaluations. Writing in December 1979, Jon Berry, Chairperson of the Educational Evaluators' Committee asked a number of pointed questions which seem to have been aimed at undermining the plan to move resource room teachers into doing evaluation work. Among other questions he asked can they

> ...do professional, adequate and appropriate evaluations, in light of their projected workload and other responsibilities? Can the training given to resource room teachers to do evaluations (e.g., workshops reduced from an intended 5-day program to a 1-day , all inclusive one) be considered adequate training for true diagnostics? Can the same, few tests for each child, in an abbreviated battery, constitute the differential diagnostic evaluation necessary to avoid misplacement of children in or out of special education, or do they merely provide only basic reading and math scores?...Can resource room teachers be asked to perform objective and impartial evaluations when they are under considerable duress due to low registers? Is there a possibility of conflict of interest in such evaluations?[198]

One thing the education evaluators did, apparently on their own, was seek out the resource room committee leadership in order to discuss their attitude towards the possibility of having to perform educational evaluations. From the education evaluators' perspective, the meeting went well, with both

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[198] Jon Berry, letter of 12/79.

groups agreeing that it was best for them to continue to function in separate and discrete roles.[199] Regardless of how education evaluators or resource room teachers felt, the Division of Special Education was insistent on maintaining its position on this matter. A spring 1980, posting for the position of resource room teacher may be read as consistent with the Division's wish to make this change. The posting stated the duties of resource room teachers as "...identifies, screens, and evaluates students in regular classrooms for referral to SBST/COH using criterion referenced and norm referenced tests..., interprets multi-disciplinary reports and identifies the educational implications of such reports. It went on to include among the criteria for job selection "...basic knowledge of due process rights and familiarity with SBST/COH evaluation procedures...."[200]

Clearly, starting from such a background, it would not be too difficult to convert resource room teachers into education evaluators. And yet, despite this, the Division's statements could be viewed as wavering on the issue. Thus, on

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[199] Minutes of a general meeting of ed evaluators, 3/11/80. The minutes note that although resource room teachers cannot refuse to do testing when directly ordered to do so, "...the Resource Room Committee has agreed that this should not be part of their function and is asking to be relieved of it in their discussions with the Board."

[200] Division of Personnel posting for Resource Room teacher position, March 12, 1980.

one occasion a high level DSE administrator (Stowell) said that

> Educational Evaluators are now essential, as part of SBST, because RR teachers with a load of 20 children, and in need of time for consultation, cannot do evaluations, BUT, the goal is still to convert EE's into RR positions ('if qualified') as referral rate drops, and as the RR teacher's load drops with the hiring of more RR teachers."[201]

However, at the very first consultation meeting Stowell indicated that for the 1979-80 school year, no change in the situation of the education evaluators was anticipated. He also pointed out that education evaluators would always be needed to work at the COH's probably two at each.[202] At another consultation meeting, several months later, near the close of the school year, Stowell stated that the Board of Education was planning to hire additional education evaluators. He stated that their main function would continue to be evaluation and that would be the case for "...most of next year." He was unwilling to commit himself beyond that time period and reiterated the Division's long-term goal of converting most education evaluators into resource room teachers. The new hires were expected to increase the number of evaluators to 350 and were necessitated by a constantly growing work load of

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[201] Cited in education evaluators' newsletter #1 as having been said at 2/7/80 meeting with Gross, Stowell, Coppin.

[202] The notes available to me are unclear about the date, but available evidence points towards this having also been discussed at the 2/7/80 meeting referred to above.

evaluations.[203]

Meanwhile, the education evaluators' steering committee members were actively working to strengthen their professional position. They persistently pressured the union to get the education evaluators a job definition in the forthcoming union contract. However, they were told by the UFT's chief negotiator that this wasn't really a good idea because it would actually make the position more vulnerable to redefinition.[204] Additionally, the leadership was active in attempting to verbalize problems and find solutions to difficulties they and their constituents were experiencing in their day to day work. The source of these difficulties were multiple.

Within the United Federation of Teachers there was still strong, opposition from elements within the Social Workers/Psychologists Chapter. One example of the bitterness of their feeling towards education evaluators is found in a newsletter sent out by the chapter's leadership in Queens. This letter denounced education evaluators in the same language found in the chapter's executive board statement, but went beyond that by accusing the UFT of taking sides on the issue. The newsletter noted that "The 'territoriality' or jurisdictional issue re: educational evaluators is now an open

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[203] Consultation meeting minutes, 5/27/80

[204] Newsletter #2, April 1980.

dispute between your Social Workers and Psychologists Chapter and the Central Union..." After accusing the evaluators of being patronage appointments, misusing public funds, and duplicating work done by psychologists and classroom teachers, the statement closes by a further assault on the UFT:

> There isn't a union we know of that will tolerate such cannibalism. Yet, the Central Union cynically continues to meet with them over our protests and has done nothing about it. We expect to take this to the top to try to settle thing (sic) within the family before resorting to other steps."[205]

By the time this newsletter was written, there had already been a number of developments that were likely to have fueled this perception. Most of them have been referred to already, but to summarize briefly, they included the addition of education evaluator representation to the UFT Special Education Committee, a special body which met frequently to discuss special education problems in relation to the UFT; agreement by the UFT to establishment of the education evaluators' committee within the union; establishment of a union liaison to the education evaluators, with discussion of various issues concerning the evaluators' long term future, including contract language and relations with other groups such as

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[205] Queens Social Worker/Psychologist Chapter newsletter written by Arthur Adolf, chairperson, 12/19/79.

resource room teachers and guidance counselors; assistance in getting them involved, at least informally,with consultation meetings with the Division of Special Education; and most recently, the union's agreement to sponsor an education evaluators' newsletter.[206]

Overall, we may say that during the 1979-80 school year, the goals of the education evaluators as represented by their leadership were primarily to separate themselves from the resource room teachers and their work as much as possible, convince both the union and the division of special education that this separation was legitimate, and make a place for themselves within the councils of the UFT. They were fairly successful in achieving all three of these goals although the Division of Special Education continued to adhere publicly to its original program for education evaluators for at least a couple of years, perhaps longer.

School Based Support Teams

The next major change in the operation of the school based support teams, occurred in September, 1986. It was foreshadowed by the issuance of a major study of the entire special education process. This study, Special Education: A

[206] The education evaluator minutes dated 12/18/79, refers to the UFT's commitment regarding publication of a newsletter.

Call for Quality was published in April 1985[207]. It was conducted by a special commission convened by New York City's mayor a year earlier and chaired by Richard I. Beattie. The commission's report covered the entire area of special education and included numerous recommendations for change. The commission's review of the evaluation process resulted in a restructuring of the school based support teams which was controversial at the time, and has remained a prime source of union dissatisfaction. The period leading up to this report was one of growth for the Division of Special Education. It was also a period of change and consolidation for the SBST's and their members. By the 1984-85 school year the Board of Education had in its employ 670 social workers, 664 psychologists, and 510 education evaluators serving on SBST's.[208]

Clearly, there was considerable movement and change within the special education system. Problems were rife throughout. Many were undoubtedly the result of its swift, if predictable growth.[209] During this period, although the

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[207] Special Education: A Call for Quality, (New York City, April 1985).

[208] From a document of uncertain origins, but most probably a Board of Education study, page 10.

[209] There was a widespread feeling among many educators that because of the pattern of funding following severe cutbacks in the Board of Education's budget in 1975, virtually the only way to provide services for many children desperately in need of supplemental services, was through special education, an area where funds were available. There were also

Division of Special Education may never have formally dispensed with its goal to see education evaluators enter the resource room, this issue became, in effect, a moot point. This does not mean that everyone readily accepted the education evaluators. Although education evaluators did their utmost to work out a modus vivendi with their SBST colleagues, tensions, at least on the "official" union level, were still high. The education evaluators attempted to reassure their colleagues that they were not interested in entering in to work areas that were clearly not meant to be theirs. For example in one of the committee's first newsletters, education evaluators were reminded that

> ...as educational professionals working on teacher lines, and as union members, we must leave restricted tests to the psychologists, and parent interviews to the social workers...Also,when filling administrative positions (such as assistant to the chairperson), we must remember that we are not superior, and do not have supervisory prerogatives..."[210]

It was also the case that the education evaluator leadership was not shy about asserting their members' preroga-

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assertions that the service cutbacks at that time,fueled the growth of special education by eliminating preventative measures that were successfully keeping children from reaching a point where they needed special education intervention. However, critics of the system's functioning at that period claim that in fact, vast numbers of children were simply not being identified as having handicapping conditions and were being left unattended and unassisted within regular education where they were unable to learn successfully.

[210] Newsletter #3, June 11, 1980.

tives when doing so appeared necessary. Following a year in which the education evaluators' committee made repeated but unsuccessful efforts under UFT sponsorship, to work out an accommodation with the Executive Board of the Social Workers/Psychologists Chapter, they decided to bypass that chapter's leadership by issuing an open letter to its membership. This letter detailed the efforts that had been made to resolve differences and noted that the UFT's leaders had become increasingly impatient with the situation. Finally, they reached a point where they were ready to resolve the conflict at the UFT's executive board. In the hope of avoiding this, they demanded that the Chapter finally decide whether its earlier very hostile memorandum aimed at undermining the existence of education evaluators and incidentally also containing a barb aimed at guidance counselors, should be withdrawn. Under this pressure, there was one final meeting between the contending groups, but according to this report it wasn't even possible to maintain decorum during the discussion. The outcome was that

> ...the Psychologists/Social Workers Chapter would only support our existence if we limited ourselves to administering <u>only</u> tests and measures purely academic in nature...While it is appropriate to limit the Educational Evaluators in the sense that they should not administer 'restricted' tests, such as IQ, or projective tests, it is not, we feel, appropriate to tell us we cannot deal with language, perception or vocabulary...The overall goal is a socio-psycho-educational assessment on a <u>multi-disciplinary</u> basis. It makes no sense to

> attempt to deprive Educational Evaluators of assessment tools which have in the past and in other jurisdictions, where no educators were part of the team, been given by psychologists. There is room and work enough for all of us.[211]

During this same period, it was necessary for the UFT's leadership to specifically warn the Social Worker/-Psychologists Chapter that during consultation meetings with the Board of Education, it could not "...take a position that E.E's should not exist."[212]

What is unclear, and cannot be resolved with any certainty, is the extent to which this conflict within the union mirrored conditions out in the field. In fact, it is not even clear whether the Chapter's stance was fully supported within its own executive board. There is some reason to believe that the opposition may have been less than it appeared to be. One issue of the Chapter's newsletter included a statement reiterating its executive board's position concerning education evaluators but this reminder was published because members were being urged not to sign a letter currently being circulated, which supported the "proliferation

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[211] Undated open letter to psychologists/social workers, probably 6/80, less likely fall '80.

[212] Minutes of Educational Evaluators' Steering Committee meeting with Gloria Weinman and Sandra Feldman.(6/30/80).

of these positions."[213]

The fact that such an appeal was made suggests that the leadership realized that some of the chapter's members didn't agree with the executive board's stance on evaluators. Available testimony from the field is mixed. However, several interviewees in a position to know, have suggested that the conflict was greatest at the political level, i.e., within the union hierarchy, and much less serious out in the field.[214] When conflict did exist on teams, it was more likely to come from personnel who had been working for BCG, than from clinicians who had been working at COH-EU-E and P units. Although testimony varies about the precise functioning of personnel within these units, in particular what weight members of each discipline had in making recommendations about handicapping conditions and placement, there is rarely any significant indication of serous tensions among them in any of those settings.

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[213] Social Workers/Psychologists' Chapter newsletter, undated but content suggests that it was written in either 9/80, or 9/81.

[214] This was the opinion of a psychologist who was with E and P almost from its start. (Stephen Meltzer,# 1-1-2); An education evaluator with an intimate knowledge of union politics stated that while there definitely was conflict within the union, "In the field that would have been more the exception than the rule." He went on to observe that conflict "...was real to the people only in the sense that we all felt vulnerable because of how undefined our roles were, and that this whole thing was evolving." David Schwartz, pages 41-42.

In 1981, along with the establishment of the SBSTs, BCG was finally dissolved and its clinical personnel were for the most part moved into the existing COH's, which in effect meant working on SBST's in most cases. Reactions to this development varied and personality differences undoubtedly played a role in how people behaved at this time. The BCG people had never worked with education evaluators, and this represented a major change for them. Another major change, as noted earlier,was the fact that they were now part of an educational establishment and no longer part of a clinically oriented agency.[215] Working on an SBST meant having education evaluators as peers. For psychologists and social workers with COH-E and P experience, this didn't represent any sort of real change because they were already working together. For them, the main cause for anxiety was the move into a school setting. In retrospect some of their concerns may appear trivial, but they were quite upsetting at the time.

For the COH people, the very fact that BCG workers were joining them created anxieties because they felt that this expansion meant the end of their then tight knit operation. There was concern about how they would be received in the schools. They didn't know how school personnel, both teachers and administrators were likely to treat them. At COH,

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[215] Barbara Michaels. pages 12-13.

kids were brought in for testing. Would the kids be as easy to locate in the schools? Should they join the rest of the staff for lunch? They knew they weren't part of the administration, but were they part of the staff? Education Evaluators were for the most part less likely to be upset by the change because they were used to working in schools prior to their COH work. Nevertheless, as one education evaluator who participated in the transition noted "The psychologists, the social workers, the ed evaluators were very nervous about the enlargement of the staff. The BCG was coming in and..we had never operated out of a school...we had become used to the fact that we ere this small, close knit unit...when suddenly we were going to be sent out into the wilderness...We didn't know how we would be received. We didn't know if there would be hostility...And the BCG people came in very, very upset with the whole thing. BCG had been dismantled, totally. They felt betrayed and they didn't know what was going to be coming."[216]

For many of the former BCG clinicians, the changes were very upsetting. Although in theory, and apparently to some extent in practice, the SBST's did engage in preventative work hoping to avoid special education referrals, this was not their main raison d'etre. One psychologist interviewed recalled that even though they were "...expected to try

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[216] Roberta Logan, pages 18-19.

things...it was vague," and he reported that the team's main function was to get the assessments done. Although the entire team was supposed to be involved in whatever prophylactic measures were attempted because of time constraints, it was mostly the social worker who was involved in this area.[217]

During this period the education evaluator's impact on the SBST was undoubtedly weakened by the fact that in a fairly substantial number of cases, they worked in a different school every day. There were cases of education evaluators having to cover 6 schools. This meant that they often were in a position to do very little more than test children, and submit reports.[218] For the education evaluators, this also meant that they were virtually unsupervised. From a supervisory perspective, this was a difficult situation.[219] Indeed, appropriate supervision for all of the SBST members was a problem. In one Queens school district, tight guidelines were

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[217] Stephen Meltzer, (1-13-14)

[218] One education evaluator interviewed reported working in five schools.(Roberta Logan, pages 25-26). Handwritten notes written in preparation for a consultation meeting with the Executive Director of Special Education and/or his top assistants, during the Alan Gartner era include one that says "Ed Evals have reported being assigned to as many as 6 schools and are also working with more than one team." (Source is in Mark Korashan's personal data files, reviewed by the researcher. It should be emphasized that data in these files came from a variety of sources.)

[219] Special Education: A Call for Quality, 39-40.It should be emphasized that members of the two other SBST professions were also without adequate supervision.

issued by the superintendent, but whether they were enforced is unclear. These guidelines required all SBST members to keep activity logs which were to be submitted on a weekly basis to the principal. It stated specific times when clerical tasks were to be performed by them so that they would not get in the way of service provision, and it noted that they were to be rated in consultation with principals.[220] Clearly, these guidelines were an attempt to assert local control over SBST members. Given that education evaluators were former classroom teachers, this effort probably seemed especially legitimate in their case.

In another example, an interviewee mentioned that when the SBST's were starting up, a principal in her district was insistent that team members keep a time card at his school in addition to the one they carried with them. The COH chairperson rejected this request and made it very clear, as one person put it, that for "...us, that the line of command...was the COH, that we worked for COH, not for the principal, and not for the school, and that our allegiance should be to COH, not to the school."[221] However, it was precisely to avoid the possibility that teams would be pressured into making

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[220] Herbert Landau, November 20, 1980, memorandum addressed to Didi Goidell, Queens Regional Coordinator, and other, lower echelon personnel, concerning the SBST's in District 30.

[221] Roberta Logan, page 27.

decisions which met the needs of school principals rather than those of children, that they were kept independent of the local districts.[222] Undoubtedly many principals looked at this situation with chagrin. Supervision from the COH's was necessarily lax because there simply weren't enough supervisors available to do any sort of meaningful job.

At one point, there were 45 clinical supervisors "...responsible for supervising approximately 1800 SBST members or one supervisor for every forty team members."[223] Furthermore, many of these supervisors were drawn from BCG and did not view themselves as 'administrative supervisors,' but rather as 'clinical supervisors.' However it was the former type that was needed at this point. As for the education

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[222] This material is drawn from a paper of uncertain origin. Internal evidence suggests that it is a Board of Education document aimed at exploring the possibility for decentralizing and placing SBST's under local district control. It reads very much like something originating in the project SEALL offices. It probably was written in 1985. Certainly it was prepared prior to the enhanced model's implementation, but following release of the Beattie Commissions's report. At one point, the DSE instituted an 'experiment' known as 'Project SEALL,' Special Education at the Local Level.' It was limited to a few districts. We are unclear as to precisely how it operated but it was the case that the entire special education operation in SEALL districts, including the COH/CSE was under district control. Although the DSE wanted these pilot districts to prepare the way for all of the city's CSE's to come under community control, the opposite has occurred. The number of SEALL districts has been cut back to the point that there are only one or two presently operating. These exceptions aside, all of the city's CSE's are under the control of the Central Board of Education.

[223] Special Education: A Call for Quality, 39.

evaluators, although there were a few people appointed to supervise them, the numbers are unclear, and at one time, when there were already approximately 250 education evaluators in the system there may have been no more than two people specifically assigned to their supervision. Whatever the precise numbers, it was clearly the case that tight supervision was impossible, and SBST members were aware of this.

It is in this context that principals attempted to exert their authority over SBST members but they were limited by the fact that they were not the rating officers for SBST members[224]. This gave SBST personnel a considerable sense of freedom. As one education evaluator remarked, "...having five principals meant having no boss. You were totally independent...no one was keeping track of you...I loved the independence of that...I loved being, feeling I was on my own...I really didn't take advantage of it...It just mean having no supervisor on top of you..."[225] Others too, have noted that it was possible for team members to work out team functioning among themselves as in this account by someone who was briefly, a BCG employee just prior to establishment of the SBST's. "And the three of us worked it out among ourselves how we would structure it..." After noting that she, as social

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[224] Roberta Logan, page 24.

[225] Ibid., page 23.

worker, took on the case manger's role, she continued, saying "And we decided among ourselves how we would handle the intakes, the referrals. A referral was made. What would the process be? We figured that out among ourselves. Who would handle it, who would get back to the teacher, who would go get the records, who would test first. And so on."[226] Another person, an education evaluator said that she was assigned to three schools, and although officially, she was expected to be present on a particular day at a given school, in practice, she was able to decide for herself where to go, a decision she made according to her own judgment of where she was needed, on any particular day.[227]

Given the scarcity of supervisory personnel, it is not surprising that schedules and written activity logs were used as a means to assert control over SBST members. In November, 1981, Judith Shargel, acting chief administrator of SBST's issued a memorandum on "Time management/team effectiveness. She began the memorandum with two paragraphs stating that effective time management is the only way teams will be able to get their work done and carry out assessments in a timely manner. She then wrote that "If a team does not coordinate their individual activities in the scheduling and assessment

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[226] Barbara Michaels, pages 8-9.

[227] Stephanie Taylor, pages 27-28.

of students their individual and team efforts will not be evident in statistical reporting." Given that the Board of Education is required to provide a constant flow of statistics concerning evaluation and placement to the courts and plaintiffs, her concern with statistics is understandable. She goes on to provide a model individual schedule and stresses that "Psychologists' and social workers' schedules should indicate a minimum of five (5) hours a week for related services with individual students' names placed on their schedules." She also noted that "All team members must allot at least 60% of their time for formal assessment activities."[228]

Some aspects of SBST work were familiar to all of the team members. What was new was the totality, the overall approach represented by the team. Although at some point, nearly all of the SBST members had direct experience working in schools, the amount and currency of that experience varied considerably. In terms of involvement with teachers and schools, clearly education evaluators had the strongest background. It is likely that only a relatively small number of personnel at E and P, people who had never worked elsewhere for the Board of Education before being employed there, found moving into the schools to be a completely new experience. A few of the educational evaluators came to the Board of

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[228] Memorandum from Judith P.Shargel, Chief Administrator of SBSTs, 11/16/81.

Education from private schools, or directly from master degree programs, but their numbers were probably statistically insignificant.

Although people at E and P did not really work on teams, per se, they nevertheless developed a certain understanding of team functioning through the multi-disciplinary conferences which were an important aspect of their work at the E and P, later COH units. At these conferences, discussed elsewhere in this chapter, the three disciplines, along with various other participants regularly interacted and made decisions about the handicapping conditions and placement of evaluated students. In that sense, it can be said that E and P personnel were used to team work. This was not the case with BCG personnel. Unlike the people working for the E and P/COH Units, clinicians employed by BCG were school based. However, even when both a psychologist and social worker employed by BCG were physically present in the same school building, they did not act as a team. As noted by one psychologist who had experience in both BCG and E and P, they worked separately, for the most part despite their physical proximity.[229]

One former COH supervisor discussing the initial SBST period, felt that BCG personnel saw their conflicts with the education evaluators as clearly professional because "...these

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[229] Stephen Meltzer, (pages 1-3)

people weren't used to working as a team..." Their attitude was "How dare you question, even question, what I'm doing...What do you have to add?" Their attitude was to question the very necessity of the education evaluator's input although this person completed her comment by adding "I think that many of them adapted to it, and saw it perhaps as a necessary evil. Some of them fully accepted it and said, 'Gee,you know what? This is adding another dimension.' Interpersonal? There was some interpersonal, absolutely interpersonal. But that you get in any place."[230] In line with this remark about the interpersonal, though perhaps not really solely interpersonal character of the problems that occurred, one person described in some detail the anger felt by a BCG social worker who now had to share office space with a former BCG psychologist and an education evaluator, in a school where she'd been alone for ten years.[231] What needs to be emphasized is that people often felt a certain sense of 'ownership,' after many years alone in a school. The SBST's were violating a well established order with which they were comfortable.

The difference between psychologists and social workers with different organizational experiences is perhaps best summarized in the following comment from an education

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[230] Renata Slater, pages 31-32.

[231] Roberta Logan, pages 21-22.

evaluator who came from a different borough, district,and region than the one just cited. Discussing what set them apart, she said "Those that were with E and P, somehow were more receptive to the ed evaluators because their basic orientation was somewhat different. They were inclined to believe in a multi-disciplinary team, that there were other viewpoints from theirs....Whereas those that came from BCG, felt very strongly that they were the most important members of the team...They believed that all that they were supposed to do, was therapy and...related services. And they didn't want to be test metricians (sic). And they did not like the idea of really testing...It took many, many years to turn them around. It really did."[232] Another education evaluator when asked if there was any distinction between how E and P clinicians and BCG personnel behaved towards him said, "I think they [the BCG personnel] had a little more difficultly because when they were BCG, they were independent...they only did clinical work...they didn't do paper work...Some psychologist early on, was saying,'I don't fill out forms,' and I would say, 'I'm not doing them all...' We had those kinds of arguments at work with psychologists...And I think they had more trouble dealing with this multi-disciplinary team... " He indicated that among the difficulties some of the BCG people

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[232] Stephanie Taylor, pages 20-21.

experienced, was the need to work with education evaluators and dealing with then as professionals.[233]

A specific area of difficulty on some teams was that some clinicians who formerly worked for BCG were reluctant to share the results of their test work and data gathering with their colleagues, at least with their education evaluator. Whether in fact this was due to pique is not something that can really be determined, but the rationale supposedly lay in the different confidentiality standards which we have mentioned as having existed at BCG because of its status as a mental health agency. The result was that at times both social workers and psychologists were loath to share data with the very colleagues with whom they were supposed to be participating in shared decision making.[234] And yet, there were other teams where such problems did not seem to arise. Given that

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[233] David Schwartz, pages 36-37.

[234] Stephanie Taylor, pages 21-22. One person reported that when s/he first began working as an education evaluator, s/he worked on two SBST's. On one, information was shared by all parties, routinely and nothing was held back by any of its members. Neither the social worker or psychologist on this team had worked for BCG. However, his/her other team included a social worker who had been employed by BCG. S/he was adamant about not providing more than a verbal summation of his/her social history data to the education evaluator at the time of the planning conference. When the case material was sent, as were all cases, from the school to the COH, s/he attempted to prevent the education evaluator from viewing his/her material. This occurred during the first months of the 1986-87 school year, when tensions among team members generally, were at their height due to the introduction of what was know as the "enhanced model" of the SBST. (Fieldnotes, 1986-87)

citywide, there were 32 COH Units at that time[235] its is not surprising that people had different experiences during this period.

In some districts, where there was a heavy influx of BCG people, they may have constituted a majority. In others, they were clearly outnumbered by younger, non-BCG personnel. And among the former BCG personnel, there was often considerable variation in their reaction to the change. One education evaluator recalled that "I found amongst the BCG people, some very receptive, open minded people. And I found some very rigid people who were threatened and very upset about the demise of BCG...They were angry. They felt that they hadn't been appreciated. I think a lot of them felt that they had no input into the birth of the new model."[236] Another person noted that leaving aside the not insignificant change involved in school basing, their job was essentially unchanged by the new model. "We were used to testing. We were used to writing reports. We were used to conferencing with other team members. So the ed evaluator's job remained the same, except that placement was now in the school, and it was much more school based, teacher based, which I loved. I thought that observing a child in class was essential to doing a good evaluation;

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[235] This is the same number of units as exists today, under the name "Committees on Special Education," (CSE).

[236] Alice Gottlieb, page 30.

that chatting to a teacher on a one-to-one, and getting a feel for the child, establishing relations with principals and seeing the administrator's end of it, and dealing with guidance counselors who were counseling children...I thought that it enhanced our job, and I thought that what we were doing became far more effective and far more professional.[237]

By the 1984-85 school year, the new system was in place, and functioning, though no one was giving it high praise. Aside from problems related to the evaluation process, there were widespread concerns about the growth of special education. Costs of operating special education classes are significantly greater than the costs of financing the education of children in regular education programs. Given budgetary factors, it is not surprising that the city government was concerned about the expansion of special education. This concern caused Mayor Koch, in April 1984, to establish a commission charged with studying how special education operated in New York City. The ultimate purpose of this study according to a letter from the study's chairperson to the Mayor, was to recommend appropriate changes which "...will assist the New York City public schools in better educating

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[237] Roberta Logan, pages 22-23.

children with handicaps."[238]

By this point, the SBSTs were becoming routinized. Although they were functioning, they were still plagued with problems, many of them perhaps seeming to be fairly trivial in nature, but cumulatively quite a significant source of stress to the system. Within SBSTs relations among members seem to have settled down, at least to the point where the teams were functional. When they weren't functional, it was not uncommon for chairpeople to change them, making what one chairperson characterized as a more appropriate "marriage."[239] There was considerable variation in how they functioned, and one factor that hasn't been emphasized here, must nevertheless be considered critically important, and that is the personality factor. As noted earlier in this chapter, even the E and P leadership, with its heavy emphasis on the psychologist as the

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[238] Letter to Mayor Koch from Richard I. Beattie, included at the beginning of the published form of the commission's report. Special Education: A Call for Quality, (New York City, April 25, 1985).

[239] (Fieldnotes, 1985-1990) The chairperson of one district routinely used "Marriage" imagery in discussing how s/he put together functional SBST's. One interviewee deplored the current method by which all clinicians choose the schools they work in, a method worked out by the union in consultation with the central Board of Education. She remarked that "I think we're stuck in schools that we may not want to be in...I think we were much better off when, if you were in an unpleasant situation...you could walk into a chairperson and be switched suddenly. Now, if you're working with a team that you can't get along with, and they want the same school, you're stuck with it." Roberta Logan, page 37.

team's diagnostician, recognized that other factors were critically important in how teams ultimately came to their decisions.

A number of interviewees have been quite insistent on the role of personality, or perhaps more appropriately, one might say, professional stature, as always playing a significant role in how decisions were reached, regardless of other influences. Thus one person who was an evaluator during the early 1980's remarked that, "I always felt a co-equal. I never felt personally, not a co-equal...I think that the psychologists who worked with me, respected me for the following reasons: Number one, I was a hard worker and I was sincere in what I did. Number two, I had a background in psychology, a significant background in psychology, and that was evident to them in how I was able to interpret their data, and question them about their data. Number three, I had special education, significant special education background...So they felt I knew the process well..I don't think that there is a prejudice against all ed evaluators simply because they are not, "clinical."[240] This person had no doubt that her contributions were well regarded and played a significant part in decision making. However, there were cases where education evaluators were uninfluential despite having a good relation-

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[240] Alice Gottlieb, pages 19-20.

ship with their team mates.[241]

Another education evaluator noted that the team relations were very much dependent upon personal relations. She referred to the case of a psychologist with whom she personally had a good relationship, but who was involved in frequent conflicts with education evaluator colleagues of hers in other schools. "The same psychologist,in different schools, in different settings, but with different personalities. And my friends would not allow the psychologist to assume such important roles. They fought it. And they wanted to be first at a conference to speak to the parent..." However, this person was uncertain how much influence the education evaluator exercised in making the determination of handicapping conditions on these conflict ridden teams.[242]

One social worker, who felt that the education evaluator she worked with was very competent, nevertheless was insistent that she had little impact on handicapping conditions and that these decisions were basically in the province of the psychologist and the social worker.According to her, "...the ed evaluator's opinion was not as considered...It was what's the reading level? What's the math level?" However, after stating this, the interviewee added that she wasn't sure

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[241] Barbara Michaels, pages 14-15, and 21.

[242] Stephanie Taylor, pages 13-14.

she was really providing an adequate response to the question of input in the decision making area. [243] Another social worker, discussing the impact of social histories during the E and P, early SBST period and up to current times said that he feels little attention is paid to social history data. Although suggesting that there is some variation in the significance it is accorded depending on the team, his overall sense is that "They don't place much weight in the social history...I write detailed social histories. And I go to great lengths to evaluate the kid in my own mind so that when we review the entire situation...my input is there. But nobody takes the trouble to read my social history....Nobody. Not a supervisor. Not the chairman of the CSE, and not the other members of the team." [244]

Another interviewee, while stating that he was very much aware that some psychologists,especially in the early years, felt that diagnostic decisions should only be made by them, adamantly insisted that he never permitted that sort of thing to prevail. "I always believed that we should come to consensus on both the handicapping condition and program

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[243] Barbara Michaels, page 21. Aside from the respondent's own suggestion that her answer wasn't quite complete, we should note that throughout most of the interviews it was very rare for anyone, including social workers to suggest that social worker input had a decisive impact on the ultimate handicapping and placement decision.

[244] Peter Mencken, page 19.

recommendation for kids, that it should be a matter of consensus."[245] This same education evaluator went on to state a little further on in the interview, "...I didn't defer to other people's judgments except in terms of, you know, ultimately trying to reach a consensus. And, was prepared both in terms of training and background, as well as personality, to have an argument with the other disciplines about how things should go. And ultimately work to a consensus that I could live with." [246]

When asked what input the team social worker had on these decisions, this same respondent said that it varied very much depending upon the social worker although even then, his response seems to suggest that when a social worker's input was important, it was because the other team members needed help in reaching agreement. After noting that there were "...some who were very, very, insightful,...very much rooted in school systems, and took a back seat to no one...," he characterized the role of a particularly involved social worker this way. "She mediated very effectively between psychologists and ed evaluators, and sort of cast the deciding vote, or found a way to make a consensus out of conflicting positions." He contrasted this with some other social workers

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[245] Howard Levy, pages 16-17.

[246] Ibid., page 19.

"...who just sort of faded into the background."[247]

As can be seen from the preceding discussion of SBST roles, what we have are conflicting viewpoints about how the teams functioned. Although teams must work within certain basic parameters in order to function at all, the truth is that in practice there is a considerable amount of variation in how any particular team functions. It may be that the amount of variation has actually been cut down in recent years due to the radical restructuring of the SBST which occurred at the start of the 1986 school year, a change which marked a turning point in the development of the process of evaluating student candidates for special education in New York City.

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[247] Ibid., pages 21-22.

Chapter 3

The Early Years: An Analysis of Professional Relations Among Education Evaluators, Social Workers, and Psychologists

The preceding chapter has discussed the development of services for evaluating students suspected of having a handicapping condition. It has covered a period of nearly twenty years. During this time, the number of students attending special education programs in New York City, quintupled. At the start of this period all of the children in special education programs were evaluated within the Bureau of Child Guidance. By the end of this era, that bureau was no longer in existence. In between, there was a great deal of change.

The Bureau of Child Guidance, created in 1931, was a mental health agency and its main purpose was to serve students and school personnel within the regular, non-handicapped school community. Its personnel were also responsible for testing of mentally retarded, emotionally disturbed, and physically handicapped children. Until the 1970's there were a limited number of school programs available for handicapped children, and many of them did not attend school at all. Some, of the more severely disabled individuals were institutionalized in places such as Willowbrook, on Staten Island. Others, stayed at home, and what education they received, came to them

through home instruction. In the mid 1960's classes were established for children believed to be brain injured, and very quickly, by the late 1960's, there were lengthy waiting lists of children waiting to be tested, to discover whether they were eligible for these programs. Some of these children were attending regular school classes, but others remained at home.

In an effort to eliminate waiting lists, while also significantly improving the assessment and placement process, E and P was established. Although others would perhaps look elsewhere, given our interest in the development of the education evaluators, we would pinpoint this development as the initial step leading to the demise of BCG, and establishment of the evaluation system that currently is used by the New York City Board of Education for evaluation of students suspected of having a handicapping condition.

The Evaluation and Placement operation was originally funded through federal Title I grant funds which were ultimately able to sustain it through June 1973. In order to continue, it needed to obtain regular funding from Board of Education tax levy sources. When E and P's federal funding ran out, none of the existing Board of Education bureaus were interested in taking E and P under their aegis. It is unclear precisely what factors brought about the decision to sustain it through normal funding channels, but it is likely that a

key factor was simply the considerable success it had in accomplishing the work its leaders set out to do. However, another factor was pressure applied by an organization known as the New York Association for Brain Injured Children (NYABIC).[1]

Evaluation and Placement was a new organization, and from the start, it was viewed as trespassing in areas that belonged to other bureaus. The original concern within BCG and the various bureaus was probably less with the evaluations being done at E and P, and more with the consequences resulting from these evaluations. What upset the Bureaus from the start was not the evaluation aspect of the new organization, but the second part, the power of placement which was attached to these evaluations. As noted in the preceding chapter, the heads of the various bureaus reacted very negatively to this because it involved a significant loss for them. In the past, bureaus could reject kids sent to them, though they presumably had to have a good rationale for doing so. Now, if E and P said that a kid belonged in one of the bureau's programs, there was no appeal.[2] Why, given the opportunity for E and P

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[1] This claim is found in an official organizational Position Paper, put out by ACEE (The Association of Concerned Educational Evaluators), June 26, 1979, page 3.

[2] Actually kids could be reevaluated, but not immediately. At the very least it was expected that a child would spend several months in a program before a reevaluation request could legitimately be made.

to be absorbed into one of the existing units, none of them took advantage of the apparent opportunity to do this,is unclear[3].

It is possible that there was an expectation that without such a move, E and P would disappear altogether. It may be, that BCG, already subject to criticism from external and internal sources, was simply too weak to take advantage of such a possibility. Or, it is also possible that at least in part, there really was appeal in the fundamental idea of splitting the clinical from the diagnostic operation. Once E and P began its operations, it never looked back. Various studies concluded that it was highly effective. Not only was it efficient, but it also included something new, the education evaluator.

Although there is evidence that the germ of this position could be found in the HC 30 teacher, it was only developed and made part of a multi-disciplinary evaluation in E and P. Already, by 1972, the overall operation was receiving attention and praise from outside of New York City. In

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[3] This failure to take advantage of E and P at its moment of greatest vulnerability is especially puzzling given that according to one authoritative interviewee, a prime factor motivating some of the original choices for leadership of the organization was a desire to prevent BCG from getting one of its own insiders into an influential role in the new organization.(George Lehman, pages 22-28) It should be remembered that Joel Rosenshein, E and P's clinical director was viewed by some people at BCG as somewhat of a maverick and was apparently personally disliked by a number of clinicians there.

particular,a state-wide group, the Fleischman Commission, which was then assessing the condition of education throughout New York State, gave favorable notice to the new organization's evaluation teams.[4] This was soon followed up by the Board of Education's own study, popularly known as the Gifford Commission which recommended that most evaluations be done by E and P. This was in late 1975, and at almost the same time, Congress passed PL 94-145. One of the things that law calls for is a multi-disciplinary assessment for any child who is a candidate for special education services. Also, at this time, a class action suit against the Board of Education, the Riley Reid case, resulted in a court decision expanding the rights of handicapped children to an appropriate education. All of these developments, none of which were influenced by the psychologists, social workers, or educational evaluators, working for the Board of Education, had a profound impact on the development of the evaluation process.[5]

Although E and P gave birth to the education evaluators, it also had a major impact on the fate of social workers and psychologists working for BCG and later the Board of

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[4] Larry Hall, pages 20-25.

[5] It is perhaps appropriate to note here that the researcher has heard claims to the effect that E and P's operation had an impact on the drafting of certain sections of PL94-142. However, it has been impossible to obtain much data about this.

Education. What started under E and P was a role redefinition that profoundly affected the activities of these two professions. What began as a change in the activity of a few social workers and psychologists ultimately set the pattern for much of the work currently carried out by these professions. The major exception to this is in the case of those social workers who have opted out of the Committees on Special Education and become what are called related service providers. Although trained and licensed as social workers, their role is exactly the same as that of a guidance counselor. They are employed by the local school district and are not employed by the central Board of Education, as are CSE personnel.

All of the individuals who staffed the very first E and P units were volunteers.[6] In the event that any of them were dissatisfied with their work situation there, if for example they disliked working on a multi-disciplinary team, they didn't remain at E and P. This suggests that those former BCG people who stayed, accepted their work role as it was defined by E and P's administration. There is no doubt that this role was quite different from what it would have been at BCG. This may have been even more true for psychologists than for social workers, but essentially, it was true for both professions. For psychologists, this meant an end to counsel-

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[6] George Lehman,#1, pages 44-45; Michael Carey, pages 7-8.

ing. Apparently, the amount of counseling done by any particular individual as opposed to testing, may have varied considerably but there is no doubt that for many at BCG counseling was an important aspect of their work.[7]

Although it is difficult to make any definitive statement about the attitude of BCG psychologists towards testing, we did receive information from one high level supervisor, who had links to both BCG and E and P about unsuccessful efforts to interest psychologists there in learning about a major new test that would have enhanced their ability to do educational evaluations. Their resistance was so great, that this test, originally meant primarily for psychologists, was ultimately turned over first to speech/language

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[7] I have received conflicting information about the amount of testing and/or counseling done by psychologists working for BCG. According to one psychologist who actually did do considerable testing there, "The psychologists did not like testing. They saw testing as 'dirty work,' of little importance. They were the therapists. They were going to change the school system." (Harold Feldstein, pages 11-12) Another former BCG psychologist reported that some of his colleagues would have avoided testing altogether, if that had been possible. (Arnold Eckhardt, #1, page 68) Yet another former BCG psychologist has said that he saw no evidence that psychologists there were unwilling to do needed testing. However, he went on to suggest that because there was a heavy backlog "...it may have very well been a reason that was imputed at a supervisory or administrative level for why necessary testing wasn't done." (Joshua Steinberg, page 25) On the attitude towards counseling, this same psychologist suggested that "A preponderance of psychologists tended to say, probably in public, that they preferred doing counseling to testing...I think some of them sincerely preferred it, and some of them felt it was nicer, you know, a more appropriate thing to say in public." (Joshua Steinberg,page 24)

evaluators, and then to education evaluators.[8] This suggests the possibility that one way of looking at what happened to the psychologists is that they had a start, in the area of educational testing, and were given an opportunity to develop their abilities in this area, but deliberately rejected this option.[9]

In fact, at BCG, psychologists had done some educational testing as part of their evaluations, but mostly this testing was confined to one test instrument, the WRAT.[10] Once they arrived at the E and P units, psychologists were not supposed to do any sort of educational testing, although instances occurred where they were quite insistent on continuing with their use of the WRAT.[11] So this was another area of change for the psychologists, of cutting back on what they had

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[8] The test is the ITPA. Samuel Kogan, #1, page 4. Parts of the ITPA, if not the entire instrument were being used by at least some education evaluators during the early E and P years.

[9] According to one high ranking administrator, if psychologists had been willing to develop along these lines, there would have been no need for education evaluators. Ibid., page 19.

[10] Apparently other tests were also done by psychologists,at least occasionally, but the most commonly administered test, probably the only one in most instances was the WRAT. The WRAT was banned in New York City, in the early 1980's because of its inadequacies. Similarly several other tests which were widely used, including the ITPA, PPVT, and PIAT, were also banned. These were mostly used by speech/language and education evaluators.

[11] Renata Slater, page 18; Alice Gottlieb, page 33.

been doing previously. In fact, both in theory and to a very limited extent in practice, in the early SBST days, the psychologists got back a bit of their counseling activities. However, with some rare exceptions, counseling has long since vanished from among the psychologists' current activities.

Social workers at BCG were heavily involved in counseling and did a considerable amount of outreach work, as well. There simply were far fewer initial cases being done at BCG, and when they were done, it was possible to spend much more time doing them. Thus a social history was developed as a result of multiple meetings with a parent[12], not on the basis of a single encounter as was the case at E and P and remains the case today. Incidentally, psychologists too, were said to have more time for testing and therefore were able to produce more detailed and presumably better accounts of the children they were evaluating.[13] The point that I wish to emphasize is that at E and P, the expectation was that kids would be thoroughly evaluated, but the evaluations would be rapid. As we have noted before, it is impossible to say with certainty just how many kids were really seen on average by any given E and P staff member during a week. However, what is

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[12] Lillian Kramer, page 1.

[13] One critic of E and P suggested that its personnel produced work of questionable quality, "...a lot of phoney stuff...elaborate reports that were not based on very careful studies." (Arnold Eckhardt, page 6)

certain, because there is statistical data available, is that E and P units managed to get a much larger number of evaluations completed in a given time than was done by the BCG.

It was the education evaluators who actually spent the most time with the children being evaluated. This is because kids received two evaluations by them, being seen in a group setting, as well as on an individual basis. In any event, the individual evaluations basically were done in the course of a single morning or afternoon session. Some administrators claim that individual clinicians tested eight children weekly. Others have said the number was more like six, and at least one E and P administrator suggested that as few as four cases were actually brought to completion in the course of a week.[14] Since we know that outside auditors considered it more efficient than other ways by which the Board of Education managed to get kids evaluated, that is the main concern, here. But, in the eyes of many BCG staffers, this was a clear example of "haste makes waste."

This argument, which is characteristic of the Berchuk Plan and of the social worker/psychologist chapter's executive board statement in its support for that plan, claims that

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[14] George Lehman, #2, page 10. In fact this particular administrator implied that even this figure was not necessarily achieved on a regular basis. His statement was that "We were pushing through...upwards of four cases per team, per week." (page 10)

clinicians working with kids are able to solve many problems, or at least provide enough assistance so as to alleviate problems sufficiently to negate the necessity of making a special education referral. Their argument was that providing adequate clinical services would greatly cut back on the need for special education referrals. In support of this argument they could cite a large growth in the number of referrals being made for assessment since 1975, when layoffs cut heavily into the preventive services provided to children. However, 1975 was also the year when PL 94-142 passed, and it is reasonable to assume that this had something to do with the increase in referrals especially since the authors of the legislation anticipated that a significant segment of the school population in any given community, would be in need of special education services. One of the things this legislation mandates is the search for students who have handicapping conditions, but are unrecognized,and therefore not receiving services to which they are entitled.[15]

In summarizing the material up to this point, we want to emphasize that the growth of the education evaluator profession clearly owed a great debt to a number of largely fortuitous occurrences which we have been discussing. They include: 1)the psychologists' reluctance to increase their

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[15] "Education For All Handicapped Children Act of 1975" (Public Law 94-142), section 612.

involvement in educational testing; 2) underestimation of the number of children waiting in the pre-PL 94-142 era, to be tested; 3) the Gifford report's recommendation for most testing to be conducted by E and P; 4) the requirement of PL94-142 that testing be conducted by a multi-disciplinary team; 5) the success which E and P actually had in fulfilling its tasks; 6) the enormous increase in the number of children needing to be assessed as a result of litigation; 7) the lack of services (speech/language; counseling) as a consequence of budget cuts; 8) and finally the still further increase in the number of children to be assessed that resulted from the passage of PL94-142.

Although it is true that conditions were favorable and assisted the growth of the education evaluators, it is also the case that as a group, they acted wisely to enhance their own importance. From the start of E and P, until the organization of SBSTs, there was relatively little change in the role of the education evaluator. Certainly, there was some change in terms of sophistication about testing, but whatever changes occurred were essentially in line with what they were doing when they first started. However, as changes occurred within the Division of Special Education, they brought with them the possibility of developments which education evaluators felt might impact badly on them as a group. Fortunately for them, their leadership proved to be politically astute and asser-

tive enough to manoeuver successfully with both the Board of Education's bureaucracy and the United Federation of Teachers, to protect and enhance the position of their fellow education evaluators. Although the union's first response, when approached for support by ACEE was lukewarm, it was probably inevitable that in time the union would develop a more welcoming attitude, even at the cost of antagonizing the Social Workers/Psychologists Chapter.

The United Federation of Teacher's failure to embrace the education evaluators when they first asked for support and assistance is understandable in light of their uncertain future in an unsettled Division of Special Education. Recognizing them in any way that supported or seemed to support their existence meant having to find some formula for pacifying the opposition of the Social Workers/Psychologists Chapter. However,it was probably only a matter of time, before the union's leadership concluded that there was no alternative except to make such an accommodation. As one former BCG psychologist suggested the United Federation of Teachers is mainly concerned with what's best for teachers: "Unions are in the business of getting goodies for their members. There was really no down side from the union's point of view, unless they really gave a damn about the feelings of the psycholo-

gists and social workers."[16] Politically, the union could not afford to have a group of teachers, numerically small its true, but already proven to be quite vocal, publicly complaining that they were being brushed off by the parent union.

It may be that in fact, the education evaluators really did represent a difficult situation for the UFT at this time. Even though a union representative was sent to speak with the ACEE leadership and try to work out a mutually satisfactory accommodation very soon after the group was organized, there is some evidence suggesting that relations between these groups were not smooth initially. In addition to the union's setting up of a surprise, and very unwelcome meeting referred to earlier between the ACEE leadership and Berchuk, there is also evidence indicating that problems existed between the education evaluators and the UFT leadership even after ACEE was abolished. The demise of ACEE occurred in response to the union's actions to be more accommodating to their needs.[17] Basically, the tensions among these union members continued, unresolved for several years. Evidence suggests that much of the difficulty was at the

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[16] Frank Lobel, page 6.

[17] Nearly a month after the education evaluators agreed to disband ACEE (October 22), the UFT had still not provided the education evaluators with permanent sub-committee status within the UFT. (See notes from a meeting with Gloria Weinman, on November 20, 1979.

bureaucratic union level,and not reflected in what went on in the field. One indicator of this is the already cited reminder sent out to its members by the Social Workers/Psychologists Chapter's president, urging them not to sign a petition asking for an increase in the number of education evaluators hired. But interview data also indicates that accommodations were made in field settings. However, even as late as the fall 1985 school semester, by which time the still expanding ranks of the education evaluators had increased considerably, and their continued existence for the foreseeable future was no longer in doubt, the union had to be pressured into agreeing to change the Educational Evaluators Committee into a functional chapter. By then, not only had their numbers increased, but talk of conversion to an education evaluator/resource room position had ceased, and court decisions in the Jose P. case had made them a necessary part of the evaluation process.[18]

By the time that the education evaluators' chapter was formally established, on January 2, 1986, there had been some change in the Social Workers/Psychologists Chapter. One leader, who has been universally described as having expressed

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[18] Information we have been able to obtain through our fieldwork, suggests that at one point considerable pressure had to be applied in order to convince the UFT's leadership that only the establishment of a functional chapter would satisfy the demands of its education evaluator members for adequate representation within the parent union. (Fieldnotes, 1985-1994)

exceptionally unyielding opposition to even the existence of education evaluators was no longer there, and was replaced by someone who, though still unfriendly, was less so. Finally, at an especially critical moment, just when the new, enhanced, SBST model was established, the chapter elected its current leader, an individual with a much more accommodating attitude towards education evaluators. Clearly, our discussion has pointed to a variety of factors moving the two chapters towards a less conflict filled relationship, and it is apparently true that the close working relationship that exists between the current chapter heads has been important.

In considering the rise of the education evaluators we should also note that E and P's initial concern was especially focused on the diagnosis of children who were found to be brain injured. This was a relatively new diagnostic area. Prior to the mid-1960's the Board of Education had no classes for brain injured children. Even though pupils with this diagnosis were supposed to have a demonstrated neurological deficit, the presence of such a deficit was usually inferred, rather than demonstrated with hard neurological data. From the beginning there seem to have been children with a fairly wide range of learning and behavioral characteristics placed in those classes, and it is also true that the severity of symptoms in children so labeled, apparently decreased during the 1970's, the period when the number of such placements was

rapidly growing.

Although, "brain injured" did rapidly became a common diagnosis, at first, it was a new one, and not at all common. In this connection, we should note that Abbott has suggested that vulnerability in a diagnostic system occurs with the least common diagnoses. Brain injury was very much an odd diagnosis at first, which is precisely why HC 30 classes were a new phenomenon at BEPH. Given this, it is reasonable to suggest that "brain injury," as a handicapping condition which was later redefined as the even more elusive "learning disability" handicap provided the perfect entry point for education evaluators to make their claim to a place in the evaluation process. When the main diagnosis was "brain injury" the education evaluators were busy looking for evidence to indicate weaknesses in a student's perceptual motor functioning.

Individualized academic testing was also an important part of the process because it was necessary to demonstrate that a consequence of a students weakness in the perceptual motor areas, was an inability to learn in the normal classroom setting. This is all very much in line with Abbott's suggestion that

> These residually conceptualized areas are a standard site of interprofessional poaching. Since they are not claimed explicitly by a specific picture on the main lists of professional tasks, but rather implicitly by the dimensions of professional juris-

> diction, they are held only weakly. Redefinition under a new system of abstractions can easily remove them.[19]

It was actually in this new area, that the education evaluator's input appears to have been strongest from the start.

In connection with the suggestion that one of the things going on during this period was a redefinition of the psychologist's role, it should be stressed that part of this redefinition involved the issue of productivity. Whereas its difficult to measure productivity when a clinician is involved in counseling activities, this can be readily accomplished when a clinician's main task is to do diagnostic testing and write up the results. It would be hard to overestimate the extent to which E and P's leadership took pride in the statistics produced by their organization. This sort of concern was contrary, to the way BCG clinicians normally went about their business. However, from the perspective of a Board of Education which was reeling from law suits on behalf of children who were believed to be unserved candidates for special education, the operation at E and P was very functional. This ability to demonstrate high productivity at a time when the central Board of Education's concern centered precisely on this issue, rather than on getting the most conceivably accurate picture of a child, must have weighed

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[19] Abbott, Andrew, The System of the Professions. (Chicago: University of Chicago Press, 1988), 44.

heavily in favor of the evaluation procedures as they were being carried out at E and P/COH. Faced with continuous litigation and heavy fines, there was only one way for the Board of Education to go at that time, namely to endorse and extend the general multi-disciplinary approach to evaluation practiced by the Evaluation Units.

Like their psychologist colleagues at E and P, the education evaluators were also able to provide a quantitative demonstration of their productivity. They did this not only through their tests, but also through their IEP's. The educational prescription which the original education evaluators at E and P wrote, was a genuine innovation. Nothing quite like it, had been previously done on a routine basis. E and P was ahead of the game when federal law mandated that every handicapped child be given an Individualized Education Program (IEP). Although psychologists sometimes added a little bit to this plan, writing this mandated statement of plans for an evaluated student's future, was always done by education evaluators. On the one hand, this gave them something to prepare which appeared to be uniquely appropriate for an educator to do, and at the same time, it provided another measurable item for the education evaluators to present as evidence of their worth. Indeed, Abbott has remarked about this issue that

> One characteristic impact of the rise of efficiency

> as a value has thus been the replacement of substantive criteria of output with more easily measured procedural ones, favoring professions that emphasize the latter...In most professions, efficiency, like other new values, has become the central claim of insurgent subgroups...[20]

Not only does the education evaluator benefit from this rise of efficiency as a standard for judging the worth of a profession, but it is clear that by accepting E and P's emphasis on testing and productivity, psychologists working there were also at the very least not showing significant opposition to efficiency as an appropriate standard by which to judge their profession.[21]

In terms of the jurisdictional claims one would expect a profession to make, the situation that developed between the Board of Education and the BCG clinicians was a nearly complete denial of their claims by the bureaucracy. As Abbott writes,

> A jurisdictional claim made before the public is generally a claim for the legitimate control of a particular kind of work...Along with the right to perform the work as it wishes, a profession normally also claims rights to exclude other workers as

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[20] Abbott, 194-195.

[21] Especially in the earliest period, psychologists who were uncomfortable with E and P's way of operating did leave. It must be noted though, that this option may not have been available to everyone, and probably became less available further into the decade. However, initially, it was a very real possibility. According to one informant, "...I knew personally some of the people who went to E and P, who left immediately because they...felt it was unprofessional at that time..." Arnold Eckhardt, #1, page 6.

> deemed necessary, to dominate public definitions of the tasks concerned, and indeed to impose professional definitions of the tasks on competng professions.[22]

The entire situation is a very incisive illustration of the impotence of these particular professional groups to control their overall work environment, and the definition, in practice, of what it was appropriate for them to do. Not only were they unable to exercise this control within the bureaucracy for which they worked. They were also unable to do so even within the heart of their own union.

We noted earlier that the education evaluators presented a problem to the union. It is important to stress that during the period of greatest tension between the education evaluators and their social worker/psychologist colleagues, whereas the latter professions were (officially) unyielding in their opposition to the newer group, this opposition was one sided. During this period, the leaders of the education evaluator committee made a number of unsuccessful efforts to reduce tensions. When they saw that direct negotiations with the social workers/psychologists chapter leadership was not going to succeed, they issued the previously cited open letter to their colleagues. Although careful to insist upon the value of the work they were doing as education evaluators, they always took a very positive and supportive

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[22] Abbott, 60.

attitude towards the work of their colleagues. This can most clearly be seen in the ACEE response to the Berchuk Plan, and in the open letter sent out a year later. In both of these documents there are very clear and apparently sincere comments about the importance of the preventive work being carried out by their colleagues. In addressing psychologists, the education evaluators were careful to state clearly their disinterest in ever giving any restricted psychological tests, or any projective tests. However, even as they assured psychologists about how much they respected their turf, they affirmed that they had a right to take over a certain portion of it.

Up to now we haven't discussed social workers per se. This is because in terms of jurisdictional disputes they really had no conflicts with education evaluators during the E and P days. They did have jurisdictional problems within E and P because like psychologists, their role was much more restricted than it was when they were employed by BCG. But they had no regular sort of conflict with the education evaluators who had no officially defined activities that intruded on their jurisdiction.[23] Social workers actually

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[23] In fact the Social Workers/Psychologists Chapter charged in 1979 that education evaluators were doing social histories. However specific data to substantiate this claim does not ever seem to have been presented. The education evaluators in turn, were very clear about not wanting anything to do with this area.

were involved in a jurisdictional dispute but one that did not involve education evaluators. There were occasional instances, when E and P began, but apparently in other environments too, of guidance counselors doing social histories. This situation is outside of our purview, but we do know that it was not permitted to continue.[24]

Another jurisdictional conflict area existed between social workers and psychologists. There were references in my interviews to occasional tensions between them when social workers accused psychologists of having inappropriate conversations with parents of children being assessed. One social worker complained that psychologists didn't always know the appropriate way of disclosing the results of test information to parents, with the consequence that when they did so, they sometimes managed to upset parents with what they had to say.[25] Nevertheless, this doesn't seem to have been a really serious source of tension.

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[24] Social Workers/Psychologists Chapter newsletter, April 1985.

[25] Samuel Kogan, a psychologist, reported (#1, page 28) that when BCG existed "There were a lot of psychologists who felt that a psychologist should interview parents and know all there is know about the family to help with the diagnosis, and felt they didn't want it filtered through the social worker. And the social workers felt, you talk to the family, you're breaking into their role." A social worker with BCG experience who was asked about this issue reported that while there were at times tensions over this issue, he definitely did not feel it was a serious problem. (Peter Mencken, page 7)

One other area that would seem to have been a likely source for conflict among these three groups, is the staffing conference where decisions about handicapping conditions and placement were made. The idea of a multi-disciplinary committee which included an education evaluator making these decisions, was another E and P innovation. This suggests that these conferences could have been the source of considerable conflict but the impression we have gleaned from our interview data is that this didn't happen. Recall of what actually did occur allows for no definitive statement about precisely how decisions were reached although social worker input is generally presented as having a minimal impact on the final outcome in any particular case. However, one might best describe this latter comment as representing a modal response. There were occasional reports insisting that social workers' input did play a significant role in decision making. Nevertheless,it does not appear that their role, overall, was parallel in significance to that of the other team members.

Given that education evaluators were never a part of the BCG organization, the fact that they were able to play any sort of meaningful role in the ultimate matter of deciding upon handicapping conditions would seem to have been a development which would have inevitably led to jurisdictional disputes within E and P, and its successor organizations. There was never any question that students evaluated at E and

P would receive a multi-disciplinary evaluation. A major purpose of that organization's establishment was to ensure that student evaluations were a team effort. However,from the beginning, there do appear to have been disagreements, even within the organization's top leadership, about precisely what the education evaluator's role should be in decision making. The organization's first unit coordinators included individuals with backgrounds in psychology, speech, social work, and special education. Given the differences in their training and work experience it is not surprising that a unified practice failed to emerge in the staffing conferences that determined the handicapping conditions of evaluated students.

Even though evaluations were multi-disciplinary, there was an effort, as we have previously noted, on the part of at least some supervisory personnel, to ensure that psychologists dominated the staffing conferences so far as making the actual diagnosis of a student's handicapping condition. However, we also have testimony that there was significant deviation from this ideal. What remains unclear, and undemonstrable at this point, if at all, is the extent of this deviation and whether, as seems likely, it increased with time as education evaluators grew more confident about their role in the evaluation process. In practice, the education evaluator's role in making these decisions appears from the start to have varied from one unit to another, and even within units, depending upon the

personality of the players. Given the nature of the "staffings," those conferences where such decisions were made, this was probably inevitable.

In the early years, E and P units were so small, that everyone participated in the weekly staffing conference. An individual needn't have tested a particular youngster to have had a say in the outcome of a case. Although coordinators did not impose their own reading on a case, our data suggests that at this stage, they were frequently aware of what was happening in every evaluation carried out in their unit and they too, participated in staffings. When they felt strongly about a case, they were capable of pressuring personnel to reach a particular consensus.[26] However, as noted, these coordinators themselves came at cases from a variety of perspectives. What seems certain, is that inevitably this situation weakened the psychologists' ability to dominate the decision making process and represented an invasion into an area that had been a part of their professional jurisdiction. Inevitably, the education evaluators had the most to gain from this.

Social workers, despite the significance which their social histories could have, did not directly evaluate the child being studied. They were unable to provide any sort of quantitative input into the equation. Their social history

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[26] Zelda Bernstein, pages 42-44.

data was most valuable when a child appeared to be emotionally disturbed, and less so, when he appeared to suffer from other handicapping conditions. Social workers were not in a position to interpret the results of educational test data and make claims about its significance for a child's performance in the classroom. Education evaluators, basing their claim to be heard, on a combination of classroom experience and knowledge accumulated from individual testing of a child, were in a position to make jurisdictional claims. Even prior to the passage of PL 94-142, with its legal mandate for multi-disciplinary evaluations, it may have been difficult in practice to deny the education evaluator a role in diagnostic decision making. Available evidence strongly suggests that some people in a position to control input into decision making definitely felt that they should have a share, sometimes a decisive share, in this process.[27]

By the time the Division of Special Education decided to establish School Based Support Teams, social workers were actually in a much weakened position, compared to their psychologist colleagues, although this may not have been universally recognized at the time. The creation of E and P/COH units cost psychologists working for them, some of their control over diagnostic decision making. It also meant a

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[27] Paul Adler, pages 9 and 26.

limitation in the sort of testing which they performed. They no longer did any sort of educational testing, and a great deal of testing for perceptual deficits was now also carried out by education evaluators. But no one challenged the psychologist's importance in the area of intelligence testing.

For social workers at this pre-SBST time, who were a part of these E and P units, the change meant that much of their work now involved writing social histories. Although there were instances of non-social workers doing social histories, this practice was roundly condemned by the Board of Education, by education evaluators, and by the United Federation of Teachers. Seemingly, the social workers were in a fairly secure position. However, developments in the next few years demonstrated that due to the demise of the BCG,and the working of PL 94-142, they were, as a group, the real losers in the changing situation within special education.

In commenting about how BCG personnel responded to the growth in numbers of the education evaluators, it is also important to bear in mind, not only the recent (1975) dismissal of large numbers of Board of Education employees, but a recurrent problem for people working for that particular bureaucracy, namely the Board's tendency at various times to send out hints suggesting that one or another segment of its employees are likely to face dismissal or reassignment to less welcome work, soon. Several interviewees noted that this is

virtually a chronic problem to which people adjust, once they've worked long enough for the Board.[28] The consequence of this situation for people at BCG and E and P/COH was that there were periods of serious concern for their job security. During the time covered by this part of our study, such fears were probably felt less by psychologists, but more recently, they too have had some concerns which we will discuss briefly, at a later point in our study.

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[28] Roberta Logan, pages 35-36.

Chapter 4

Education Evaluators: The Later Years, 1986 to Present

In the years prior to 1986, the key documents defining the role of the SBST's and their members were Special Education in Transition,[1] written by Jerry Gross and the various decisions handed down by the federal court in the Jose P case. The structure of the SBSTs and the job descriptions of their education evaluator and social worker members were altered very dramatically as a result of recommendations made in a report published in 1985. This report, officially titled Special Education: A Call For Quality,[2] was presented to Mayor Koch on April 25, 1985. This was a year after he established a commission to study the growing size and costs of special education in New York City. The commission was headed by Richard I. Beattie. This report was meant to be a comprehensive review of all aspects of special education. The issue of SBST assessments of students to establish their possible eligibility for special education services, was only one portion of the material covered by this study. An important

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[1] Jerry Gross. "Special Education in Transition." (New York City: Board of Education, Division of Special Education, September 10, 1979).

[2] Special Education: A Call for Quality, (New York City, April 1985).

aspect of the Beattie Commission's report was that it contained a series of recommendations that were aimed at overhauling the system of special education in New York City.

Our review of the report's findings and recommendations for reform will concentrate almost exclusively on those having to do with the evaluation process, particularly with how SBSTs are constituted and function. However, we should also note that SBSTs do not operate in a vacuum. One comment in the commission's report is particularly significant in this regard since it raises an issue that is rarely addressed.

> The Commission's study has led us to believe that both regular educators and SBST's generally perceive the source of a student's poor performance as the student's own deficits. The question as to whether a child is not succeeding due to inadequacies in classroom instruction is rarely asked, and accordingly, only on rare occasions is an attempt made to modify instruction in the regular classroom to meet the individual needs of a student.[3]

This is a rather remarkable comment to make an appearance in an official government report. In effect, it appears to be saying that there is, at the least, a need to carefully consider whether the way student deficits are being approached is, at least to some extent, a case of "blaming the victim."

Closely linked to this, we would suggest, are the ideas that the concept of 'learning disability' represents a questionable social construct and that more generally, a

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[3] Ibid., VI.

tendency exists to turn public woes into private pathologies.[4] These are among the factors which often seem to lead clinicians to place a somewhat different twist on the problems a student is having in school, as opposed to the way school administration and staff may view the same child.

As we have explained in previous chapters, once clinicians were school based in SBST's, students suspected of having a handicapping condition were referred to these teams of clinicians for an evaluation. Depending upon the outcome of the team's workup, they were found to be handicapped or non-handicapped. If handicapped, they were eligible for placement in a special education program designed to meet their individual needs. Every three years, students labelled as handicapped are entitled to a "triennial" re-evaluation. At that time the

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[4] This and related subjects though they will come up in this chapter, will be explored in greater detail in the chapter following this one. Meanwhile, it may be worth drawing attention to the discussion of a starker, though functionally similar situation in North-eastern Brazil. In that area, where there is chronic hunger and many people fall sick with a variety of symptoms all related to lack of nourishment, many, perhaps most of the sufferers, as well as the non-poor general public, have come to view the various symptoms produced by this hunger as separate from, not the consequence of, a lack of nourishment. The result is that instead of chasing after food, people chase after medications. Instead of bothering to examine a child and possibly discover that a dysfunctional condition has resulted from lack of nourishment, or more starkly stated, starvation, examining physicians typically prescribe medications of various sorts. These medications address symptoms but do nothing to alleviate their underlying cause. Nancy Scheper-Hughes. Death Without Weeping. (Berkeley: University of California Press, 1992).

student is given entirely new psychological and educational evaluations, along with a social history update. Depending upon the student's needs, other testing such as a speech/language evaluation may also be carried out. Reevaluations may occur at a much shorter time interval if requested by an appropriate party. The testing done as part of a (non-triennial) reevaluation will vary, depending upon the currency of existing tests, and the reason for the reevaluation. Triennial and re-evaluation cases are all handled by the SBST.

The Beattie Commission felt that a change was needed to "...make the assessment process more educationally oriented and less clinically based..." To accomplish this goal, it was recommended that "...the focal person on the SBST should be the educator on the team---the educational evaluator."[5] In order to accomplish this, the Commission further recommended a significant change in the structure of SBST's. The Commission recommendation was that an educational evaluator should "...<u>be placed in every school</u>."[6] In addition the report called for a major change in the social worker's role, and for a slighter, but still meaningful change in the way school psychologists were employed.

The proposed changes involved an alteration in SBST

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[5] <u>Special Education: A Call for Quality</u>, 37.

[6] Ibid., (Italics in the original)

roles, including a major increase in the significance of the education evaluator, and accompanied, as though in a zero-sum game, by a heavy loss of input for the social workers. Indeed, except for their role in writing the social interviews for initial cases and participating in EPC's of initial cases, they basically ceased to be a part of the SBST. at least in theory. A less unsettling change was the simultaneous loss of their function as case managers. The work of psychologists was relatively untouched except that most of their counseling was eliminated at this time in practice, if not in theory.

Much to the chagrin of the United Federation of Teachers, the new SBST model was called "the enhanced model," by the Board of Education. Somewhat mockingly, it is known among many clinicians as the "enchanted " model. Prior to the institution of this model, all social histories and all updates were officially carried out by social workers. Once this model was established, virtually all of the updates, at least in theory, were now to be conducted by education evaluators. Case manager chores, previously the domain of social workers, were also turned over to the education evaluators. This change meant that the education evaluators, a group which barely existed only ten years earlier, were now, by bureaucratic fiat, to become the dominant force in the assessment team. At least this is how the situation appeared to many of their clinical colleagues.

Responses to the Beattie Commission's recommendations from the major players, i.e., the affected clinicians, and the New York City Board of Education were, at least to a certain extent, along predictable lines. The official Board of Education response to the Commission's report was issued on June 25, 1985. In response to the Commission's recommendation for a change in the conduct of triennials and reevaluations, the Board of Education stated its agreement. Providing the goal of placing education evaluators on SBSTs "...in sufficient numbers...." could be achieved, it supported various changes recommended by the Commission in their role, and that of the social workers.[7] By contrast, the Social Workers/-Psychologists' Chapter of the UFT reacted negatively and with considerable alarm to these proposals.

In the first weeks following the report's release, it was unclear just which of the commission's recommendations were going to be accepted and to what extent they would be implemented. The Social Worker/Psychologists Chapter's executive board, little more than a month after the Commission issued its report, passed several resolutions aimed at expressing their membership's disagreement with recommendations reducing the role of the social worker on the SBSTs. The

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[7] "Responses to the Final Report of the Commission on Special Education." (New York City: Board of Education, June 25,1985). 2-3.

following resolutions were passed by the executive board and sent out for approval to the membership:

> That the services of School Social Workers and Psychologists continue to be essential on SBST as well as in the mainstream;...That we restore the original SBST functions of providing preventive/-intervention services to regular education children as well as performing assessment functions and mandated counseling...[8]

In a newspaper article written about this time, a letter from the Chapter's head, Lester Lehon, to the membership is quoted. In it, he writes that

> The proposal that social workers be eliminated from the SBST can be accomplished because they, unlike psychologists for example, are not legally mandated to sit on committees on the handicapped...The legislation [which the UFT is backing] would guarantee the work of social workers....There is also legislation which would ensure that any person employed by a school district to provide school social work services be certified as a school social worker... [9]

Lehon also urged members to explain the social workers' important role in letters to members of New York City's Board of Education, which was expected to respond to the Koch Commission.[10] Efforts by members of the social worker/-psychologist chapter to fight against this change to the

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[8] Newsletter, misdated but either 5/29/85 or 6/10/85

[9] Ibid.

[10] This undated letter was sent to me xeroxed to the back of the executive Board record just cited. It makes reference to these resolutions, which suggests that it was written shortly after their passage.

"Enhanced SBST Model" proved to be unsuccessful, and when clinicians returned from their summer vacations in September, 1986, they were met with news that the new model was to be operative by October 1st.[11] During the brief period before the new model was implemented, SBSTs were given training on the new model.

Reactions of team members to the new model varied widely. For many education evaluators, the model represented an awesome burden. Among social workers, private and public responses were often very different. There appears to be little reason to doubt that most social workers were, at least during the model's first year, very upset and worried about how the changes would impact upon them personally. In the discussion which follows, if we seem to slight the reaction of psychologists, this is because the enhanced model had relatively slight impact upon their daily activities. However, this does not mean that it didn't affect them. Nor does it mean that they were indifferent to the concerns of their social worker colleagues.

The social workers' loss was not necessarily viewed by

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[11] Although the UFT's official position has always been strongly opposed to this model, not everyone feels that the union has been sincere in its stance. One former member of the social worker/psychologist chapter's executive board suggested that the UFT really wasn't especially concerned about protecting the rights of persons belonging to this chapter because it is essentially a teacher's union. (Frank Lobel, pages 6-7)

education evaluators as representing a gain for themselves. Although attitudes appear to have changed somewhat over time, especially at first, it was difficult to find any one affected by changes brought about by imposition of the enhanced model, who felt anything very positive about these changes. Having noted that however, it is also necessary to note that there does not seem to have been much consistency in how people behaved in this situation. The social workers' loss was the education evaluators' gain, at least in terms of assigned tasks. The work still needed to get done, but the identity of the players was changed.

Case management is essentially a paper pushing operation. Prior to the enhanced model, during the 1980's it was a task that fell mostly to the SBSTs' social workers. Precisely how this happened, and whether it occurred mostly by chance, or design is not altogether clear, and there is insufficient documentation available to determine exactly what produced this situation. Indeed, one person interviewed, a psychologist, suggested that throughout the period prior to 1986, the case manager role was in a constant state of change.[12] Interviews with both social workers and education evaluators clearly indicate that in 1986, at the time that the enhanced model designated the latter as case managers,it was

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[12] Henry Rodenko, pages 6-7.

from the former that they took over this work.[13] Some social workers, were not especially eager to be relieved of their duties as case managers. For example, the researcher knows of a case during this first, transition year, where the social worker specified that s/he preferred to continue performing case management tasks. However, well before the school year ended, the education evaluator found him/herself doing virtually all of it. Certainly, many social workers did not find this work to be especially rewarding and were therefore not at all unhappy about passing on their knowledge in this field to education evaluators.[14]

Social workers were apparently willing to cease their work as case managers because they did not feel much identified with it on a professional level. One social worker said that she didn't have any special training in case management,but specified that she actually enjoyed doing it.[15] Others, including individuals who were reluctant, even altogether unwilling to provide education evaluators with

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[13] The table reproduced below specifically cites case management as one of the social worker's responsibilities in the pre-enhanced model.

[14] Tom Walsh, pages 16-17.

[15] Ann Cohen, pages 16-17. Actually, this social worker presented a mixed message. Although at one point she said she preferred doing case management to doing ERSS work, she also stated that she was glad to give it up. And yet, she also stated that with the paraprofessional assistance now available, she would be comfortable doing case management.

assistance in doing social history updates, agreed to teach them about case management.[16] Aside from the fact that some social workers, even in social work school received no training in carrying out case management tasks, it is also the case that not all social workers viewed case management as carried out at the Board of Education as truly constituting case management. Given that it didn't genuinely fit into their concept of case management, they had no reason to fight against its loss except in so far as they took the stance that giving up anything at all is a threat to the security of social workers.[17]

In considering how social workers reacted to the Beattie Commission's recommendations, it is important that we remember that social workers, unlike psychologists, are not built into PL94-142, the Education for All Children Act. Although the law requires that social history data be part of any initial case referred for possible special education, there is nothing in the law specifying that he social history must be obtained through the intervention of a social worker.[18] To make matters worse, according to claims made in

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[16] Henrietta Klein, page 45; Deborah Elgart, pages 21-22.

[17] Peter Mencken, page 95.

[18] "Part 300, Code of Federal Regulations," United States Department of Education. These regulations provide specific rules for putting provisions of PL94-142 into practice. Of relevance here are sections 300.530 -300.543.

union newsletters, there were documented instances of social histories being done by people who were not social workers. Indeed, in at least one case, there is what seems to be a reliable reference to social histories being conducted by a 'family assistant.' [19] In this particular instance, what upset the UFT even more than the action itself was that it was apparently sanctioned by one of their own: "The horrifying part of this situation was that a U.F.T. Social Worker facilitated that occurrence and in fact signed the social histories, when other U.F.T. Social Workers refused to participate."[20] Immediately following this comment, the article went on to note that "There was also a situation where Guidance Counselors were taking social histories. This too was immediately stopped!"[21]

It was noted in an earlier chapter that at one point there was a considerable amount of conflict between social workers and guidance counselors, a relatively new group. This conflict, which involved jurisdictional disputes over counseling and, probably to a lesser extent over the conduct of social histories, seems to have petered out, only to recur

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[19] Family assistants are people who work for the Board of Education as paraprofessionals. They are not required to have more than a high school diploma, in order to hold this position.

[20] Social Worker/Psychologist Chapter newsletter, 4/85.

[21] Ibid.

once more a decade later. Beyond this, it is important to recall that in the mid 1970's, as a result of the city's fiscal woes, a substantial number of guidance counselor positions were eliminated by the Board of Education. Given all of this, many social workers were skeptical about the Board's intentions towards them.

Another factor impacting heavily on the morale of SBST members during the 1985-86 school year, was the question of productivity. Along with concerns about the future form of SBSTs, this was the area which was most upsetting to clinicians that year. In one form or another, the productivity of clinicians performing assessments has been a matter of major interest to their supervisors, at least since the first days of the Evaluation and Placement Units. In fact it was the perceived, rapid, one might almost say hyper-productivity of E and P units that established this operation as a success in the eyes of higher level administrators at the Board.

In September, 1985, Edward Sermier, then the Executive Director of the Division of Special Education, issued a memorandum setting specific productivity goals which SBSTs and their members were expected to fulfill during the up coming school year. This memorandum stated that "Each COH Chairperson....may develop his/her forms to monitor evaluation productivity. The forms must indicate each team/team member's evaluation productivity for each month...." What follows is an

outline of procedures for identifying and dealing with "problematic" teams. The memorandum goes on to state that if problems are not corrected by June 1986, then "The team/team member is given a "U" (unsatisfactory) rating and not permitted summer per session employment. A letter for the file is written stating continuing concern and possibility of termination if improvement is not shown in the next school year."[22] The memorandum was accompanied by several attachments which indicated the Board's acceptance of the Beattie Commission's perspective on the need to make substantial changes in the structure of SBSTs in order to turn them into operationally more efficient units as the Board defined efficiency, i.e., productivity.[23]

Understandably, this memorandum was not well received by those to whom it was directed. In the months prior to Sermier's memorandum, the UFT was involved in negotiations with the Division of Special Education (DSE), over precisely this issue. Perhaps wanting to broaden the discussion so as to include matters somewhat broader than simple productivity, the UFT referred to these negotiations as dealing with issues of

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[22] "School Based Support Team (SBST) Accountability System," memorandum sent out 9/18/85, by Edward Sermier, Executive Director, Division of Special Education, New York City Board of Education.

[23] This represents the gist of what is found in several brief documents attached to the Sermier memorandum.

"professional practice."[24] In the Social Workers/-Psychologists Chapter's newsletter, the then current chairperson Lester Lehon, wrote that

> It continues to be the Chapter's position that quality and quantity are not synonymous and may have a negative correlation with one another. It is true, however, that it does take a certain amount of time to perform a task....It continues to be the Chapter's position that some evaluations can take only a few hours, while others may take a couple of days with the majority falling at the upper end of that curve. It appears that the Chapter's position has support throughout the professional community, from line workers to agency administrators."[25]

The productivity issue continued to be a source of considerable tension between clinicians and the Division of Special Education during the 1985-1986, school year. At a December 1985 meeting of the Social Workers/Psychologists Chapter's executive board, it was reported that in one area of

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[24] Social Worker/Psychologist Chapter newsletter, 4/85.

[25] Social Worker/Psychologist Chapter newsletter of 4/85. It is indicative of the persistence of this productivity issued that at one point during recent (1993) contract negotiations between the UFT and the Board of Education, the Board's negotiators once again raised the productivity issue but the UFT refused even to discuss the matter.(This information came at a public meeting addressed by a member of the U.F.T.'s Executive Board, in September 1993).

Written documentation for the UFT's opposition to productivity quotas was only available from material issued by the social worker/psychologist chapter. However this researcher has heard various UFT leaders criticize this position at a number of public meetings. Union personnel have also rejected any sort of quotas in the course of private conversations with the researcher.

the city, "...workers are getting positive or negative letters from administration based on productivity..." and in that chapter's January 1986 newsletter, its chairperson reported that

> As we expected, the results of our meeting with the Chancellor has proven to be unsuccessful. He is sustaining Mr. Sermier's productivity memo, but now they are changing the EPC requirement to individual productivity: the number of social histories or psychologicals performed by each clinician each week. Further, per session employment will be distributed based upon individual productivity and (here's the hitch) managerial prerogative...in certain regions, 'managerial prerogative' includes nepotism and patronage. Therefore, no matter how much you produce, you may not be 'rewarded' with additional paid employment....In other words, this is the case of the stick and the carrot. While the carrot is being held over you, you may never get to it. But, you can be certain, the stick is there with which to beat you!"[26]

Further on in this newsletter, he goes on to say that the UFT had filed an unfair labor practices brief with the appropriate New York State authorities.[27]

In actual practice, despite the upset, negotiations and verbal barrages that this memorandum triggered it does not appear to have had significant impact on the actual daily practice of SBSTs in terms of readily enforceable quotas. However, although the memorandum in its original form was in effect for only a short time, its impact cannot really be

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[26] Social Worker/Psychologist Chapter newsletter, January 1986.

[27] Ibid.

viewed as insignificant. One unintended side effect of the Board's effort to establish productivity standards may have been that it helped to bridge the gap between SBST members. In commenting on the likelihood that the Board of Education was going to soon announce "...a work standard for social workers, psychologists and education evaluators...", Lehon wrote that

> No one in the UFT has agreed with this decision and we will continue to insist on being treated as professionals in all aspects of our work. I continue to be distressed by some members of the chapter who insist on engaging in actions which result in divisiveness between the disciplines. This behavior is an outrage to us professionally and personally and should not be condoned.[28]

What makes this statement interesting is that it is the only early official, i.e., written, statement we have encountered from the social worker/psychologist leadership which is not critical of education evaluators, This statement indicates a recognition that in terms of their relations with the Board of Education's bureaucracy, the fate of all SBST members might by closely linked, and secondly, it is a stern warning about the need to end internecine strife among the disciplines.

Productivity guidelines do not currently exist. And yet, one need only speak with clinicians to realize that even though few of them would necessarily be prepared to state that there are specific numerical goals which they must meet,

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[28] Social Worker/Psychologist Chapter newsletter, 6/19/85.

nevertheless there appears to be confusion over this issue. For example, recently (1993-1994 school year) a clinician approached a local union representative, and asked whether her supervisor's insistence that a certain number of evaluations be performed weekly, was legitimate. In fact, it is not, and this particular union representative has publicly addressed this issue on several occasions. The fact that clinicians are uncertain about whether they can be required to perform a certain specific number of evaluations within a particular time frame, serves the interest of supervisory personnel, and may well be a legacy of the Sermier memorandum. Arguably, relations between the Division of Special Education and its clinicians reached their nadir during this period.

It is important to recall that many SBST psychologists were formerly with the Bureau of Child Guidance, and still smarting from its collapse. They tended to feel that the Board of Education provided a less friendly working environment than the one they had lost at BCG. One comment sometimes made was that at the Board of Education, their supervisors treated them differently, less professionally. This thinking is summarized in a union newsletter in the following statement:

> Many members of the Chapter have rationalized the apparent loss of professionalism on the part of the Board's administration as being attributable to their being managers, whereas when we were part of the Bureau of Child Guidance (BCG), we were allowed to function professionally. I take the position that if the Board of Education wanted to be profes-

> sional, they certainly have the ability and personnel to do it.It is apparent that this lack of professionalism and lack of concern on the Board's part is not because they are managers but because these people in power don't give a damn! The children in their charge are secondary to themselves."[29]

It will be perhaps easier to keep track of the changes which the enhanced model involved if we look at the table which appears on the next page.[30]

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[29] Social Worker/Psychologist Chapter newsletter, January 1986.

[30] This table is taken from a document titled "Trainer's Notes, Enhanced Model, Training for School Based Teams," prepared by the Office of Curriculum and Professional Development- Clinical Training Unit, New York City Board of Education. This was distributed to SBST clinicians in September, 1986.

Table One

SBST ROLES AND RESPONSIBILITIES

PREVIOUS MODEL	CURRENT MODEL
EDUCATIONAL EVALUATOR	EDUCATIONAL EVALUATOR
Educational Evaluation	Educational Evaluation
	Social Update
	Case Management
	Securing Bilingual Assessment
SCHOOL SOCIAL WORKER	SCHOOL SOCIAL WORKER
Social History	Initial Social History
Counseling of Selected Cases	Social Update (As recommended)
Case Management	Prevention Services
Securing Bilingual Assessment	
SCHOOL PSYCHOLOGIST	SCHOOL PSYCHOLOGIST
Psychological Evaluation	Psychological Evaluation
Counseling of Selected Cases	Counseling of Selected Cases

The New SBST Model

As can be seen by a glance at this table, the psychologist's role, at least on paper, was not changed with the enhanced model. The social workers' role changed significantly as did that of the education evaluators. The latter added two major components to their work load, while the social workers lost them, though they added "Preventive Services," otherwise known as "educationally related support services" (ERSS), to their responsibilities. However, ERSS services, provided by social workers are considered a part of general education. This service was established with the aim of reducing referrals to special education. Specifically, it was

> ...anticipated that the increased emphasis on prevention activities will ultimately result in an increase in the number of students who will remain in general education. In addition, initial referrals are expected to decrease....ERSS will be provided by the school social worker, and will be limited to short term activities."[31]

Actual implementation of the enhanced model, began in October 1986. In examining the changes this involved we will begin by discussing one aspect of the overall assessment of a child, the social history, and more specifically, the social

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[31] "Roles and Responsibilities of the SBST in the Enhanced Model," September 22, 1986. This is a Board of Education document distributed along with the Trainer's Notes for the enhanced model. It is marked "DRAFT," but we have no indication that it was ever superseded by a final document.

history update because this is the area in which the new model produced its most immediate impact. Also, this is the area which is the target of the heaviest UFT pressures for a return to the earlier way in which this work was done, i.e., exclusively be social workers. The Beattie Commission's report did not recommended taking the social history updates away from social workers and giving them to education evaluators. Contrary to widespread belief, what the commission recommended was that social history material generally, "...can be obtained, as it is elsewhere, by guidance counselors who usually see children prior to referral."[32] Elsewhere in the same paragraph the report states "...that there is no need for a social worker to be a permanent member of every SBST..."[33]

It may be that in making this recommendation the Commission was deliberately downgrading the importance of social history data and non-school material in accounting for a student's difficulties in school. At one point, the report suggests making "...the assessment process more educationally oriented and less clinically based..." Along with this is a comment that if this change is made, "...the focal point on the SBST should be the educator on the team---the educational

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[32] Special Education: A Call for Quality, 38.

[33] Ibid., page 37.

evaluator."[34] We do not know whether the Commission was cognizant of how these comments and recommendations would appear to the affected SBST members, but for social workers, they clearly represented a threat to their very existence as a significant group of Board of Education employees.[35] In addition, a footnote in the report specifically states that "If our recommendation is accepted, the educational evaluator should be assigned many of the tasks now assigned to the social worker by the SBST Manual."[36] As we have already noted, in the recent past, members of the Social Workers/-Psychologists Chapter had expressed outrage over reports that occasionally, social histories were being taken by guidance counselors. At that time, their complaints about this practice were listened to by supervisory personnel, who brought the practice of social history taking by non-social workers to a halt. Now, suddenly, social workers were faced with a commission report stating not only that this practice should be resumed, but that it should be done as the standard way of

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[34] Ibid.

[35] As noted in a previous chapter, there had been serious tensions in the past between social workers and guidance counselors so it is likely that the Beattie Commission's recommendation to have guidance counselors obtain social histories must certainly have given new life to old rivalries.

[36] Ibid., 38.

obtaining this type of data.[37]

The final decision to add this work to the education evaluators' plate must have seemed even more threatening to social workers. Whereas they could view guidance counselors as having at least a pretense of possessing the requisite 'clinical' perspective and training which social workers considered necessary for conducting a proper social history, education evaluators were viewed, with considerable justification, as having not even that little bit of preparation. It is unclear precisely what circumstances resulted in the Division of Special Education's decision to finally assign this task to education evaluators. But when the new SBST format was announced, it called for social history updates to be conducted by education evaluators. In addition, they were to be responsible for case management. Although, response to loss of the social history updates was clear. social worker reaction to loss of the case management piece, as already noted, was ambivalent.

This researcher, having worked on three different teams during the enhanced model's first year, had experience with responses which seem to have covered the main reactions to this change. On one team, the researcher, who was in his first position as a full time education evaluator, was

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[37] Arnold Eckhardt (# 1,pages 14-15) comments briefly on the rivalry between social workers and guidance counselors.

provided with virtually no help from his psychologist/social worker teammates. On that particular team, he found the social worker hostile, almost to the point of sabotaging his endeavors. The psychologist was friendlier, and occasionally engaged in small talk with him. However, when it came to anything having to do with case management, a task that can be daunting to a newcomer, he offered no assistance whatsoever. The behavior of these two colleagues was balanced for the researcher, by colleagues on the second team to which he was assigned at that time. These teammates behaved in an altogether different manner providing constant help and encouragement. Realizing how difficult the work was for a newly appointed person not familiar with the various forms which were constantly placed before him, they willingly shared in the work and provided lessons in how it should be done. The social worker and the psychologist were equally sharing. In fact, the psychologist remarked that in the pre-enhanced model days, he had always viewed case management as a shared responsibility, and he saw no problem in continuing to view it that way, whatever the official regulations may have said.

Approximately two months after the school year began, circumstances unrelated to the new model required the restructuring of several SBST's in the district. This researcher left the team he was on, and joined another. His colleagues on this new team were both very friendly. They had been without a

regular education evaluator and welcomed their new colleague. Although gradually, the education evaluator took over increasing responsibilities for case management, initially the social worker not only did the bulk of it, but explained that this was his/her preference. This social worker enjoyed doing case management and although eventually willing to give it up, was comfortable doing the work until the education evaluator was able to do it adequately. The latter response, with the social worker continuing to do the bulk of case management appears to have been a transitional response.

Given the way the enhanced model has restructured SBST's it was inevitable that the social worker's role in case management could not remain predominant. It was only possible during the relatively short time when everyone, administrators as well as SBST members was in the process of becoming accustomed to the revised game plan. Once the new system was fully in place, the social worker's role on the SBST was so diminished that it became difficult[38] for him/her to have more than a tangential role in case management. However, the two other case management patterns, one involving shared responsibilities, the other where case management is exclu-

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[38] Initially, we wrote the word "impossible" here but experience has taught that local variants are so rampant that the word "impossible" should be used with extreme caution, when talking about anything involving the New York City Board of Education.

sively done by the education evaluator, remain. An important caveat is that even though official memoranda[39] have been sent out from the Division of Special Education explicitly stating that other team members should assist in the fulfillment of case management responsibilities, ultimately the task is still one which is counted as something for which the education evaluator is held responsible. It is not something for which either the social worker or psychologist is held accountable by supervisory personnel.[40]

Case management responsibilities on a SBST basically involve an enormous amount of paperwork. The case manager's task involves knowing precisely where things are in terms of a particular child's assessment. It can perhaps be best understood if we explain in some detail the actual paperwork involved in assessing a child from the time s/he is referred, until placement in a special education program occurs. A child first comes to SBST attention after s/he is referred to the

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[39] Memorandum on "Case Management Responsibilities." Division of Special Education, New York City Board of Education. May 9, 1990. This memorandum states that "The case manager is not solely responsible for the timely completion of cases...The timely completion of any case requires a coordinated effort by all the professional members of the team with the support of supervisors and clerical assistants. Individual professionals on the team are responsible for their own work and are expected to cooperate to bring cases to completion."

[40] The preceding remark and what follows is based mostly on personal observations carried out over a six year period, supplemented with material from interviews. (Fieldnotes, 1986-1992)

district Committee on Special Education (CSE).[41] Although referral may come from an outside agency, or from a parent, most frequently, it is the child's school which makes the referral. Once a referral is made, the child's name appears on a computer generated form, known as a "201." There are sections of this form which indicate what specific parts of the evaluation have been completed, and what remains to be done. A compliance date, indicating the time by which the evaluation must be completed, is part of the 201 for every case. Initials, reevaluations, and triennial cases all appear on the 201.

As noted earlier, all initials and triennial evaluations require completion of at least, a social history, a psychological evaluation, and an educational evaluation. In reevaluations, needs will vary, according to the nature of the case. They may require the same, or a different set of assessments. Generally, teacher reports and at least one classroom observation are also required for all cases. If a child receives or may require other services including speech/language therapy, counseling, physical or occupational therapy, still other reports and evaluations will be needed before a case can be brought to completion through the holding

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[41] What follows isn't quite what happens in practice, but is rather an ideal type version of what is supposed to occur. In reality events do not occur in such a well ordered pattern.

of an educational planning conference and, if warranted, a meeting of a review team at the local district Committee on Special Education. Occasionally, because an educational plan satisfactory to both a child's parents and school administrators has not been achieved at the CSE review level, a case may be brought to an "impartial hearing," which is held at Board of Education headquarters, 110 Livingston Street, in Brooklyn.[42]

In the preceding outline of what needs to be done on any given case, we have omitted reference to a very significant concern of every CSE chairperson, "compliance." One critical aspect of the Jose P litigation, since its earliest days,has been the need for timeliness in assessment and placement of handicapped children. Specifically, all cases are under a 30/60 day time line for evaluation and placement. Evaluations are expected to be carried out within 30 school days of referral, and placement must occur within the next 30 days. The federal courts have interpreted these time lines strictly and there is enormous pressure on the Board of Education to see that they are met.

Pressure for meeting these guidelines comes from the Division of Special Education to the local CSE chairpersons, and from the chairpersons to the SBST's. The pressure is

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[42] A case can be pursued even beyond this point, eventually entering the court system,but this is extremely rare.

unyielding and never ceases. How it is handled by any particular chairperson is to some extent a local decision. Over the years chairpersons have used both the carrot and the stick approach. In some cases, they have directly threatened teams, and often more particularly the education evaluators as case managers with disciplinary action if cases were not completed in a "timely" fashion. In other instances, they have treated the need for compliance as an intra-SBST contest for which little prizes would be rewarded. In one case, a chairperson rewarded high productivity with roses.[43] Inevitably, pressures from the chairperson for rapid completion of cases produces considerable tensions for teams and individuals. Formal grievances requiring union intervention, and near grievances, are not uncommon.

In order to bring a case to completion, a considerable amount of paperwork must be generated. Since 1988 every education evaluator has been assigned clerical assistance in the form of a family worker. This assistance was ordered by the federal courts as a part of the Jose P legislation.[44] When a case is opened, a letter is sent to the child's parent from the CSE, with a date for a social history. If the parent fails to show up for the first scheduled appointment, at least

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[43] Sara Britten, pages 15-16.

[44] Jose P. et al. v. New York City Board of Education, 79 C.270, Stipulation. July 28, 1988.

one more will be scheduled. But this time, it is up to the social worker to set up the appointment. This is the first place where difficulties may begin for a team. If the social worker in not efficient, or for whatever reason, fails to set up a new date immediately, precious time is lost. The result is that the social worker's colleagues have less time in which to get their testing done because they cannot begin to test a child until a parent or legal guardian has agreed to the evaluation. There are little tricks used by many social workers to get around time lines. For example, if consent for evaluation is obtained at a late date, the social worker may ask the parent to request that the case be closed, and then request that it be reopened. This way, the clock starts anew. Supervisors, concerned about staying in compliance, are prone to approve such tactics.

When an initial case results from a teacher's request, a five page referral form has to be filled out by the child's teacher. At the elementary school level, since most of a pupil's time is spent with a single teacher, that will suffice. However, at the junior high school level where a child spends time with a number of different teachers, each of them may be expected to fill out a shorter report. The longer, five page referral is often filled out by a guidance counselor. At all school levels, teachers may manage to avoid filling out this lengthy referral by convincing a student's parent to

write a brief letter to the C.S.E., requesting that his/her child be evaluated. Teacher reports are also required for triennials and reevaluations. Most cases require that the child be observed in a classroom environment, at least once. When referral is for behavioral reasons, and it is believed that a child may be placed in a class for emotionally disturbed youngsters, two observations are supposed to be made. One of them is supposed to be in connection with non-classroom behavior such as occurs in a gym or lunchroom.

When clinicians complete their assessments, they are expected to fill out a "CAP" form.[45] This is one of several different types of CAP forms that need to be filled out in connection with any evaluation. There is one type of CAP form to indicate results of an EPC/CSE review, and there is another type indicating that a case has been closed, though not completed. Case records also contain a "contact sheet" on which various SBST workers, including the family assistant may need to write brief notes summarizing certain aspects of the work they have done on a case. These notes may be no more than statement that a letter was sent out, or testing completed. Or, they may be a fairly lengthy (i.e., one hundred or more words) statement about why a particular decision was reached

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[45] "CAP" is an acronym for "Child Assistance Program." This is a computer program used to keep track of students who are in any way involved with the New York City Board of Education's Division of Special Education.

at the EPC concerning a child's handicapping condition and placement. Longer statements frequently referred to as "justifications," are especially common when it is believed that a decision may be considered controversial. The statement is meant to explain the team's reasoning in reaching a particular decision.

Miscellaneous other forms and letters such as a records release form so records can be obtained from an outside agency, or a medicalization form so that a child may be administered medication by school personnel may have to be filled out. Every initial case includes a cultural/linguistic form. This form which is signed by SBST/CSE members, and others present at the meeting is supposed to include or rule out, as the case may be, the impact of cultural/linguistic factors as they affect a pupil's handicapping condition. In practice, few clinicians seem to take this form seriously. Normally, the signatories simply aver that cultural/linguistic factors have not played a significant role in causing a pupil's handicapping condition. Certainly, it is extremely rare for a team to suggest that such factors have been significant.[46] A form requesting a physical examination for

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[46] Although some clinicians would like to say that "environmental" factors, by which they mean the local neighborhood, have had a significant impact on creating a child's disability, there is no entry for this on the form, and so it is not used.

the child is always part of the case. There may be special needs particular to a given child. These too, generate paperwork.

After a case has been completed at the school it has to be "packaged" following specific rules, and then sent off to the local CSE. Before the assignment of clerical help, most of this paperwork was done by education evaluators, with whatever assistance they might be able to obtain on a largely voluntary and unofficial basis from their teammates. Much of this work is now done by family assistants, at least in theory. Provision of clerical assistance for education evaluators has occurred because of the on-going Jose P. litigation. In practice, this has proven to be a mixed blessing.

Whether or not any particular evaluator is satisfied with the assistance provided seems to be very much a haphazard matter. Some evaluators have been very pleased with the assistance provided. Others wish they had never heard of "family assistants." Recently,when the need for more training for these workers was brought up by one of several education evaluators who had gathered to discuss issues of mutual interest, one of them angrily stated that the problem with family assistants went way beyond training. This individual was emphatic in stating that more intense training was not going to solve anything. S/he felt that overall, the quality

of workers hired for this position, and also their attitude towards the job was so unsatisfactory that s/he would rather do without their help. Indeed s/he had tried to dispense with the services of a family worker only to be informed by supervisory personnel that s/he really had no choice in the matter.[47] In fact, it is likely that every education evaluator can point to a few family workers who are very valued because they are efficient, well organized, self-starters, people who know what needs to be done, and are willing to do it. However, such workers have proven to be fairly difficult to find.

Frequently family workers are unreliable, in one way or another. The complaints voiced about them are widespread, but vary in nature. In one case, an evaluator who had recently joined a SBST where he was the newcomer, and the social worker, psychologist and family worker had all been together for several years complained that his family worker spent her time socializing with his colleagues and that he needed to approach her very carefully in order to get work out of her.[48] In another case the family worker simply could not be trusted to do what was requested. Letters were sent to incorrect addresses or the wrong dates appeared on appointment

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[47] Anita Crowley, (Fieldnotes, 1990-1994).

[48] Edward Martinez, pages 13-14.

letters. In another instance, he never returned from lunch and the next day explained that a friend had asked him to help out with some personal business. When one education evaluator was asked if she felt that her family assistant was very helpful, she replied, "No....They could come and go as they pleased. You never knew when they were coming in. You never knew when they were going...it was very unprofessional...Its like there is no such thing as an 8 to 3 workday for them, or whatever...Its like 10-11 for mine...Many of them have an attitude that they are not going to be gofers...I think there is a lot of training that needs to be done with the paraprofessionals so that they have more of a sense of themselves on the job..." This person went on to suggest that supervisors need to exercise more control over family workers and that these workers are in need of considerable training oriented not only to technical aspects of their work, but also towards improving "...self esteem and attitudes."[49]

The feeling that many family workers are ill-trained and not especially happy with the type of work they actually have to perform, appears to be fairly common among those evaluators who are dissatisfied with their workers. Education evaluators are actually in a somewhat difficult position vis-a-vis their family workers. On the one hand, these workers

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[49] Sara Britten, pages 17-18

were hired in order to assist them, but on the other hand evaluators lack any sort of real authority over them. Education evaluators are clearly not supervisors. Although they can certainly communicate with their own supervisors if they are dissatisfied with the performance of a family worker, there isn't much else they can do.

Beyond reporting that there is definitely a substantial percentage of family workers whose performance is considered weak, it is impossible at this point to quantify the number who fail to perform adequately, or for that matter the percentage doing work that can be rated as adequate or even superior. In addition to performing clerical tasks, these workers do other things as well. When a family assistant is bilingual, and working with a SBST whose members are all monolingual, s/he may find herself doing a considerable amount of translation. However, few of these workers have been certified as translators by the Board of Education so it is difficult to know whether the work they do in this capacity meets even minimal standards of what an acceptable translation should be. Also, since they are not Board certified translators, they technically cannot and should not be used for this purpose. In practice, they often do a great deal of translation work. In addition to this, and clerical work, they also at times bring materials to and from the SBST's and the CSE's. In terms of the actual work they perform for education

evaluators this too varies. At the least, they are expected to fill out appointment letters, prepare forms for use at EPC's and fill out identifying student data on forms which are given to teachers and related service providers to fill out in connection with students being evaluated. They may or may not deliver these forms to the people who need to fill them out. At times, an evaluator, wanting to confer with the teacher or service provider may take care of this himself. Sometimes the evaluator will take care of this distribution personally because it increases the likelihood that the forms will actually be filled out. One of the problems faced by education evaluators in asking busy teachers and service providers to fill out forms is that they are not themselves supervisors, and their request to fill out these forms is sometimes seen as quite an imposition.

Another aspect of being the case manager is that this makes the education evaluator the SBST's chief contact with the CSE. Although patterns may vary somewhat from one CSE to another, based on interview data it appears that relations between education evaluators and their CSE's do not vary to any significant extent, so that while the following discussion depends heavily on observation of one particular setting, supplemental information from interviews suggests that local differences aside, it is typical of what occurs throughout the city.

Each education evaluator has two persons with whom he primarily communicates at his CSE. One of these is his log person. The other is his contact person. The log person is a clerical worker. When a case, whether an initial, reevaluation, or triennial, is opened the log person is responsible for sending material from the main CSE file to the school if it is needed. The log person may also schedule the initial social history appointment for a social worker. Basically, it is the log person's task to make certain that the paper record of what is happening on a case is properly recorded at the CSE. To do this, the logs need to receive all of the relevant CAPs, the form filled out by clinicians upon completion of their testing, and also upon completion of an EPC or a CSE Review. If a case is to be either opened or closed, there are CAP forms which the log person must fill out and send to the computer people in the CAP office to enter into the computer record which is kept on each child. Cases may be closed for a variety of reasons. When the case is an initial, the most likely reason why a case will be closed is that a parent has met with the social worker and refused to sign a consent to permit her child to be evaluated. Or, the parent may have not shown up for two scheduled appointments.[50] The log person's

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[50] When a case that was opened because a teacher wrote a five page (standard) referral on a pupil is closed because a parent refuses to sign consent, or because the parent failed to show up for scheduled appointments, teacher/school reaction

work is important, but the log person has no independent role to play in the evaluation process.

The person at CSE who plays an important role in relation to the SBST and in particular to the education evaluator, is the contact person. This role, normally held by a supervisor, involves its holder in direct responsibility for communication between CSE and the SBST over the precise status of any given case. Whatever problems may arise in connection with case completion, this is the person to whom an SBST turns to discuss further moves. In turn, it is this person who usually contacts an SBST, and more specifically, the SBST's education evaluator, in order to request information about a case. This is the person at CSE who most closely monitors the status of individual cases to determine whether any of them are likely to wind up out of compliance.

Concern over compliance with the court mandated time limits of 30 days for evaluation and another 30 days for placement, i.e. the 30/60 day compliance requirement is an underlying theme in

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can vary considerably. School staff, despite many accumulated years of dealing with SBST's often don't understand the rules which govern their behavior in these cases, and when a case is closed, if the school personnel feel strongly about the matter, they are often inclined to criticize the SBST when a parent refuses consent. School administrations and teachers frequently attempt to convince parents that they will best serve their child's interests by agreeing to an evaluation. SBST members are well aware that what frequently comes to them in the form of a parental request for their child to be evaluated is often the case of a parent having been told by a school that she should ask to have her child evaluated.

virtually every aspect of a SBST's work on any particular case. And it is here that one significant source of tension between education evaluators and CSE's is to be found. This has also been, at times, the source for some of the most unpleasant tensions between education evaluators and their teammates.[51] As we noted a bit earlier when discussing some of the difficulties experienced by education evaluators in dealing with family assistants, one of the things that makes their relationship with them so difficult, is precisely the fact that they are unable to exercise a supervisory role over these subordinates of theirs. This is even more the case when we consider the position of the education evaluator as case manager.

When contact people discuss the status of a case with

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[51] For example, this really is at the origin of Michael Fenichel's campaign rhetoric talking about how clinicians are being driven by "non-clinical" case managers. Fenichel was a candidate for chairperson of the Social Worker/Psychologist Chapter and this refers to the 1992 elections for that position. Referring to the "201" a computer generated document which gives information concerning tests which have been carried out in connection with any particular student and provides information about compliance dates, he wrote that "Enough is enough! In just 7 years, the 'team model' used in our school system has disintegrated into a system where no 'team' is in evidence (except initial cases), and 'clinician' means only beholden to the 201 form rather than to the psycho-social-educational needs of our children...Social workers may not realize this, but psychologists now commonly do little but test and be driven by non-clinician 'case managers'." Michael Fenichel, undated campaign statement from the 1992 elections. (Emphasis added) Reference to "non-clinician 'case managers'." is aimed at education evaluators.

the education evaluator, they do not discuss only those aspects of the case for which it could be said that s/he is responsible. The education evaluator is responsible for his own testing. He is responsible for the various sorts of paperwork which have been discussed above. He may be responsible for conducting classroom observations. He is definitely not responsible for making certain that his colleagues' work is done in a timely fashion. However, in district after district, year after year, somewhat like a leitmotif, contact persons have been aggressively quizzing education evaluators about the status of their teammates' work. Has the social worker interviewed this or that parent? Has s/he made a second appointment if no one showed up for the first? Has the psychologist tested the kid whose compliance date is early next week? Why did the psychologist test this kid who won't need to be EPC'd for another two months when another kid's EPC is scheduled for a week from today?

For people who regularly attend general meetings of the education evaluator's U.F.T. chapter, complaints about this pressure have taken on the nature of a broken record. Despite suggestions almost <u>ad nauseam</u> from the chapter leadership that in such cases the education evaluator can solve the problem for himself by simply suggesting to the contact person that s/he try talking to the appropriate clinician, this continues to be a source of upset for case

managers. On the one hand education evaluators feel they are being unfairly pressured because they are being asked to account for, or at least explain the failure of other SBST members to prepare their materials within an appropriate time frame. On the other hand, because they are under considerable pressure from contact people, they frequently do speak with their colleagues about such issues as the need to get a particular kid completed or the need to review the 201 list so that an informed decision can be made as to when a particular child should be tested.

When a case needs some sort of special attention, which is not itself an unusual occurrence, it is often the education evaluator who has to explain the situation to colleagues and ask them to put aside other matters to deal with this one. These may seem like fairly petty concerns, and in many ways they are, but nevertheless given a succession of such things, they add up and may become the source of considerable conflict within a team.[52]

At this point, we will conclude this discussion by referring to a comment made earlier about how case management is handled on a practical, day to day basis. For despite

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[52] The fact that rather severe conflicts may exist among SBST members is acknowledged by the UFT. A plan exists, which allows for what is, in effect, a union crisis intervention team to assist in resolving problems when all of the members of a given S.B.S.T. agree that this should be attempted.

official designation of the education evaluator as case manager, in practice this is not the inevitable reality on any given SBST. Here, as in most other areas of activity involving people, the human factor has a considerable impact on how case management is actually carried out. Not all education evaluators were born to be case mangers. Although some of them are very comfortable with the role, and even enjoy it greatly,[53] for others it is a task that needs doing, but not something which they enjoy or wouldn't readily give up.[54]

As a practical matter, there isn't much opportunity for social workers to become involved in case management in a sustained way because they have relatively little connection with the SBST in its current incarnation. However, where they can contribute in terms of case management is to at least take on the task of notifying CSE when a case is closed, or when they discover as a result of their social history interview that the child requires something special,such as testing by

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[53] For example, Henrietta Klein said its something she does not want to give up because "I like that its something different. I think the testing itself becomes monotonous. and I think it breaks up the routine from doing just the one thing, testing and writing. To me, just testing and writing would be boring." (page 52)

[54] Michael Foster, pages 8-9. He noted that he would readily give up both social updates and case management. He feels that because education evaluators are responsible for case management, "...the pressure falls on the education evaluator as case manager. The [C.S.E.] contact calls me, not the psychologist or the social worker." (page 9)

a special unit that evaluates auditorially/visually handicapped youngsters. Some social workers will do these things. Others simply tell the education evaluator, and let him deal with the matter. Also, at EPC's considerable paperwork needs to be done. Some of this is done by clerical workers, some by clinicians. The social worker may choose to participate in this work, or ignore it.

Psychologists, unlike social workers are full time members of the SBST. Consequently they have a much greater opportunity to participate in preparing paperwork. Also, because of the nature of their involvement, they have an awareness or at least the ability to have an awareness of where any particular case may be in the evaluation process, similar to what the education evaluator knows. As a result some psychologists become involved in case management at least to the extent that when a contact person telephones the SBST for information about a case the psychologist is knowledgeable and able to respond appropriately to questions about its status. One reason why many psychologists are willing to assist in case management matters is simple pragmatic self interest.

When paperwork isn't complete, and cases are not packaged and brought into CSE, it is likely that the psychologist as well as the case manager/education evaluator will be considered to have fallen behind in case completion. Also, in

practice, when a contact person knows that a particular evaluator is not especially efficient as a case manager, it is often expected, or at least hoped, that the evaluator's psychologist colleague will cooperate, where possible. Thus, in one instance where the researcher has close knowledge of a SBST's functioning, the education evaluator actually carried out few of the usual case management functions which were mostly cared for by the team's psychologist. Where appropriate, the team's social worker also participated in case management. In this particular instance, the psychologist and social worker had worked together at this school for at least a year prior to the evaluator's arrival. This, along with the evaluator's somewhat disorganized approach to case management, was undoubtedly a contributing factor to the heavy role which they took in case management. In addition, for the psychologist and the evaluator, this was their two day school assignment. In the psychologist's case s/he simply wanted to see the work there organized as efficiently as possible, so that s/he could complete it and return to his/her main assignment. As for the evaluator, his/her major investment was in another school, and he was very happy to let someone else do much of the case management work at this school. In fact, at his/her other school, s/he actually received only a very small amount of assistance from his/her colleagues, almost the reverse of the situation at the two day school.

This situation actually is illustrative of one very critical component of the entire SBST operation, namely the significant and in a way unpredictable impact of personality on how rules are perceived and executed. In a sense, there is considerable flexibility about those SBST operations not dependent upon particular disciplines. Available evidence suggests that in many instances supervisors are much less concerned with the precise mechanics of how things get done, then they are with making certain that they get done. If for example, SBST members make private arrangements among themselves as to who is going to take responsibility for various aspects of the paperwork, or for carrying out observations, their supervisors don't seem to care.

This flexibility applies mostly to non-professional matters. The only instance where it applies to a "professional" task is in the case of social history updates. Given that social workers are obviously qualified, and in some cases even expected to do them, no one seems to object if they do as many as they wish.[55] For the most part, case management currently appears to be done largely as it was envisioned when the enhanced model was promulgated. There have been some revi-

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[55] As we shall see below, there was a time when it would have been impossible to make such a statement because the idea of doing social updates was considered self destructive for social workers. This was definitely true in the first year or two after the enhanced model was put into effect. But that time is now past.

sions, some clarifications connected with it in terms of practical implementation, but basically it appears to be working pretty much as anticipated. Turning education evaluators into case managers was important because in a sense this move signaled their "arrival." They were no longer the weakest element on the SBST. Not only did this position suggest that they were viewed as a central part of the team, but concomitantly, removing social workers from that role had the opposite implication for them. The role itself may not have been one that was worth fighting over, but its symbolic impact was something else.

Loss of case management responsibilities pales in significance compared to the loss of the social history updates. The fact that the Beattie Commission report emphasizes the importance of the educational as opposed to the clinical component of the assessment process undoubtedly provides the key to its willingness to see the impact of the social worker perspective diminish. The aspect of the enhanced model which has generated the greatest controversy has been the requirement that social history updates be conducted by education evaluators. The possibility that these updates would be taken away from social workers was known for more than a year before the actual event. Although the UFT attempted to fight this move, ultimately none of the efforts to resist its implementation proved effective.

Changes in the Social History Update

Initially, as we have already noted, although the Commission's desire to take social updates away from social workers was clear, it wasn't certain who was expected to carry them out. Thus, in the October 1985 issue of the Social Worker/Psychologist Chapter newsletter, we find the statement that

> A question not yet answered is, who will be responsible for the social history updates and for the psychotherapeutic treatment of the children who are legally mandated for it? Educational Evaluators, Guidance Counselors, or Psychologists? We will continue to push for Social Workers as well as Psychologists to have that role."[56]

By the start of the 1986-87 school year, there was no longer any doubt about who would be doing the social history updates.

Interviews with education evaluators indicate that there is considerable diversity in their experience with these updates. Our discussion of the changes that occurred when education evaluators began to do these updates will attempt to convey the diverse reactions among all of the SBST members to this development. Although it is difficult, even today, to find a social worker who is not insistent that updates should be returned to the social workers, their near universal

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[56] Social Worker/Psychologist Chapter newsletter, October 1985.

dissatisfaction with the fact that this work has become part of the education evaluator's domain does not mean that reactions to the change have not varied considerably. The personal relations among SBST members may well be one important, if difficult to operationalize, variable that has affected how social workers have reacted.

Faced with the need to start doing social history updates, many education evaluators were at a loss as to what to do. When the Division of Special Education decided to establish the new, enhanced SBST model, it devoted a few hours to training SBST members in their new responsibilities and also provided a written statement explaining the new model.[57] When this new model was initiated there was a great deal of tension within the CSE's.[58] Even on teams where the members were friends with a long past together, the situation was difficult. From the social workers' perspective, they were being asked to stand aside while people whom they regarded as unqualified started to perform work which until then, had been theirs. The psychologists too, were uneasy about having

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[57] Roles and Responsibilities of the SBST in the Enhanced Model, September 22, 1986.

[58] For the sake of consistency with current usage, we are referring to CSE's, but actually at the time the enhanced model was introduced the term "Committee on the Handicapped," was still the official designation.

education evaluators perform social updates.[59] One psychologist recalled that "...When the enhanced model first came in there was a lot of protest and rallies down at the Board of Ed, and all this...And I participated..."[60]

In order to facilitate the writing of social history updates, education evaluators were provided with a simple, two sided form which remains in use, and which is broken down into sections, each labeled so as to indicate the kind of material that is supposed to be obtained at that point, from the parent being interviewed. The amount of actual training which education evaluators received initially and which they have been given in subsequent years has varied somewhat according to the whims of supervisors within any particular CSE. There are supervisors who feel there is no need to provide any training whatsoever beyond what the evaluator brought with him/her when s/he came to the CSE, and there are those who feel that there should be routine training provided in this, as in other areas at least as long as social updates remain a

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[59] One psychologist, active in the UFT, reported being particularly upset with the "enhanced" model because she felt that giving education evaluators "...responsibility for doing social histories was the last straw." She remarked that "They have absolutely no training in that area. It is ludicrous to assume they could supplant the social worker." (Catherine Riley, page 1).

[60] Henry Rodenko, pages 10-11.

responsibility of the education evaluator.[61]

The question remains: How did education evaluators learn to do social history updates? Accounts and experiences varied considerably. One person who was already an experienced evaluator when the change came stated that she really got no help from any social workers in learning how to conduct a social history interview. Nor did she pick up anything from them indirectly, through observation. As to how she did learn, she said "...I think its essentially basic common sense...I started off asking questions that I thought would help me understand how the kid functions in school, or what the parent expects of the child,...of the school, how the parent sees the kid learning at home. What the parent's future goals are." When a case appears to be "standard" she does not deviate from the official written form. "I ask the questions. I get the parent in and out, and finished....On the other hand, if there is a problem and they are really not sure if this is an appropriate placement, if they are thinking in terms of changing the kid...then I will go beyond the questions on the paper. If its a serious case where we think there are all kinds of emotional issues...where there might have to be bureau of child welfare involvement...at that point I will go

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[61] Information about this matter was obtained through a combination of field work experience and interview data. For the interview data, see Alice Gottlieb, pages 43-44.

to CSE and ask that the social worker do it because I feel they should be doing the more serious cases..." She noted that this actually involves only 4 or 5 cases yearly. She also makes referrals to outside agencies when necessary, and feels she has considerable knowledge about which ones in her area are good. Although she would rather not do social histories at all, at this point she feels comfortable doing them.[62]

The Social Workers/Psychologists Chapter's official position was that social workers should not do anything that might help to make the new, enhanced, school based support team model succeed. In particular, the union certainly did not want social workers to provide any sort of direct assistance to education evaluators in learning how to actually do social histories. Although this was a stance stated in the strongest language and often reiterated, there is reason to suspect that it was frequently breached. For example, when one social worker was asked how she reacted to requests during the 1986-87 school year, from education evaluators for assistance in learning how to do updates she indicated ambivalence. On the one hand, she agreed with the union's desire to see them returned to the social workers and for that reason didn't want to provide assistance. "But then," she noted, "these people are your friends. So it was very hard for me to say, 'I can't

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[62] Deborah Elgart, 23-28

help you.'" She also reported that another motivation for helping was that "...you wanted to see a decent social update in the folder of a case that you were doing, or the team was doing. And a friend came to you and asked for help. So ordinarily, you know some people said, 'I know you're not supposed to tell me', and they wouldn't ask, and others would, would ask, and I would, you know, because they were nice people and my friends. I would tell them the best I could..." She indicated that the help was given by her to people who weren't necessarily team mates, but who were friends. She noted too, "I mean, we all said we're not going to help....But when you get back to the schools, you help. Or, you all say, we're not going to do social updates. We're not going to do updates.and you get back to the school and you are bored. You don't have anything else to do, and you say to the ed evaluator, 'Give me something to do.'"[63]

In two instances, education evaluators recalled being given specific examples of what sort of questions to ask parents. One of these evaluators stated that "I had a good social worker at my second school....She would sometimes tell me, 'I'll do them for you.' But I said, 'I have to learn, because when I go to my other school, I have to do them.' So she wrote down everything that I was supposed to ask the

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[63] Ann Cohen, 19-20

parents. And I had the notes,and I would just go along with the notes." She also had the opportunity to actually observe this social worker doing a social history interview. The social worker at her other school was completely uncooperative.[64]

She was ambivalent about how good she feels her social history updates actually are. In a small number of cases where she felt that the seriousness of the situation warranted it, she has asked that a social worker do the interview. She has done this in no more than 10% of her cases, and suggested that the actual percentage is probably much less. Although she frequently probes with questions that go beyond the official social history update form, doing so makes her feel uncomfortable. She did however acknowledge that this is not always a problem: "Depending on the person also. And if you knew the child.If you have gotten good rapport with the parent. I guess you would know which ones you could keep talking to." Although she stated that she would definitely like to drop the social history update aspect of her responsibilities, a moment later, she partially reversed herself by stating that if she were given adequate training to build up her confidence that she was doing a good job, including supervision so she knew someone was overseeing her work and making sure it was good,

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[64] Francis Hernandez, 35-37

then she felt she would be more comfortable doing them. She also specified that she would require adequate time in order to do this work.[65]

In terms of receiving specific assistance concerning the actual questions which should be asked of parents when conducting a social history update, one education evaluator reported an instance similar to hers. In this case, the evaluator worked with two social workers and asked both of them about the possibility of sitting with them when they conducted a social history interview. In one case, the social worker said "Absolutely not," and indicated that to do so would be a violation of professional ethics. The other social worker granted the evaluator's request. During the interview, the evaluator noted down the questions asked by the social worker. After the parent had left, the social worker not only reviewed the questions s/he had asked explaining the rationale for some of them, but also made sure that the evaluator added questions not used for that particular interview. When providing this assistance the social worker was adamant that the education evaluator keep his/her mouth shut about the training that s/he was being given. There was never any doubt in the social worker's mind that s/he would have been ostracized, had his/her social worker/psychologist colleagues been

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[65] Francis Hernandez, pages 54-57

made aware of what s/he was doing.[66]

Another education evaluator recalled when asked if she had directly or indirectly found ways to learn about doing social history updates from social workers that "Well, I have been in the same room with the social worker and psychologist,and when she did interviews I did have occasion to hear what kind of questions she asked...I mean, not realizing that some day I was going to be asking questions like that.But you can't help but hear what's going on in another cubicle, especially when the walls don't go all the way up to the ceiling. So I guess indirectly, maybe those...you know, helped a little bit. I also learned how not to do things...more than how to do things...I picked up a little bit here and there."[67] Overall, she does not enjoy doing updates noting that "...the social worker had to go through some intensive training in this area, and I feel that I got maybe two days training on how to do a social history. I don't think its adequate...I think a lot of times that I may not be asking the right questions, and nay not be getting all the information that I should be getting...I do feel uncomfortable with

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[66] Fieldnotes, 1986-1992.

[67] Henrietta Klein, pages 47-48. This is a good case of work place assimilation. Her remark about being in the same room is more significant than it might at first appear because close quarters of this sort are not uncommon and so it is likely that many other education evaluators shared a similar experience.

doing the social history."[68]

One evaluator noted that while she doesn't feel her social updates are in-depth, taken for what they are, she is comfortable doing them. She is ambivalent about whether she would want to retain them, if given a choice. Overall, her position is that so long as the update is routine, and she has adequate time for doing updates, she has no real problem in continuing to do them. This particular evaluator remarked that she learned nothing useful for doing the updates from supervisors, but over a period of several years had picked up "...cultural sensitivity...through discussion with social workers from whom she also learned interviewing skills "...through observation and talking..." She also noted her awareness of some social worker hostility towards providing education evaluators with information about how to conduct a social history interview.[69]

In addition to the question of how education evaluators learned to do social history updates and how they feel about doing them, there is the crucial question of quality. This can be a difficult question to answer. One psychologist, first stated that he feels that education evaluators generally do "a poor job" with them, something he regarded as being

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[68] Henrietta Klein, pages 49-50.

[69] Sara Britten, pages 29-34.

unremarkable given the circumstances under which they work. However, when asked whether he can see a difference in the quality of social updates which he receives when they are done by social workers during per session,[70] and what he normally gets from education evaluators, his response was: "I don't think so because I think one thing that's happened is when the enhanced model came in, this whole idea of the social history update being a small, jerky thing, caught on so well, that even social workers take advantage of it now....Sometimes, some of them..." He was unable to specify how frequently he did receive better work from them.[71]

One certainty, not very surprising really, since the same can be said about all three professional groups comprising the SBST,is that there is an enormous range of variation in terms of the quality of work turned in by individual social workers. Where social workers do differ from their SBST colleagues is that one aspect of the work they produce, social

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[70] Because it has proven to be impossible, due to the weight of numbers, for all children in need of assessments to be evaluated during regular school hours, clinicians are employed after school and during vacation periods to do this work. This activity is known as "per session." There is no doubt that the Board of Education would like very much to eliminate per session activity, however compliance pressures requiring that kids be tested in a timely manner and the impossibility so far, of completing needed evaluations during regular hours has forced the continuation of this activity and seems likely to continue to do so well into the future.

[71] Henry Rodenko, pages 50-51.

history updates, can be reasonably compared to work carried out by non-social worker colleagues. Given that one's work is out in the open, such comparisons are not difficult to make. The fact is that for the most part, when social workers conduct updates the format they use is no different from that used by education evaluators.

Anyone reading through a large number of these updates will soon realize that there is often little difference between social history updates written by social workers and those done by education evaluators.According to one social worker, "...there are some social workers who do such bad jobs that, you know, an ed evaluator could do it as well."[72] One of the factors that may have contributed to this situation is economic. When social workers are hired to work per session, one of their primary tasks is to do social history updates. When social history updates are done per session, they are always done by social workers. Were this not the case there would be very little per session work available for members of this discipline. However, this poses something of a dilemma because many parents choose not to show up for per session social histories. In order to get them done, they are conducted over the phone. The problem is that there is a real question about the quality of an interview that is carried out

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[72] Ann Cohen, page 72.

by phone.

One social worker stated to this researcher that she routinely sabotages efforts to get her to do telephone interviews when she works per session because she feels it is inappropriate to conduct this sort of an interview by telephone.[73] Another social worker,when asked about these telephone interviews, said "I don't like to do it over the phone...I will do it over the phone as a last resort. I refuse to do, for example, a Vineland[74] over the phone, which some people do, you know." Asked whether this stemmed from seeing this as a professional issue she said, "Every person that I know will try not to do it over the phone....I think its a professional issue. They feel like it shouldn't be done over the phone. But when push comes to shove, if you can't get a

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[73] Maria Velez, (Fieldnotes,1988-1992). Despite this social worker's claim, we have reason to believe that like everyone else, she does carry out frequent telephone interviews.

[74] When a psychologist's intelligence test of a child suggests that s/he may need to be labeled as "mentally retarded," a special type of test instrument known as a "Vineland" is used. This basically involves an interview with the child's parent or other closely involved caretaker. Its purpose is to assess the child's adaptive behavior in terms of carrying out every day activities in order to determine whether the child's behavior is appropriate for a youngster of his/her age. Legally, a child cannot be declared "mentally retarded" based upon the results of one test instrument, so something other than a standard I.Q. test must be used before a child is given that label.

parent in, you know."[75] Another social worker, when asked to mention some things done by SBST members which he felt compromise their professionalism, spontaneously volunteered "phone interviews," although with the qualification that at times they may be acceptable.[76]

The "enhanced SBST model has now been in existence for more than six years, and interview data suggests that the passage of time has had a definite impact on how clinicians feel about it. First we should note that the position of the two UFT functional chapters whose members are most affected by the enhanced model, remains essentially what it was in 1986, when the model was promulgated. This means that officially they both remain strongly opposed to its continuation. Over the years, there has been occasional talk from the union about the possibility that this model would be replaced by something akin to what had existed prior to its promulgation. There have been occasions when the union seemed to be predicting that the end of the enhanced model was close. At other times, demise of that model has appeared to be something that was still expected to occur, but only at some point well into the future. For example, in the February 1987 issue of the Social Workers/Psychologists Chapter's newsletter, it is noted that

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[75] Ann Cohen, pages 61-62.

[76] Richard Berger, pages 60-61.

Judge Nickerson had appointed Magistrate Cadin to do fact finding, and that "The fact finding will address issues of the proper composition of the SBST, whether or not the social worker should be returned fully to the SBST..."[77]

Slightly more than three years later, at a time when there had been talk that there was to be significant reorganization within the Division of Special Education, in the same chapter's newsletter we find the following remarks:

> Any proposal by the DSE for how SBST's will function in the future is 'on hold.' Our Chapter's positions include the following:...The role of the school psychologist would be expanded beyond that of a 'testing machine' and should include counseling, consultation, and other preventive activities.<u>The school social worker should be responsible for the social history on all cases (initials, triennials, and reevaluations)</u> - The related service provider (social workers) should be integrated into the SBST.[78]

Nine months later, Mark Korashan, chairperson of the Education Evaluators' Chapter wrote the following about this

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[77] Social Worker/Psychologist Chapter newsletter, February 1987.

[78] Social Worker/Psychologist Chapter newsletter dated 6/90 (emphasis mine). The remark about integrating social workers who are related service providers into the SBST suggests that old tensions with the guidance counselors are still significant. When serving as related service providers, there is, in practice, no difference between social workers and guidance counselors, so the suggestion to integrate the social workers who have chosen this route, but not the guidance counselors appears somewhat strange unless it is interpreted as being part of their long-standing jurisdictional dispute.

issue in that chapter's newsletter:

> **REORGANIZATION**: There are many rumors (and even some documents) on changes in the Division of Special Education and in the 'enhanced' model. These rumors reflect a real desire to make changes that comes both from within the Division and from the Chancellor's office...Mr. Rojas[79] has prepared his own recommendations on changes, including a recommendation to give the social workers responsibility for all social histories...[80]

Whatever factual basis any of the preceding remarks about change in the enhanced model may have had, no actual change in the nature of this model has occurred. This is not to say that on a practical day-to-day basis, changes have not occurred. In fact, there have been changes, but they are of a sort that may well result in making the model more viable than when it first appeared.

On the basis of interview data we can say that the official position of the Social Worker/Psychologist Chapter, which essentially was that its members should do nothing not specifically a part of the Standard Operating Procedures Manual, which in any way assisted education evaluators in performing their new tasks, was not adhered to. Although tensions certainly existed among the disciplines and instances of rigid adherence to rule following, or even down-right mean

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[79] William Rojas, a long time employee of the DSE, was at that time its executive director. He was generally well regarded by the UFT leadership, at least in public. He soon left to become San Francisco's school superintendent.

[80] Education Evaluators' Chapter newsletter, March 1991.

spiritedness are easily found, the opposite too is discernible, and both sorts of behavior have already been cited. What remains to be considered is the current attitude of SBST workers towards the changes effected more than a half decade ago. We will put off discussion of these attitudes until later on in this chapter when we are ready to summarize relations among SBST members as they are at this point.

Labelling Kids: Making Decisions About Handicapping Conditions

In addition to their function of carrying out evaluations the most critical part of the SBST's work is to make decisions about handicapping conditions and program placement. It may be worth recalling, before we start to discuss how these decisions are made today, that prior to 1971, when all of these decisions were made at the Bureau of Child Guidance, there were no education evaluators. In at least some cases, direct educational input did play a significant role, but this was the exception. Although various types of data, i.e. medical, social, and psychological were used to determine whether a child was handicapped, and the nature of any existing handicapping condition(s), the data was provided to a psychologist who then wrote up the actual report on any given child. E and P was organized with the intention of expediting evaluations, but one very important reason for its

establishment was to provide significant educational input as part of the decision making process. We have already discussed the nature of that process as it occurred in the E and P and early COH years. It now remains to consider how decisions have been reached under the new, "enhanced," SBST model.

We have already noted that "personality" should be considered as a factor in certain aspects of how SBST's function. In particular we suggested that at times the way SBST functions are split is more a matter of personalities than it is of official role definitions. This may be particularly true when it comes to making decisions about handicapping conditions and program placements. Overall, the enhanced model has reduced social worker input in this area as a matter of definition because the enhanced model has removed the social worker from the SBST for all but initial cases. There are, however, two exceptions to this. One is in those cases where social workers have been the clinician conducting the social history update.[81] This occurs under circumstances to be discussed further on. The other much more significant exception involves social workers who are a part of CSE Review

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[81] We are referring here to cases where a social worker has been asked to do the social history update due to the case's perceived difficulty. We are not referring to cases where social workers have done updates as a result of per session activity. Even in those cases where a social worker has been explicitly asked to prepare a social history update because of the nature of the case, this does not ensure his/her participation in the final disposition of the case.

teams.

We have not discussed these teams up to this point in our discussion, but these teams play an important role in the work of any CSE.[82] Prior to the 1993-94 school semester any initial case where a child was going to be recommended for a full time special education program had to be sent for review by another team of clinicians stationed at the district CSE. Cases where children were already in special education, all had to be reviewed at one time or other at the CSE level. The only exception to this practice involved children who were just entering or leaving a resource room program, or were to receive or be decertified from receipt of related services such as counseling or speech and language therapy.

This situation has now changed somewhat. If a child is to be moved from a more restrictive, to a less restrictive program within a school, that case does not need to come to the CSE for review. Horizontal moves which previously had to be sent for review, can also be handled within the school.

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[82] At the time of writing (November 1993) a major change has just occurred in terms of the cases being seen by CSE Review teams. Many cases which previously had to be sent to these teams for resolution are now being handled by SBST's within the schools. There is some speculation that this change may lead to more cases of a type known as "conflict resolution" cases being sent to the CSE Review teams, and there is also the possibility that SBST's may be subjected to greater pressures from within the school in terms of the decisions they make. The actual process of making decisions, as described in what follows, should not be altered in any important way as a result of these changes.

Both horizontal movement and movement to less restrictive categories can occur without CSE involvement only in schools where the other programs exist. Even though a child is recommended for a resource room program, if one doesn't exist in his school, the case must go to CSE for review. Similarly, horizontal movement can only occur if the recommended program is in the school. Otherwise this case too, must be sent to CSE. Cases known as "bilingual exemptions," which are cases where a request is being made that a child be exempted from bilingual instruction to which he would otherwise be entitled, are also sent for review as are school or parent conflict cases. There are also a substantial number of cases where either the school or a parent disagrees with the SBST's decision concerning a child's handicapping condition and/or program placement. Such cases are sent to the C.S.E. for resolution.

All CSE's have at least two review teams. These teams are permanently constituted and their members serve three year terms which may be renewed.[83] Unlike the School Based Support Team, the CSE Review team normally operates with three members, a social worker, psychologist, and education evaluator. In that sense, and also because they have authority to make certain program recommendations which can not be made at

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[83] Ad hoc teams are sometimes constituted under the press of compliance.

the SBST level, CSE Review teams may be viewed as operating at a higher level. However, we should stress that anyone qualified to work as a school psychologist, school social worker, or education evaluator is considered qualified to be a member of a CSE Review team. Because they are in certain ways an entity separate from the SBST, we will discuss these teams in greater detail in a later section of this chapter. Right now, our concern is with decision making on the SBST.

A perhaps unanticipated result of the enhanced model was a diminution of the social worker's input in SBST decisions concerning students who were assessed. There were several sources for this change. Since social workers no longer did social updates for students going through either reevaluations or triennial evaluations, they no longer took part in the EPC's for these children. And this is where decisions about a student's handicapping condition and program placement are made. Whereas previously they also knew a great deal about the status of a given student's evaluation through their case management work, under the new model those days were gone.

One social worker, talking about the years just prior to the enhanced model, noted that "It was the social worker who was in charge," and by "charge" she meant took the case manager's role. This same social worker went on to describe a situation where she felt that the social worker and psycholo-

gist, while interested in hearing whatever scores the education evaluator came up with, were clearly the ones in control so far as making decisions was concerned. She remarked that "It was a power game and ed evaluators never played the game."[84] In the course of the same discussion this social worker noted that conditions have now changed, though not because the players have necessarily changed so much as because this is what the central Board of Education has decided is appropriate at this time.[85] She feels that cooperation among the three SBST disciplines has diminished.

She noted too, that "The ed evaluator now, has been given the power, so they are acting much more in control and with a certain kind of authority that they never would have dared do (emphasis mine) ten years ago."[86] She discussed this development matter of factly, and in response to an interviewer question asking about the importance of the Board's reconstituting of the SBSTs said, "I think its the way the

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[84] Barbara Michaels, pages 9-13; quotation is on page 13.

[85] She stated that "...its good, but its not coming from within...The Board is making the dictates and people are being moved around. And they're acting out their parts." Barbara Michaels, p. 11.

[86] Barbara Michaels, page 11. Asked what she meant when she used the word "dared" she stated that she felt that initially, "...ed evaluators coming from the classroom very often didn't have a sense of their own power and what they brought to the situation. I had a feeling from ed evaluators they were just grateful to be out of the classroom..." pages 12-13.

Board has restructured things. I don't think personalities change, necessarily, without a certain amount of intervention. I think that the Board has empowered the ed evaluators. They've put them in a position of authority, accountability, and they're measuring up to the task assigned to them."[87]

Although we could undoubtedly find other variations on the theme, these comments are a good summary statement of the way in which many social workers appear to have viewed the transformation of SBST roles. In most, and very probably in all schools, the large majority of cases worked on by the SBST over the course of a year are triennials and reevaluations. This means that most of the time, social workers are not an active part of the school's SBST. In practice, this contributes to a further weakening of their role even when they do have a part to play jointly with its other members.

Inevitably, because of their joint responsibility for decision making in connection with triennial and reevaluation cases, the psychologist and education evaluator must work out some sort of modus vivendi. Whatever this arrangement between the two of them may be, it is one that allows them to get things done without input from a social worker. At least some of the data previously brought into play by a social worker in connection with these triennials and reevaluations is now

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[87] Ibid., page 13.

brought to bear by the education evaluator. This means that overall, the social worker's role in SBST decision making is likely to be diminished even on the occasion of EPC's for initial cases when a social worker's presence is mandated.

PL94-142 calls for a multi-disciplinary evaluation of students suspected of having a handicapping condition. On the basis of interview data and ethnographic field notes,we have found that decision making is very much a collegial process, but that often one person dominates. And much to the chagrin of social workers, their input in those cases where they have a voice is rarely given the same weight as that of their colleagues. Aside from the reasons previously mentioned, i.e., the social worker's minimal connection with the SBST, there is the modest weight given to his contribution to the total picture of the child being assessed. The social worker's chief contribution is usually viewed as being the social history. However, this contribution is accorded widely varying value on the part of the other SBST members. There are some to whom it is invaluable, while others dismiss it as almost meaningless.

Even when other SBST members state their belief that the social history is an important document, it generally plays little role in the decisions reached by an SBST. One social worker more in sorrow than in anger, reported on the comment of a special education teacher present at an EPC. Just after the social worker had given her report, this teacher

remarked that "you don't have to pay attention to social workers. What do they know about children?" Even though this remark was not made by an SBST member, this social worker feels, "...that seems to be a great deal of prevailing thought among many people. What do they know, anyway?"[88] This perception is harsh, only in the sense that it exaggerates the negative. None of the individuals interviewed for this research suggested that social workers lacked basic understanding of children. Some of them feel that they have a definite contribution to make. However, few were willing to admit that any decisions they made were actually influenced in a significant way, by social worker input.

What one often gets is a good deal of ambivalence in discussions of the social worker's role. For example, one education evaluator emphasized that especially in initial cases, he would want to know about the student's home situation, would want to know whether any factors there were affecting learning in school. And yet,when asked about the social worker's role in reaching labeling decisions, he stated that "...the social worker's role is minimal. Even where social conditions are involved, it becomes a decision for the two of us, the psychologist and the ed evaluator. And the social worker will more often than not agree with us." He

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[88] Leslie Roman, page 15.

stated that in one of his schools the social worker was a bit less compliant but that even in this case, "I'd say that 90% of the time, the social worker will give in to the views of the others."[89]

Though differently expressed, another education evaluator was also ambivalent in discussing her feelings about the role of social workers. In this case, her inclination was to condemn them as a group while stating that occasionally she encountered individual social workers whom she found to be very helpful as colleagues. Thus, on the one hand when asked how,in general, she found social workers, she said "They just seem to march to their own drummer. I don't know what it is...I don't want them back on the team full time. My social worker does her report, files it, and never looks at the case again...I find that a lot of the information they get is useful information for somewhere else.It doesn't have a lot to do with the problems the kid is having in school,and I don't get a sense of the parent."[90]

In discussing the EPC decision making process, this education evaluator noted that she always insists that everyone read their colleagues' reports before reaching a decision. Despite this precaution, she commented that "Well,

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[89] Carl Friedman interview, pages 2-3.

[90] Judy Weber, page 4.

the social workers, I don't know how they can make a decision based on their report, but they do, sometimes."[91] She also noted though that "It depends on the team whether one clinician may have more input than another on a particular decision."[92] Overall, she did not make a definitive statement about the weight of the social worker's input in her decision making. Although she did report that a particularly bright social worker with "strong feelings" could have an impact on decision making, just prior to saying this she said that in terms of the social workers impact on labeling, "I don't think they have that much, and also that "There is nothing in the social that's going to tell you that the kid's learning disabled, or emotionally disturbed, or hearing impaired, or visually impaired.[93]

Another education evaluator suggested that if the situation is emotional, the social worker may play a role in reaching a decision on the student's handicapping condition. But he stressed that over the years, the social worker's role really hasn't been very important in determining handicapping decisions. For an initial the entire team meets for pre-conferencing. The social worker is part of this, despite the

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[91] Ibid., page 5.

[92] Ibid.

[93] Ibid., page 6.

fact that the social worker hasn't much influenced the final decision. The social worker's material at best really just backs up what the psychologist and education evaluator have found. This education evaluator,who has worked eight years on an SBST indicated that the idea that a kid's home environment is so bad that it is fundamentally responsible for the child's poor school performance, and that therefore this should alter the impact of the education evaluator's and/or psychologist's findings, has affected a team's decision making in only one instance during this period of time.[94] Ambivalence again characterized the response of another education evaluator when asked about the significance of the social worker's input on handicapping and programming recommendations. While indicating that she feels, especially for an initial case that "...the social aspects are very important...," she went on to note that "Social aspects are not given that much importance....overall, that's the way its been."[95]

Psychologists appear to have more respect for the work of their social worker colleagues. Or, more precisely, many of them talked about their belief in the importance of having a well written social history, while at the same time suggesting that such social histories have become rare, and what now is

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[94] Michael Foster, pages 3-4.

[95] Maritza Rosza, page 6.

provided to them by many, if not most of the social workers with whom they deal is disappointingly shallow and does not meet their needs. Although not directly stated, the implication appears to be that consequently the significance of social worker input in decision making is often considerably less than many psychologists would like it to be. One psychologist who's viewpoint did not seem to reflect a widely shared attitude indicated that he puts a high value on both the social history and education evaluation pieces contributed by his colleagues, noting that "I need those two pieces. I really need them. I treasure them very much."[96]

One psychologist while indicating his belief that the social history can provide important data, emphasized that its significance is likely to vary according to circumstances surrounding a case.[97] Another psychologist stated not only that the SBST member whose views he most values is the education evaluator, but also that "...the social worker could be eliminated from the team and the psychologist could pick

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[96] Jacob Turin, page 10. It may be worth noting that this psychologist is relatively inexperienced and in the course of this interview stated that he has only recently become more assertive about pushing his own perspective on any particular case. He noted that in the past working with more experienced, older colleagues, he had been somewhat reticent about questioning their view of a case. This attitude may be a reason why he appears ready to accord social workers more of a say than generally appears the case among psychologists.

[97] Stephen Meltzer, #2, page 2

up the slack."[98] We should note that this particular psychologist actually indicated that he feels social histories can play a very significant, sometimes even decisive role in determining a child's handicapping condition.[99] However, he does not believe that social workers per se, need to be a part of the SBST. His concern is with obtaining social history data, and not with its origin. In fact he suggested he could himself provide social history data which would be of greater value for his purposes than that routinely submitted to him by social workers. In the course of discussing this issue, he commented that "I think they can do away with social workers and everything would be fine."[100]

According to one psychologist, he has on occasion felt, based on data contained in a social history report that it was inappropriate to label a youngster as emotionally disturbed.[101]This same psychologist also suggested that problems in the home environment could impact on his thinking about whether or not a child was truly learning disabled. In a case like this, he feels that not only is this data important, but that unlike a social worker, the education evaluator

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[98] Michael Stoller, page 62

[99] Ibid., pages 59-60

[100] Ibid., page 56.

[101] Ted Dalton, page 38.

is not equipped by training to obtain and/or accurately provide information about it.[102] Another psychologist, stated that "...I think the social history is extremely important...[but] I don't think we often get social histories in depth the way we need them."[103] At another point, this same psychologist remarked that "...we don't get good social histories...Where we're dealing with language impaired kids, I'm aware of the fact that social workers simply are not trained enough to give us information of the early developmental language patterns of a particular kid that I think are very important..."[104]

One psychologist with many years in the Board of Education suggested that the quality of social histories has deteriorated over the last twenty years but that this was due to the way in which the social worker's role has been bureaucratically restructured. He stressed his belief that a well

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[102] Ibid.

[103] Harold Feldstein, page 36.

[104] Ibid., pages 35-36. Note too, that along with Judy Weber's comment that social workers get useful data, but not data useful for the school situation, and Stoller's comment that they don't do decent social histories, this comment suggests a deeper problem with the social worker's approach to his/her task. It appears from these remarks that some of their colleagues would argue that if social workers are to make a meaningful contribution to assessment there may be a need for them to be retrained, refocused in their approach to working in a school setting.

done social history can be very important.[105] Interestingly, in contrast to an education evaluator quoted earlier who ridiculed a social worker for deciding upon a youngster's handicapping condition based solely on her social history data, this psychologist remarked that "I have known social workers who could actually do the same diagnostic work, based on the social histories, as the people doing the testing. There are a few individuals I watched over the years who could do that.[106]

The belief that the quality of social history reports by social workers has declined seems to be fairly widespread. Yet another veteran psychologist when asked if there has been any change in the quality of social histories over the years stated that: "...I do feel there's been some change. I think that it has been watered down considerably....I guess they feel they don't need to do anything more. Or, maybe they're subject to working at such a pace that they don't have time to do better."[107] Many psychologists are clearly not happy about the quality of social history data which they receive today. What is uncertain, given their often critical remarks about the social histories written by social workers, is whether

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[105] Arnold Eckhardt, pages 57-59.

[106] Ibid., page 58.

[107] Joshua Steinberg, pages 50-51.

simply returning social history updates to social workers would necessarily respond to their concerns.

There is certainly some testimony suggesting that overall, though this data may interest a psychologist, it doesn't necessarily have a strong impact on how a case is ultimately perceived. Thus one psychologist who is highly critical of the enhanced model, specifically of its requirement that education evaluators conduct social history interviews because he feels educators simply cannot extract and put into writing the relevant data, nevertheless stated about the impact of social history information on his thinking, "Its rare I think, that they would find something out in the course of a social that would negate the finding of learning disability or mental retardation."[108] What seems to be a common theme is that a good social history provides important background understanding, but the responses received do not give a definite sense of just what role social worker input as it currently exists, has in terms of affecting psychologists in their decision making.

The attitude of psychologists towards educational input in making decisions about handicapping conditions is ultimately less equivocal, but covered a wide spectrum. At one end was an individual who stressed the importance of education

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[108] Ted Dalton, page 39.

evaluators in determining how to most appropriately address a student's difficulties in academic learning, but who felt that only a psychologist may legitimately diagnose a child's learning problems.[109] At the other extreme, was a psychologist who stated that "...I think the educational evaluators could do it all by themselves, that you really don't need the psychologist..."[110] What adds an extra dimension to the very divergent views of these two psychologists, both with long Board of Education careers stretching back to the pre-E and P era, is that in many ways they have strikingly similar work backgrounds. Important for our purpose is that both were acquainted with the concept and work of the education evaluator from the very first years that this profession formally existed within the Board of Education.

Although there are exceptions, today psychologists generally appear to value the work of their education evaluator colleagues. Among psychologists currently working on SBSTs, one indicated that he has relatively little use for education evaluators, noting that "...you have to have an educational level of functioning. That does not necessarily mean you have to have an educational evaluator."[111] What is

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[109] Samuel Kogan, # 2, pages 31-33.

[110] Harold Feldstein, pages 34.

[111] Ted Dalton, page 7.

apparently a much commoner attitude is that the weight of input from the psychologist and education evaluator should vary in accordance with the sort of difficulties which a child has. Thus one psychologist specified that "I definitely think the ed evaluation should be given more credence in making something like a MIS I, or resource room recommendation... sometimes for an LD label, the ed should take more weight I think...I...maybe always in a way...."[112]

This same psychologist, while not insisting that the psychologist should have sole say in determining whether a child should be labeled as emotionally disturbed, emphasized that "...I think people should have some humility in that you know, ed evaluators should probably...want their psychologist to have a lot of input into a decision like that because that that's a big part of their training and expertise but...in practice I could see anybody being able to make that decision if they were...if their eyes were open, you know, regardless of title..."[113]

Among social workers there is often a belief that even if their input is not decisive in terms of SBST decision making about a student's handicapping condition(s), and programmatic needs they should certainly have a part in it.

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[112] Henry Rodenko, page 31.

[113] Ibid., page 40.

Thus one veteran social worker stated that "In terms of key participation...[the]social worker being a member of the team may, even if he has some minimal contribution made by the social history, he may have some opinion about the child's learning disability, and you know, the right to be heard. As a person, as a member of the team."[114] In response to questioning by the interviewer, this social worker indicated that he accepts the likelihood that in learning disability cases, his contribution will usually be less significant than that of his psychologist and/or education evaluator colleagues. However, he also feels that where emotional disturbance emerges as a possible handicapping condition, the significance of the social worker's contribution may outweigh that of the education evaluator.[115]

This sort of attitude, expressed in one way or another, seems to be an accurate representation of how many SBST social workers look upon their role so that, for example, one social worker suggested that "Well, I think the whole weight of whether a child is handicapped is based on the clinical material, and not the social history.[116] I think the

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[114] Tom Walsh, 28-29.

[115] Ibid., pages 29-30.

[116] This comment,that "...the whole weight of whether a child is handicapped <u>is based on the clinical material, and not the social history</u>..." is an unintended demonstration of how far thinking about the work of SBST members has changed

social history is important to determine the kind of blend in the facts. It all depends on the situation..." She went on to state that although social history data would not be the determining factor in deciding how a child should be labeled, she felt that it could definitely play an important role later, in helping to determine what particular special education program was actually most appropriate for the child.[117]

One social worker suggested that the social history could be the determining factor in labeling a child, but then qualified her remark by adding "....but I think if the psychological doesn't back it up, or the ed doesn't back it up, I think its's you know, whistling in the dark."[118] As for how she weights the role of her colleagues when she reaches her own decision on what seems to her the most appropriate label, if any, for a child, she said that "I listen very carefully to the psychologist if it happens to be a behavioral case....and I listen very carefully to the ed evaluator, if

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since education evaluators were first added to the assessment process in 1971. At that time, the E and P leadership, wanting to ensure team equality, declared education evaluators to be "clinicians by decree." Now, in an interview given 21 years later, we find a social worker casually indicating that his profession does not provide clinical input into the decision making process, but that the education evaluator does.

[117] Lea Greenstein, #2, page 17.

[118] Ann Cohen, page 54.

its a learning problem..."[119]

Another social worker interviewed gave a response similar to one already cited, saying "....I don't think the social worker has an enormous role in making ...any of the handicapping, you know, conditions, or classifications, or anything."[120] At another point in the interview, this social worker specified that he feels that because definitions of what is really meant by the terms LD and ED are so unclear, there are occasions when a good social history may be able to provide the sort of data a team finds to be significant and decisive in determining whether a child should be labeled as one or the other, i.e., as either emotionally disturbed, or learning disabled.[121]

One social worker, while not really addressing the question of the social worker's influence on SBST decision making pointed out that he has been in situations where by sheer personality an education evaluator proved to be the dominant team member when it came to deciding upon handicapping conditions. This individual also recalled that during the E and P days, the psychologist's input was predominant in decision making and that of the social worker and education

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[119] Ibid., page 43.

[120] Richard Berger, page 28.

[121] Ibid., pages 18-19.

evaluator was secondary, so that when asked what use the psychologists made of social worker data, his response was "Very little."[122] A question to the same social worker about whether this situation has been consistent over the years was answered with the comment that "Look...I suppose that depends on the team. My experience is that nobody puts...And this goes for the ed evaluators, too. They don't place much weight in the social history...I write detailed social histories and I go to great lengths to evaluate the kid in my own mind so that when we review the entire situation...my input is there, but nobody takes the trouble to read my social history. I...I...- you know, nobody. Not a supervisor. Not the chairman of the CSE, and not the other members of the team"[123]

Another social worker who has had an opportunity to supplement personal experience with an unusually wide range of personal contacts and discussions with social worker colleagues suggested that most social workers over the years have tended to feel that real decision making power is normally in

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[122] Peter Mencken, pages 17-18. Another social worker who was also familiar with conditions in both E and P and CSE days felt that while social workers generally don't have much influence today on decision making, they did nave more of a say in E and P, at least when it first started. (George Lehman,#3, page 50. This observation was made in response to interviewer's comment that almost all of the social workers he'd spoken with, felt that their input at present is minimal, almost none. Note too, that this comment, as demonstrated by the preceding section, is not quite accurate.

[123] Ibid., page 18.

the hands of the school psychologist. This individual did however note awareness that on at least one CSE Review team with which she was familiar, education evaluators were considered to be very influential in determining handicapping conditions. As for the social worker's role, she stated that "I see the social worker as having least power. Over the years, social workers have complained that the other two [the psychologist and the education evaluator] haven't listened."[124]

There is a certain consistency in these comments. Despite some minor variations, generally social workers perceive themselves as having little power to influence the final recommendations made about specific handicapping conditions. At most, they feel that they are able to have a significant influence on program decisions. Sometimes they feel they are able to influence what handicapping condition is assigned to a youngster. They do not report having much influence over the issue of whether a child should be labeled at all, as opposed to being considered as "non-handicapped," and therefore, not labeled.

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[124] Lillian Kramer, pages 4-5.

Education Evaluators: Learning the Work

At the start of the E and P era, when the education evaluator profession was just coming into existence, most accounts insist that the people who were first employed to do this work, started out with strong skills in testing, and also considerable experience as teachers. Although this was not true universally, it was sufficiently the case to be considered as representing something of a norm concerning the type of person who was hired to do this work. Initially too, people worked in the same buildings, physically close enough to each other so that constant inter-change of information was possible and occurred in practice. The number of clinicians (psychologists, social workers, education evaluators) doing this work was sufficiently small for considerable selectivity to be possible in terms of who was hired. Even by the 1977-1978 school year, the entire clinical staff of the Evaluation and Placement Units citywide, was still only about 275.[125]

By the time the enhanced model came into existence, the number of education evaluators had expanded greatly but

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[125] Evaluation Unit organizational sheets. Although undated based on internal evidence and consultation with professionals who belonged to the organization at that time, these sheets refer to the 1977-1978 school year. Because they also contain projected professional placements for the following year, it is likely that these sheets were generated in the spring of 1978.

their quality had slipped.Actually, one individual who has been a close observer of the Board of Education's policies in regard to hiring education evaluators remarked when asked about standards for applicants to this position said: "There never were any standards....When I started...I was interviewed by two supervisors who asked a bunch of questions, and then said, 'Okay, you're fine.' And in fact, in 1979, everybody knew what the questions were going to be before they walked into the room. Or, at least they did if they had any friends in the system...the standards were watered down in the early '80's, when the Board began expanding the program very dramatically."[126]

This interviewee, who mentioned that he had some contacts with the UFT said that the teacher's union managed to convince the central Board of Education to develop an "...in-service course, to create a standard process, to create a standard posting that always said the same thing in terms of what the expectations were....To insist on a special ed license."[127] He went on to say that his understanding was that it was through UFT pressure that the Board came to require that education evaluators have a specific amount of

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[126] Howard Levy, page 29.

[127] Ibid.

course work dealing with assessment and bilingual issues.[128] The lowering of standards was hardly surprising given that there were relatively few courses available outside of the Board of Education for training teachers in what they needed to know to do evaluations, and within the Board of Education, there was apparently a decline in the quality of training otherwise available for new education evaluators.

The abolition of separate Evaluation Units was itself a factor in decreasing the amount of training received by new evaluators. In an earlier chapter it was pointed out that physical proximity, the fact that all of a Unit's education evaluators, and for that matter, all of its clinicians worked together, facilitated exchange of information about how to conduct tests and other information necessary to getting the evaluator's job accomplished successfully. Placing clinicians on SBSTs, effectively isolated colleagues, except on paydays.

According to the available data, many newly appointed education evaluators received little direct training about how to carry out their tasks. When they first started to test pupils, they often were operating with little more than the knowledge picked up from helpful colleagues. In one case, an individual interested in becoming an education evaluator obtained summer per session work at a COH. Before being

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[128] Ibid., page 30.

assigned to a particular COH, he first reported to a central locale where he was told he'd be working as an education evaluator. Naively, he told the assigning supervisor that he'd not yet passed the interview test required to qualify for this position. The supervisor told him he'd be assigned to non-testing work. When this individual arrived at the COH where he'd been assigned to work, he was told by the person in charge that he'd be doing evaluations. He was told to observe a couple of evaluators testing and was given two or three days to do that, as well as to review some of the tests that he'd be using. By the end of the second or third day, he'd already tested two kids. The only assistance he received was from his new education evaluator colleagues.

In assigning students to this newly minted evaluator, there was no consideration given to his inexperience. For his second evaluation, he was presented with a non-verbal, moderately to severely retarded teenager. Having no idea how to evaluate this youngster, he was fortunate that a colleague rescued him by doing the actual testing. The new evaluator only had to write up the results. In effect, the more experienced evaluator voluntarily assumed the role of mentor for the novice. The mentor lent completed evaluations to the novice so that he could read them and thereby find out how test data was supposed to be presented. He also read the novice's initial efforts. Through discussions with a few of

his colleagues, and his mentor's review of his work, the novice learned the importance of making certain that a report contained personalizing detail about the child being discussed. He also quickly came to understand that test batteries were likely to vary according to the needs of the child being evaluated.

This particular education evaluator began his career by doing summer per session work in the 1980's, prior to establishment of the enhanced model but at a time when clinicians were already working on SBSTs. In one sense, though in an extreme, almost parody-like manner, his initial work experience recapitulated the Evaluation and Placement experience of working in an environment that allowed colleagues to provide close support for one another. Because the weather was uncomfortably hot as many as 6 kids were at different stages of evaluation in one large air conditioned room. Commenting about this situation, the evaluator noted that "Even though this room is large, it does get noisy at times--not necessarily a situation that allows for maximum concentration....The shared space gives examiners a chance to observe their colleagues at work. This is important because it is my strong impression that evaluators are always on the lookout for new ways of dealing with their clients. This togetherness allows for small talk, but it also allows evaluators to consult one

another when problems arise."[129]

During this first stage of learning to be an education evaluator, this particular individual found that the writing of IEP's was the area which gave him the most difficulty. Testing itself, presented fewer problems. However, there were certain other rules that he needed to learn. For example, he noted that "Work rhythms vary due to unpredictability about whether kids will show up. Ideally, the entire evaluation [social history, psychological, educational evaluation] is accomplished n one day. There is no one to formally annunciate rules, but one learns quickly that you are supposed to be able to test two kids in a day, but only one should be an initial. That only one should be an initial is an unwritten norm. One can approach the supervisor, if given two initials, but should be differential."[130]

Aside from learning about productivity norms, and about "legitimate" rules for testing, there were other lessons too. In connection with one of his cases, the novice evaluator discovered that he'd somehow forgotten to administer a section of a test that was necessary in order for it to be scored. He discussed the problem with two experienced education evaluator colleagues who concurred in telling him that "...the solution

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[129] Fieldnotes, (8/14/85).

[130] Ibid., (8/24/85).

was simply to 'fudge,' to assign an 'appropriate' score for the subtest." At another point, after the novice shared with his mentor his feeling that a child he'd tested belonged in a resource room program, but not in a full time special education class, he was told that there are ways of writing up an evaluation so that it points away from the self contained classroom as a program possibility.[131] Incidentally, if anyone reviewed the work being done to see if it met minimal competency standards, there was never any open indication that this was being done. So far as this novice knew, only members of the CSE review team read his reports.

Other newly assigned education evaluators reported having experiences that were similar to this, but varying in detail. Many evaluators reported that they learned to test through watching their experienced colleagues at work. One person who worked at a private school, received basic training in how to do educational testing from that school's psychologist. Upon going to work for the Board of Education, in addition to this background he was given the opportunity of observing an experienced evaluator for a couple of weeks before doing his own first evaluation. "I watched him. I watched other people. Then, I asked all the questions that I could, after he was done with his eval. I said, why did you do

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[131] Ibid., (8/85).

this? What does this mean? And so forth. And then, I would do some testing with supervision under him. And then, I was on my own. So they gave you a week or two of that in situ training."[132]

At least since the late 1980's, and in some instances before then, people working as education evaluators have normally come to the job with some relevant academic training. Most, if not all teachers who have become education evaluators since then have a master's degree in special education, and generally every degree in this area requires students to have passed at least one course in the area of tests and measurements. These courses are a part of their master's program so that special education teachers will have an intellectual basis for understanding the meaning of the various tests which are so often administered to the children s/he teaches. Such a course, and many degrees don't require more than one, is often only a survey, and not really expected to provide the student with the type of understanding and experience necessary to actually administer specific tests for the purpose of evaluating a student.

However, some evaluators had stronger academic backgrounds in testing and did feel well served by what they had learned. Thus one evaluator when asked how he learned

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[132] David Schwartz, page 3.

about testing responded that "Well, I had taken courses in psychometrics,...in testing children, and in testing period. So I knew the things that are necessary to know when a parent asks, "What do you mean by a standard deviation?' Not that they ever ask."[133] This particular education evaluator stressed the importance of academic training in test administration and when asked if he always adhered closely to the rules set out in the test manual, responded "To the Nth degree, to the 100 th degree of the 100 th degree, its possible to do because if you don't you don't get proper scores."[134] When told by the interviewer that he'd encountered some education evaluators who don't think its proper to be too rigid, his response was, "They're idiots. They don't understand psychometrics. They don't understand about how tests work...It doesn't mean you don't put a child at his ease....You have to know how to get along with children, explain that to them. But you cannot change. A test is set up a certain way for a reason....very rigid, very rigid...I've had many classes in psychometrics...and you would really skew a test completely off. The test itself is always skewed off anyway. Someone passes, they make noise. Outside, there's noise. Its not a perfect testing situation. You really should

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[133] Marsha Hunter, pages 18-19.

[134] Ibid., page 38.

never do that. Its people who don't understand testing."[135]

Another evaluator, whose career in this profession began in the pre-SBST, but post E and P, days stated that "The bulk of my training was on the undergraduate and graduate level, as well as other...professional seminars, programs. I went to them on my own. I wouldn't say its a result of exposure to colleagues, because we really were not given very much time to share information of that nature. We had to test when we were at CSE...And then, ...when we were school based.. and we were all separated. So the bulk of what I learned, I learned outside the Board of Education. I didn't learn from my colleagues...you know, ed evaluator colleagues...and I didn't learn from colleagues in the other disciplines."[136] This same individual noted that when she actually started to work as an

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[135] Ibid., pages 38-39. In response to a question about whether she was aware of any psychologists who failed to follow test rules she responded by saying, "More than that. I'm aware of psychologists who make up scores." Upon further questioning, she modified this claim saying "Well, I'm not positive." She explained that the reason she was making this accusation was that a particular psychologist she knows routinely asks to look at the education evaluator's test results before starting to work with a child, and then when he does his own testing, "...he's done it in less than an hour. It isn't possible to do a psych in less than an hour, properly." (page 39) Scattered evidence exists that various sorts of irregularities in connection with test scores do exist. However, people are very guarded about discussing this subject. In the few instances where the researcher has heard about cases of possibly falsified test data, it has not been possible to get much beyond information derived from rumor.

[136] Alice Gottlieb, page 40.

education evaluator "You know, when I came along in '79, I was handed some xeroxed copies of tests, some xeroxed copies of protocols. I spent some time looking through manuals. You know, it was self taught...I was just interested in the assessment process in general. So perhaps a bit more motivated, a bit more of a self starter than maybe the average person. But, I was disappointed that there wasn't emphasis on developing my skills."[137]

In contrast to the situation that appears to have prevailed in E and P, staff training at this time did not include many topics relevant to enhancing the education evaluator's skills. "There was no supervision in terms of assessment issues related specifically to...education evaluations...nothing that had to do with testing instruments, the variety of testing instruments, the appropriateness of testing instruments. Nothing specific to the discipline."[138] Although not going into details, another education evaluator stressed the significance of her work experience in teaching her how to do educational testing. She noted that at one point in her career she had worked in a special reading program as a paraprofessional, and that she picked up testing knowledge there when she assisted the teacher who ran this program. She

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[137] Ibid., page 17.

[138] Ibid., pages 10-11.

reported that in this program, "...we did testing...we pre-tested and post-tested...so I got experience in testing."[139] She does not feel that she has learned anything about the art of testing, either directly, or indirectly from her psychologist colleagues. She stated that in her opinion, she and the psychologists do very different sorts of testing so there isn't much she can learn from them about interpreting test results. Nor does she recall having picked up any pointers from them of a more general nature about how to carry out testing.[140]

Another education evaluator stated that in her special education master's degree, there was a heavy emphasis on diagnosis and prescription. In addition she served an internship within the Board of Education which further strengthened her diagnostic skills. Therefore, she felt quite comfortable from the start of her work as an evaluator.[141] Despite her strong background in testing she felt that she was sensitized by one of the psychologists she worked with to take into consideration aspects of a child's work that she had previously tended to ignore, in particular "...the significance of drawing and other behavior expressed through...school activi-

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[139] Sharon Fabelo, page 55.

[140] Ibid., pages 62-63.

[141] Carole Rodriguez, page 27.

ties..." which she had previously "...never really looked at as so psychologically laden." When she sees material that she thinks has special psychological significance, she immediately alerts her psychologist colleague.[142] She also noted that in the course of working with psychologists she has learned from them some of their "jargon," what they are actually looking for in their testing, and how to understand the meaning of their test results.[143]

One education evaluator reported that she was originally a resource room teacher and that in this position her supervisor gave her some help in learning how to do educational testing of her students. She referred to this as the way in which she basically learned how to do testing.[144] She does not feel that later, when she became part of a SBST, that working with psychologists taught her anything significant. She said that "No, no, I haven't learned anything from them about testing, other than that we sometimes conflict..."[145]

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[142] Ibid., page 35.

[143] Ibid.

[144] Nancy Wolf, pages 25-26. She also referred to having learned about testing from training she received immediately after being selected for the education evaluator position.(page 24). However, prior to that she had substantial resource room experience with testing.

[145] Ibid., pages 33-34. This comment was actually made in reference to the Beery a figure drawing test that used to be widely given by education evaluators, and the Gestalt-Bender,

It may have been inevitable that education evaluators who entered the system early, when E and P still existed, obtained a significant part of their testing knowledge from observing colleagues. Given that everyone worked in the same few rooms, it was relatively easy for colleagues to pick up knowledge from one another.

An education evaluator who worked at E and P noted that "...I was allowed, before I began testing, to observe the ed evaluators that were there for as long as I felt I needed to do that. And they were very kind to me. And they let me sit in. And then, they allowed me to give some of the tests. And that's how I learned."[146] When asked if she'd learned anything from psychologists, she responded "Absolutely not. They never shared any information."[147] However, she returned to the question almost immediately and noted that she actually did learn from them, but indirectly because there were occasions when they tested in the same room. "Different children, but in the same room. And by overhearing, and by

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a test routinely given by psychologists. Many of the forms students are supposed to reproduce for these two tests are similar in appearance. However, the psychologists make much more sophisticated use of this material. Over the years, the researcher has heard comments denigrating both tests from non-psychologist supervisory personnel, though never from psychologists.

[146] Stephanie Taylor, page 28.

[147] Ibid.

listening to what they were doing, I learned a great deal."[148] She specified that through this indirect observation "...I learned about their tests. I learned how they administered their tests. I learned how they scored their tests. In fact, one of them, I even asked to give me the test. So that I really did learn in that sense, which I did." Despite this direct learning experience, she reiterated that basically what she learned from psychologists she picked up indirectly. She said too, that there were occasions when psychologists asked her for information about the tests she was giving, though this does not seem to have occurred with much frequency.[149]

Another person who also became an education evaluator during the early years of this profession's existence noted that she came to the job with some training in testing because she was a speech pathologist.[150] Despite already having some background in testing she still found there was a good deal she needed to learn. When she first began to work for an E and P unit, she was "...assigned to one of the people who had been there a few years. And I was to watch him test, for...I don't

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[148] Ibid., page 29.

[149] Ibid., page 30.

[150] See chapter two where it is noted that some of the earliest education evaluators were initially speech pathologists.

know...a week or so.And then he was going to...He sat with me while I tested. We went over results of the tests. What do they mean? And he was sort of assigned as...like I was a student teacher to this person...And that's how most of us who started at that time came into it. Eventually, it evolved into taking courses....It was on the job. You were being paid. You were being called an ed evaluator."[151]

The Committee on Special Education Review Team

At first glance, the fact that any SBST clinician in good standing is able to qualify for service on a C.S.E. Review team may appear surprising. The major function of these teams is to serve as a second level of review for handicapping and programmatic recommendations made at the EPC level, by School Based Support Teams. Although frequently, in fact much of the time, they uphold these recommendations unchanged, they have the power to reject them. Such rejections are not at all rare. One important reason why cases are sent to review by SBSTs is that the case is controversial. The SBST could readily make a decision but chooses not to because it wants to make a decision that members know will displease either teachers or administrators in their school. They wish to avoid

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[151] Michelle Levinson, pages 7-8.

being seen as responsible for such a decision. Legally, they should not be doing this. Pragmatically, this sort of thing is not uncommon. It is a rare SBST whose members are indifferent to how they are regarded in their school. This is not to suggest that SBST members do not strive for and achieve considerable independence from the wishes of school personnel when they feel that this is necessary. However, at times there are cases in all schools where school personnel have a very strong investment in achieving a particular outcome, one which may not be in line with what the SBSTs assessment results suggest is best for the student. At such times, the SBST may find an excuse to send an otherwise locally resolvable case on to CSE, for review. In addition, there are certain types of program recommendations that cannot be finalized at the SBST level.

The relationship of the CSE Review team to the SBST is somewhat difficult to explain in so far as the attitude(s) of clinicians towards these teams is concerned. On the one hand, no special prestige is supposed to attach to membership on one of these CSE Review teams. And yet, it is very definitely the case that these teams are empowered to make final program recommendations of a type that SBSTs cannot do. Furthermore, to the extent that non-Review team clinicians are aware of the type of cases tackled by CSE teams, they realize that these cases are at times very complex and convoluted, frequently

involving difficulties which are seldom encountered in other settings, certainly not with the frequency they show up in this context.

Among the type of cases handled by CSE Review teams are cases involving children with very severe handicapping conditions. These are children who have never attend regular education classes. Often these children are severely, physically disabled. They may also have very serious emotional problems. Normally, such children are placed in what are called low incidence programs run on a city wide basis. Though rare, there are also cases involving children whose handicapping condition usually physical, sometimes purely emotional, sometimes a combination of the two, may prevent them from attending school altogether. Such children are nevertheless entitled to an appropriate education under the rules of PL94-142.

In such cases, it is the CSE in the local community in which these children live, that is responsible for their evaluation and it is the review team members who are likely to carry it out through a home visit, if necessary.[152] Other circumstances may also require CSE Review team members to travel in order to carry out evaluations. Commonly, they are

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[152] These cases are, however, quite rare. In one school district last year (1992-1993), there was only one such case reported.

required to visit pre-school sites to make detailed observations on pre-school, "turning-five" youngsters.[153] Another specialty area for CSE Review teams involves suspension cases. When a special education student is suspended from attending classes, an event which normally occurs only as the result of a weapons charge, a hearing is held before a special officer at the Board of Education's Brooklyn headquarters. Frequently, the outcome of these hearings is a decision that requires review of a student's IEP by the local CSE review team. However, depending upon the freshness of test data in the student's file, this may necessitate all new testing. There is room for some discretion in what is done,but in some CSE's it always involves, at the least, preparation of a social history update. When the student is in a secondary or elementary school, this work can be carried out there. But cases involving high school students are always done at the CSE. IEP reviews, regardless of school level, are always done at the CSE.

When a regular education student is suspended, the CSE

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[153] A change in the Federal special education law has expanded eligibility for special education services to include youngsters from birth to kindergarten age, children who were previously not eligible for such services. At least some of the evaluations and/or classroom observations necessary for the appropriate placement of such children are supposed to be carried out by C.S.E. Review Team members. In practice and depending upon the particular CSE, many other clinicians may be involved in such evaluations.

may be asked to conduct an evaluation to determine whether a handicapping condition exists. However, this can only be done with cooperation from the affected student's family. Students whose emotional problems have resulted in their confinement in a mental institution may also need to be evaluated by review team members. In a case like that the student may need to be evaluated because this is needed as part of the planning for his/her return to the community. Yet another type of case handled exclusively by CSE Review teams involves children who are known as "non-attending." This rubric covers a wide range of students. Though usually they are quite young, sometimes they include teenagers who have been out of school for a while, and now wish to return. They may include students newly arrived from abroad, and quite frequently, students who have recently moved to New York City from other states. Many of these students have problems which are actually routine and involve no special complications. There is also the problem of students with severe disabilities who have been in special education programs for lengthy periods and have made little progress or seem to have deteriorated. This is actually not an unusual situation and in practice most commonly nothing effective is done for these students. Sometimes, though not very often, they may be placed in non-public school programs. Non-public school placements are most likely to occur when a student is perceived to have very serious problems which

prevent him/her from benefitting from education in a normal public school setting. Such students may be classified as having any of the various handicapping conditions which are recognized under federal law. Decisions to make such placements can only be reached at the CSE Review team level.

Finally, there are the conflict resolution cases. It is not unusual for either a student's parents or for a school administration to be displeased by the recommendation made by a SBST. When that happens, the case is sent for review to a CSE team, which hopefully will be able to resolve the conflict. These are called "School Conflict" or Parent Conflict" resolution review meetings. When parents and or schools disagree with the outcome of a regular CSE review, that too may trigger one of these meetings. When that occurs, the case is scheduled for the other CSE review team. Due to scheduling difficulties, on occasion one or even two members of the team which originally made the challenged decision may wind up reviewing the case again, this time in the guise of a conflict resolution. If the conflict is not resolved at that point, the case may be sent to the central Board of Education for an Impartial Hearing.

Given the complexity that frequently characterizes cases reviewed by the CSE teams, an outsider would reasonably anticipate that there would be fairly high standards set by the Board of Education and by CSE's for people interested in

working on these teams. However, this is not quite the case. As noted earlier in this discussion, beyond being a qualified SBST member, there really are no other requirements for CSE Review team membership. Actually, this isn't quite true. The posting for CSE review members does have certain standards listed, but with the exception of one that requires a certain minimal amount of time for having worked on a SBST, none of these would normally stand in the way of any applicant's effort to get on to a team. There is however, one catch. If insufficient numbers of clinicians apply for review team membership, then the Chairperson has the right to select clinicians with the lowest amount of seniority for any unfilled positions.

This would seem to suggest that the review team's work is not very highly valued. Why else, would there be a policy that allows for involuntary placement of the least experienced clinicians on these teams? Certainly, this is one possible explanation. However, the fact that seniority, or in this case, its absence can be the basis for forcing an assignment upon clinicians is due to the UFT having been able to obtain such an arrangement with the Board of Education. Although this does seem to send a message, it may not be exactly what appears on the surface. One message might be that in a conflict between seniority and professionalism, from the union's perspective, it is appropriate that seniority should

win out. This indeed, at least in part, does appear to be a legitimate way of reading the situation. But, our interviews with clinicians have suggested to us that there is another way of looking at this. The fact that the Board of Education puts individuals who lack training into the position of doing serious, heavy duty work which may have an important impact on student's lives is not unique to this situation.

A fairly substantial number of clinicians when discussing their first work experience emphasized that they commenced their SBST/CSE work with very inadequate training. They learned what to do "on the job." Although particularly true for education evaluators because of the innovative character of their work, similar problems have existed in various degrees for all SBST members. For example, one psychologist recalled that on his first day as a school psychologist, he was asked to go into a school and help to make a complex programmatic decision despite his lack of experience.[154] A social worker stated that even though she was not uncomfortable doing case management, she had no training in how to do it.[155] Unless one wishes to take the position that none of this work is valued by the Board, an alternate explanation is simply that the Board is derelict

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[154] Henry Rodenko, pages 2-4.

[155] Ann Cohen, page 16.

about training its personnel, and that this is a common, routine situation.[156]

Although some clinicians, including people with heavy seniority choose to do review work, for many of them, it is something to shun. It is widely felt that working in a CSE places clinicians in uncomfortably close proximity to supervisory personnel. Certainly one of the reasons given for not wanting to do full time review work is a desire to stay away from supervisors. It is felt that one's freedom is severely compromised by working at CSE headquarters, something which is widely referred to as working, or being "in-house." When we speak of being compromised, the concern is generally not with professional issues, but rather with the personal freedom to control one's comings and goings, to determine just when various things that need to be accomplished actually will get done. Some people fear that if they work in-house at CSE their every move will be subject to supervisory surveillance. There is a suspicion too that working in house may mean working harder. In fact the evidence that we have been able to procure

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[156] This occurs at less exalted levels, too. Recently, a newly assigned paraprofessional complained to this researcher that she was given a variety of tasks to carry out, but received no training from anyone about how to perform them. She was quite upset because she was very willing to learn, but could find no one to teach her. Generally, speaking in fact, the poor training received by family workers assigned to assist on SBSTs, has been a constant complaint of clinicians. (Fieldnotes, 1992-1993)

suggests that concerns about supervisor surveillance are largely unfounded, or at the very least, it is likely that the problem, or whether one exists at all, is not universal, but one that will be found to vary, according to local circumstances.[157]

Working within a CSE on a review team, provides a clinician with a very different type of experience than that of the SBST. Although physically working in a school building, CSE Review team members, unlike SBST members, are not a part of any specific school, but they eventually review cases from every school in the district. In this sense, they may be seen as having a district wide mandate. It is probably accurate to see them as less likely to be subject to pressure from school personnel when they make their diagnoses and program recommendations. Even though we should be aware that they are more distant from every day life in a school, than is the average SBST member, we should be equally careful not to loose track of the fact that review team members are all people who have served on SBSTs, often for many years.[158] In most cases they

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[157] However, based on interview and fieldwork data, it appears that the perception that working "in-house" can mean a heavier workload, may be justified.

[158] Exceptions to this situation though rare, do occur. As noted above, a newly assigned clinician with no experience locally, or even elsewhere, may be assigned to full time review work if there are no applicants available to fill a posted review team position.

retain the right to return, following their term on the review team, to the SBST from which they came. In this sense we can see that despite what might seem like appearances to the contrary, they have strong roots in the local community schools and are not therefore operating as outsiders in their review team role. For education evaluators there may be a special gain from doing review team work in that it means relief from the relentless pressures of compliance.

Though rarely discussed or ever more than hinted at, the idea that Review team activity does in some sense, reflect a higher order of activity, seems to be present. Certainly, it is the case that other clinicians often look to review team members as resources, as people having special knowledge about some of the more esoteric crevices of decision making work. In fact, experienced review team members are likely to have much specialized knowledge, more so than other clinicians. Precisely because they encounter types of situations which are never met with outside of the CSE, they acquire knowledge in areas others may not even know exists. One such area, for example, involves preparation of what are called "interim IEPs," used for a 3 month period under certain circumstances, for students in the process of being evaluated for regular special education placement. Another example involves the acquisition of special knowledge related to assigning various sorts of specialized paraprofessionals to students. These include

workers known as health paras, awaiting placement paras, crisis management paras, toileting paras, etc. When a student is found to need a non-public school placement, a special form, the LRE (least restricted environment) needs to be filled out. This is a fairly complex form which is never seen by SBST members.

Review team members are also more likely to have the opportunity to acquire a broader knowledge of the range of programs available for handicapped youngsters, especially non-standard programs and settings. In order for them to accomplish their work, review team members occasionally receive specialized training. For example, at one CSE, review team members at various times during the course of a single year met with clinical supervisors from the high school division to discuss problems involving CSE reviews of high school cases. They also received specialized information about vocational programs and about the process of making non-public school referrals. Aside from training received on a group basis, in areas that directly involve their CSE Review work, review team members always have non-review responsibilities. Depending upon what these are, a clinician may acquire knowledge and engage in actions of a sort quite different from what he would be doing on a SBST.

Among the tasks peculiar to a CSE that may be assigned to a clinician are case management positions involving

specialized populations such as non-attending students whose educational requirements need to be determined,and students who have been officially suspended from their special education program. Non-public school(NPS) cases are also handled by CSE personnel. Once a review team recommends that a child be placed into a non-public school setting, there is a considerable amount of paperwork that needs to be done. In addition to this, the person in charge of NPS cases needs to be in contact with an assortment of people including the student's parents, non-public schools that may be willing to accept the student, and the CBST (Central Based Review Team) at 110 Livingston Street, through which all non-public school placements eventually must pass.

Due to the nature of the cases seen at CSE review, team members also have much greater opportunity to read and review psychiatric data than they would normally have in the course of SBST work. They also are in a position to talk with the committee's psychiatrist more readily than would otherwise be the case. Because of their exposure to all of these various sorts of esoterica, and also simply because of their constant involvement with reviews generally, review team members come to be seen as experts and resource people. As such, they receive inquiries from colleagues on SBSTs, and also, though less often, from supervisory personnel at CSE. Before considering what individual clinicians have to say about review

teams and the work they do, we should emphasize one more point.

Social workers have been eliminated from SBSTs except for the purpose of initial cases, but they are part of all review team work, regardless of the issues involved. Although legally it is possible for a review team to meet in the absence of a social worker member, several years ago the executive director of the Division of Special Education at that time issued a still valid memorandum in which he specified that this should only occur in case of an emergency. Though available elsewhere, this memorandum fails to define what is meant by the term "emergency."[159] Although infrequent, there definitely are occasions when only an education evaluator and a psychologist participate in CSE reviews.

As we have noted, at present review team work is shunned by many clinicians. We should have added that there is a significant exception to this. Many clinicians are quite happy to be called upon to serve on ad hoc review teams. Such teams may be set up if the number of cases needing to be reviewed is so large that they far exceed the capacity of the in-house review teams to get done within compliance deadlines. Or, such teams may be established as part of per session activity. Although some clinicians prefer to avoid doing

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[159] Memorandum # 28, March 8, 1988.

review team work under any circumstances, many enjoy doing it when conditions are appropriate. Until about 3 years ago, clinicians did not work as full time CSE review team members. Typically, CSE review team members worked at that job for two or three days weekly, and spent the rest of their time on a SBST. Many people who enjoy doing review work, do not feel they would be comfortable doing this work on a full time basis.

When review team work was made into a full time operation, some of the same clinicians who for years had been doing review team work enthusiastically, avowed that they would never consider doing it as a full time activity. Whether because it was seen as an interesting activity, or whether outsiders regarded review work as prestigeful, during the period when it was a part time event, some, perhaps many clinicians were quite upset when they failed to be given the opportunity to do review work. People wanted to do review work, considering it to be a plum.[160] The researcher was aware of considerable anger on the part of some clinicians who though new on the job, felt that some of their equally inexperienced colleagues were being assigned to review work while they weren't, despite requests for it. A supervisor's explanation that they needed more experience only fueled their

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[160] Fieldnotes, (1985-1987).

annoyance because they felt that several of their colleagues who were being given this work were no more experienced than they were. The fact is that during this period many clinicians who wanted to do review work were unhappy because such assignments were not being given to them.

In terms of arbitrary assignments the review team situation has changed in recent years, as mentioned above. Starting in February 1991, CSE chairpersons were no longer able to assign or exclude people arbitrarily from this activity. At that time, CSE-Review team work became a specific, full time assignment for which one submitted a formal application. Assuming they were otherwise qualified, candidates were to be selected strictly according to seniority. After serving a three year term, a clinician could succeed himself, but only if there were no other applicants for the position. As referred to earlier though, if no one chooses this assignment then, precisely because of the same seniority rule, the chairperson is empowered to select the least senior clinician to fill a review team vacancy. In this circumstance, the team member is only obligated to serve for a year.

Whether the choice of personnel for Review team assignments was in fact arbitrary prior to this new arrangement is probably not demonstrable, but certainly it was often perceived that way. One psychologist, new to the CSE in which she was working, and relatively inexperienced overall, was

both surprised and pleased to find herself assigned to a review team. A psychologist, who held a doctorate, expressed considerable anger over loosing out in his quest for review work to a colleague who lacked this degree. Another psychologist felt that he was denied the amount of review work which he should have received given his doctorate and experience. He attributed this to his very independent attitude when he did review work.[161] To a great extent, the switch to full time review teams with positions filled through "objective" posted requirements made these speculations moot. However, in addition to the regular review teams, there are also ad hoc teams set up during per session, and also at times during the regular school day, to supplement the work of the regular teams. Assignments to these teams has been entirely at the discretion of the CSE chairperson.[162]

At this point, we will discuss the way review teams currently function, how their activities are perceived by those not on them, and how review team members look upon the work of their SBST colleagues. Even in the best circumstances a certain amount of conflict between CSE Review teams and

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[161] Ibid., (1987-1988).

[162] With the most recent UFT/Board of Education contract approved in October 1993, there were a variety of changes made in the operation of per session. As a consequence, per session review team assignments should become less subject to the chairperson's whims, at least in theory.

school based support teams is inevitable. If it is assumed that a properly functioning CSE Review team will not, and should not be acting as a rubber stamp for decisions made by SBSTs, there will always be cases where these respective sets of clinicians will not agree about a child's handicapping condition, even whether he has one, and program placements. We might expect that this would lead to a certain amount of tension between these two sets of clinicians, and sometimes it does. More frequently, it does not.

Although it is not unusual to hear suggestions that CSE review team members are out of touch with conditions in the schools, such complaints are more likely to come from school personnel, than from colleagues. Even then, such comments are most often made out of earshot of the CSE review team members. Thus when a school principal told review team members in his district that they weren't aware of conditions in the schools, his remark generated an angry response not only because it was regarded as inaccurate, but also because such a comment, so directly stated is actually quite rare. In this case, one of the review team members reminded the principal not only that all of its members were recently school based, but also that one of the purposes of a CSE Review is precisely to have a group of clinicians examine a case in an objective atmosphere, at one remove from the school.

CSE Review team decisions are subject to being challenged through requests for parent or school conflict resolution meetings, and ultimately through the Impartial Hearing process, but the fact remains that these teams generally have the last word. Review teams about which the researcher has had the opportunity to obtain information, have usually been quite conscious of this. An important consequence is that they have a heightened awareness of the significance of their decisions. This in turn, has an important impact on how the review team approaches its work. One of the keys to an understanding of PL94-142, is the phrase "least restrictive environment." When a student is found to have a handicapping condition and to be in need of a special education placement, one of the most important factors in determining that placement is the need to follow federally mandated guidelines specifying that the needs of a handicapped student should be met through placement in a program which minimizes his distance from the mainstream. On every IEP, there is space for the CSE review team to indicate why it has chosen one program over another. Although, the amount of space provided for this is actually very little, filling it out is more than a pro forma process. Particularly when decisions are made on initial cases, or when the team's decision moves a student from a less to a more restrictive program, teams tend to be careful in thinking about the placement(s) that might have been.

Theoretically, given the same data, and assuming that teams approach their cases in an unbiased, objective manner, any team reviewing a particular case, should be expected to reach the same decision concerning a student's needs. We cannot provide a statistical analysis to demonstrate this one way or another, but we can say that our field experience supports this expectation, though there are certainly numerous cases where two teams have the opportunity to review the same evidence, and reach different decisions. Such divergent decisions most commonly occur in respect to cases sent by SBSTs for CSE review. However, though less frequently, they also occur with cases reviewed by one CSE team and then looked at again, by another team. Normally, only one CSE review team looks at a case,but there are occasions, particularly when a student's school or parent(s) disagree with a CSE decision, when both teams review the same case within a short time span.

As discussed above, in some important ways membership on a CSE Review team differs from membership on a SBST. Although all clinicians working for the CSE are aware that there are rules which need to be adhered to closely, and that CSEs are constantly being monitored by outsiders to ensure that they adhere to State and Federal regulations, the reality of this monitoring is more readily felt by in-house staff. For one thing, they are aware as SBST clinicians are not of the

physical presence of monitors.[163] When something is found to be wrong, if it is tied in to anything clinicians are doing, CSE members are usually the first ones, after supervisory personnel, to be told about the problem. Precisely because the chairperson wants things to look good in the area he most closely controls, Review teams are under special pressure to make certain they adhere closely to rules. If a case is controversial, and may result in a parental or school request for an impartial hearing at 110 Livingston Street, the review team will find itself under increased pressure to make certain that the case is "clean," i.e., that there are no technical blemishes in the way it was reviewed. Such technical errors may result in a CSE team's decision being reversed at an impartial hearing and are therefore especially important to avoid. In fact, it is not unheard of, if a case is headed for an impartial hearing, for a chairperson to find an excuse to re-open the case for the sole, though unofficial purpose of correcting "errors" in the original review.

Or, a review may be rescheduled even at the last minute if some aspect of it is unlikely to meet Impartial Hearing Office criteria. For example, despite formal rules

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[163] SBSTs are well aware of the monitors who come to check out conditions at the schools where they work. But these monitors are normally there to look at the how the school's special education unit is functioning. They are not there to review the SBST's functioning.

requiring the presence of a parent member at all CSE Review team meetings, this standard is often not met. If a case is expected to result in a request for an impartial hearing, the unavailability of a parent member may result in its being cancelled and rescheduled for a later date. Such cancellations can occur less than 24 hours before the meeting was supposed to take place. However, it is not only in fairly unusual circumstances that problems arise. More commonly, problems occur with "common," everyday cases. It is not at all unusual for a review team to open up a case and find that there is no indication as to why the case was put on for review. This sort of problem does not normally occur with initial cases since it is obvious why the review team is looking at them. A problem that does crop up with initial cases, especially when they do not originate in a school, is the absence of necessary data, or data that is really adequate for the purposes of understanding the child being assessed. Depending upon the nature and importance of the missing documentation, the case may have to be deferred. Or, it may proceed, but with data that would ordinarily be deemed unacceptable. In such cases, the review team may request immediate, follow up testing.[164] However, it

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[164] An example of inadequate data would be the case, not really rare, where examiners from non-Board of Education agencies have used test instruments which are not approved for use by the Board's own clinicians because they are considered to be faulty. In theory evaluations based on such test instruments, especially if they were used for the bulk of the

is also not an infrequent occurrence when the cases involved are triennials or reevaluations.

Sometimes cases are placed on review which don't fall into any of these categories. At times, clerical errors need to be corrected and can only be done through a review. A case may in fact turn out to be a reevaluation, but it was not officially put on as such. When a case is on for review, and the reason is not clear, the team's first task is to find out why they are doing the case. Depending on circumstances which vary from case to case this information may be obtained from the person who schedules cases. S/he may have scheduled it in response to a verbal request from one or another supervisor. The placement officer may schedule a case, but not provide written data as to why the case was scheduled. An SBST may have asked to have a case put on review, but failed to specify what issues the review team should consider. Similarly a parent may have asked for a review without specifying why the request was made. In such cases, the review team is usually able to eventually contact someone who is able to provide the necessary information as to why a case was scheduled.

The process of obtaining this information may eat

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test should be rejected. However, rank and file clinicians, and supervisors too, rarely reject such evaluations. Although compliance pressure is probably the main reason for this, other rationales also appear, such as claiming that data from the test is consistent with everything else known about the student.

heavily into the time scheduled for working on a particular case with the result that the case is either inadequately reviewed prior to a decision, or the team falls behind in its work. Such problems are probably subject to considerable local variation. Occasionally, the team really cannot locate anyone able to explain why a case was sent for review. In such circumstances, there are three possible outcomes. One is that the case may officially be considered as "scheduled in error." Another is that the Review team may infer what is at stake by carefully looking at the case material, and then go ahead and review the case, based on this inference. The third option is to defer the case. To do this, the review team must receive permission from the CSE Chairperson. Due to compliance pressures, deferments are granted with great reluctance.

One problem which sometimes occurs is that a SBST makes a decision which it wants the Review team to look at, whether to confirm or revise, but then fails to provide data necessary to understanding why this decision was made. One form of this problem occurs when the SBST says it decided on a particular handicapping condition or program recommendation, but fails to provide a rationale so that an outsider can understand the reasoning behind the team's decision. Another form of this problem occurs when the SBST's reasoning is clear, but hard data to justify the decision seems to be lacking, or to point in another direction. Frequently, when a

case arrives for review, teacher reports and progress reports from related service providers are missing. A School Based Support Team may agree with a school's Type III[165] request asking that a student be placed in a more restrictive environment, but when the CSE Review team goes over the data, it is found that anecdotal material required for rendering and justifying a decision has not been sent. Frequently, when a Type III request is put in for something a little bit out of the ordinary, such as a crisis management para, or a piece of medical equipment, necessary supporting documentation is missing. There are times when review team members must spend the better part of an hour tracking down such data, notifying school personnel of what needs to be submitted.

Beyond all of this, even when reports are on file, there is the question of whether they are adequate in terms of what is being requested. One review team member after discussing many of the preceding problems, pointed out that "....very often time is spent on the phone calling people to get more information, or postponing cases to get additional assessments, and if there was an administrative mechanism available for reviewing cases before they go to review, a lot of that

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[165] "Type III" is the term used for the form on which a request is made by school personnel for a change to be made in a student's program. This may involve something as simple as the addition of counseling services to the I.E.P. (Individual Educational Plan), or as complex as a change to a radically different program than the one the child currently attends.

would be alleviated, and would make review team work more efficient."[166] This interviewee went on to note as an example of a common situation where data sent to the review team is inadequate, cases where "...you get Type IIIs with a few sentences about the child and his disruptive behavior, but you don't get information, detailed anecdotals that show what prompted the behavior, what the behavior was, and ...the attempts used to resolve the behavior. When you don't get a sense that there has been any real ongoing behavior modification and management program, then you feel that the child's needs are not being met, and a school based support team should be aware of that,...before the case comes to CSE..." He noted that the SBST needs to impress on school personnel both teachers and supervisors "...the need to provide for the type of intervention which is appropriate for that classroom."[167] In trying to account for this failure to provide all of the necessary data, he suggested that the team simply gets caught up in the immediacy of the situation, the need for rapid action to resolve a problem.

This same review team member also noted that with experience review teams come to recognize that certain special education supervisors are inclined towards trying to "dump"

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[166] Jose Hernandez, page 48.

[167] Ibid., page 46.

difficult kids by bringing their cases to CSE for review, in the hope that there will be a program change getting the kid out of their school. He noted that in cases like this, the review team tended to demand more and better anecdotal data so that in fact more might be required from one supervisor as opposed to what was being requested from another. As he stated, "...very often you deal with motives. Very often you feel that you don't want kids just dumped into another program or another class and depending on the supervisor involved, if that person has a reputation for dumping kids who just make life miserable for them, then you are going to have...you are going to have to require more from them in order to make the change...I mean, there'll be times when we do have to make....we do read material differently, and come up with an independent decision. We try to impress upon the supervisor when that's the situation that ...the committee would be receptive towards...another referral...and consider additional [material]...over a period of time, if this behavior is still present.[168]

The Committee on Special Education's Review team has as one of its chief functions the task of labelling students Although all CSE/SBST clinicians are involved in labeling decisions, most labeling is done by the review teams if only

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[168] Ibid., page 45.

because SBSTs are not empowered to make the programming decisions which are often closely related to the labeling process. SBSTs are able to provide the final label in instances where the student is being recommended for nothing more than resource room or related services. In all other cases when the SBST makes a recommendation, it still has to be approved or rejected by the CSE Review team.[169] Given that it is really only at the review team level that a certain finality it achieved in the labelling process it is important to have some sense of what actually occurs there.

One important point is that normally a review team includes one member from each of the three disciplines. In addition, there is supposed to be a "parent member" present at every review team meeting. This is a legal requirement, but it is frequently breached because in many school districts, actually locating parents who are willing to attend these meetings on a daily basis, is not easily accomplished. Parent's are paid a small stipend, ostensibly to cover their expenses. Having a parent member is meant to ensure protection

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[169] As referred to earlier, new procedures in effect since September, 1993, have somewhat increased the power of SBST's. This discussion has been written just as they have gone into effect and does not reflect changes that may result as a consequence. However, these procedures should not significantly alter CSE Review team functioning as it is described in this chapter. It may have an impact on the type of cases sent to Review. There has been some speculation that the review teams will see an increase in the number of parent/school conflict resolution cases sent to them.

of parental rights. No one interviewed spontaneously discussed the impact of parent members on their CSE Review team's activities. Parent members probably vary somewhat in their relationship to review teams, but do not seem to have much overall impact. It appears that they are more of a physical presence than anything else. On rare occasions, it does happen that the parent member will take aside a parent or child, who appears uncomfortable with the CSE proceedings, and reassure them about what is happening. Also, one sometimes gets an implied, unspoken sense that a parent who enters a review meeting and is introduced to the parent member, is pleased to see someone present who is not a clinician. But this appears to be the extent of the parent member's impact on review team functioning.

The amount of time allotted for a CSE Review team meeting is typically an hour, this may vary from committee to committee, and depending upon the type of case, even within the same committee. However, the actual amount of time spent on a case is subject to considerable, often predictable variation. What makes life especially difficult for review teams are the surprisingly frequent cases where unanticipated problems arise. We have already noted that there may be a number of reasons why problems occur. One source of difficult-ly, already mentioned, arises when the SBST sends in a case with the request that a particular decision made by the SBST

be upheld and it turns out that the SBST has not sent in adequate data to support its recommendation.

Just how serious a problem this is, often depends upon the nature of the case, and the type of recommendation being made. Sometimes, the problem can be resolved through phone contact with the school. If a school is seeking to move a child from a MIS I program to a MIS II, it may be possible to rectify data omissions through phone conversations. Essential data may be obtained verbally, and then put into writing. The MIS II program is primarily for children who are identified as having emotional problems which interfere with their school work. This may be their only disability, or they may also be learning disabled. Children in the MIS I program are there because they are considered to be learning disabled, and are normally labelled as such. However, it is possible for a child to be labelled only learning disabled and be in a MIS II program, or only emotionally disturbed, and be placed in a MIS I. Generally, a child has only one or another label, There is however, one label, "multiply handicapped," which covers more than one handicapping condition. This particular label is generally used only with students having very severe, quite disabling handicapping conditions.

Normally, if a team feels that a child has more than one handicapping condition the labeling will read, "learning disabled/emotionally disturbed," "mentally retarded/-

emotionally disturbed," or speech impaired/learning disabled.[170] In such cases, the first condition is considered as primary, the other one, as secondary and this is specified on the IEP. One reason for giving such dual labels is that the review team feels that there is little actual differentiation in the extent to which one or the other of these conditions really characterizes the student. Another reason is that due to a change in the child's program, the review team has decided that a new label was appropriate for a child already in special education. Even when clinicians feel the new label is dominant, they may still consider it appropriate to include the earlier label. Their argument is that the new label, perhaps "emotionally disturbed," does not mean that suddenly a child has ceased to have his previously diagnosed handicapping condition, for example "learning disabled," after many years of carrying around that label." Another, unacknowledged factor also seems to be at work here. Retaining the earlier label is self protective. This avoids the suggestion that earlier diagnoses, were inaccurate. It is easier to acknowledge that they were incomplete, than to suggest that they were inaccurate. And it may also be argued that changed circum-

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[170] The practice of giving a child two labels in lieu of using "multiply disabled" is not considered appropriate according to training provided to CSE personnel by the Division of Special Education (Division of Special Education training personnel, 1993-1994 school year).

stances have generated the conditions that led to this new label. Alternatively, changed circumstances may lead to elimination of a label.

Occasionally, children are decertified from special education. In these cases, whatever label they previously bore is rescinded, and the child is now referred to as "non-handicapped." In other circumstances one label may be substituted for another. Most frequently, the emotionally disturbed label may be replaced by "learning disability," and the label "speech impaired," is replaced by "learning disabled," or less often, by "mentally retarded," a label which is fairly stable, though in rare instances it may be replaced by "learning disabled," "speech impaired," or "emotionally disturbed."

Even more so then on SBSTs, the key word in connection with review team decision making is "consensus." If a SBST is not able to reach agreement on a case, it has the option of sending that case on to CSE for review, although this may not occur very often.[171] If a CSE review team is unable to reach consensus on a case, its members can go to the chairperson for assistance in resolving their deadlock. The chairperson may be able to point out aspects of the case which they have over-

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[171] Jose Hernandez, page 13. Although this interviewee specified that this particular reason for sending a case on to review is actually quite rare, based on our research we suspect that this occurs more often than appears to be the case, but that the team prefers to avoid saying that a case is being sent to review because it cannot reach consensus.

looked, and thus assist them in reaching agreement. Or, he may choose to reschedule the case for another team. There is also the possibility that he will suggest a resolution which team members are willing to accept.

Going to the chairperson for this sort of assistance is definitely not considered desirable and is avoided, except in extreme cases. Calling on the chairperson to provide information on a technical point is more acceptable. At times the review teams find themselves dealing with cases involving obscure, rarely encountered situations, and members have no problem asking for assistance in clarifying such matters. But this is very different from going to the chairperson because the review team members are unable to resolve arguments over what are for them, regarded as essentially routine matters.

One review team member mentioned working with a social worker who was new at the job and frequently was very reluctant to acknowledge that a child's psychological and/or educational disabilities as indicated by test results, were not the result of overriding social factors to such an extent that special education placement was simply inappropriate. The type of case where she was refusing to acknowledge any need for special education services involved kids whose test results would normally be viewed by almost all clinicians as providing an open and shut argument for labeling and placement. Thus, when presented with a child whose test scores

suggested intellectual functioning in the moderate range of retardation, she would argue that "...this kid was never taught, never went to school. How do you know what this kid could do?...he never had an opportunity. He just came over.And look where he is living."[172] The review team's psychologist and education evaluator, after discussing the situation between themselves concluded that they simply could not constantly call on the chairperson for assistance in this situation. As the education evaluator noted, doing that "...throws us into a bad light. Why, you know, we can't solve our own problems. And we can't solve the cases."[173] Eventually, this problem was resolved.

The social worker's attitude apparently stemmed in large part from her ignorance of the system. However, she was not actually new to the system, having already several years of SBST experience. It is unclear what was occurring on her team before she attained a CSE review position. Though speculative, we would suggest that this may be an example of how a review team's greater power to label kids may have meant that behavior which was tolerated in one setting, was found to be inappropriate in another. Fortunately, as time went on, she became more accommodating. Until that happened, her colleagues

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[172] Cited by Sharon Fabelo, page 31.

[173] Ibid., pages 31-32.

found themselves having to work very hard to convince her of their viewpoint. They felt that too frequent requests for the chairperson's assistance would call their own competence into question. One possible solution, according to the education evaluator, simply saying "I don't care what happens to the kids,"[174] was rejected. At times, the team was forced to go to the chairperson, but rarely. Essentially, what occurred was that the social worker "...mellowed out," and that solved the problem: "...as the year went along, she did gain more experience and she sort of understood the other side..."[175]

Aside from this special problem, this education evaluator reported that essentially, on her team, decisions are made by consensus although the determining data is really provided by the psychologist and the education evaluator. On this particular C.S.E. Review team, if a child's problems appear due to emotional disturbance or mental retardation, the education evaluator yields to the psychologist in deciding upon this handicapping condition. She feels that his training gives him special credentials for making the decision in such cases. However, she also stated that the decision to label a child as mentally retarded or learning disabled can be affected by other data when a child's test scores are close to

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[174] Ibid., page 31.

[175] Ibid., pages 32-33.

the "borderline" level. At that point, social history data suggesting a very dysfunctional environment may come into play. She noted that there is a preference for avoiding the MR label, remarking that "...LD is obviously not as severe as MR."[176] Even though few people interviewed feel very comfortable about having to label a child as mentally retarded, it is also the case that virtually no one stated that s/he would shirk that responsibility if evidence clearly pointed to the need for that label.

What is at issue though, is just what sort of evidence indicates the necessity of labeling a child as mentally retarded. It is fairly common for education evaluators and social workers to say that they believe that use of this label is specifically a decision for the psychologist to make. However, this viewpoint is not shared by all SBST members. There are some who feel that the decision to use this label should not be the prerogative of any one discipline and in fact, PL94-142 calls for assessment and final labeling to be done by a multi-disciplinary team so that those many clinicians who feel that application of this label is only to be done by the psychologists have a faulty understanding of special education law. Although a SBST may recommend use of this label, ultimately it is the CSE Review team which must

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[176] Ibid., 25-28.

decide whether it is applicable.

In some cases the evidence favoring its use is overwhelming and not likely to be challenged by anyone. This is particularly true in cases where the child's retardation is severe or profound. Such children never even reach the regular schools. Their cases are not reviewed by SBSTs, but go straight to the CSE Review team. In cases where children have IQs in the moderately retarded range of 35 to 50, there is again, rarely much basis for questioning the application of the label "mentally retarded." Problems arise however, when a child's performance places him into the mildly retarded range. The difficulty is greatest in the case of students scoring in the upper part of this range, i.e, with scores such as 67, 68, or 69.

Two points should be made here. One is that no child is labelled as mentally retarded without having scored in that range on at least two test instruments. Typically, if a student has scored in the retarded range on an intelligence test, an adaptive behavior scale is administered to someone who knows him very well, normally a parent. Only if this instrument also indicates that his behavior falls into the mentally retarded range will the child be considered eligible to receive that particular handicapping condition. The second point, one which even some psychologists seem to be unaware of, or at least to ignore, is the relative malleability of the

term "mental retardation." Within the last 30 years, the accepted IQ score for retardation has changed. Until at least the 1960's, an IQ of 85 was low enough for a person to find himself classified as mentally retarded. Suddenly, the standard was dropped and an I.Q. below 70 became the magic number.

Although psychologists and school systems presumably felt there were good reasons for making this change, the fact that it occurred and led to a sudden change of status for many individuals suggests that we should be realize that there is perhaps as much variation in the way this presumably solid, "scientific" term is used, as there is in the matter of the definition of the term "learning disabled." It is common for clinicians to acknowledge that they dislike using the label "mentally retarded," but it is relatively rare to find a clinician who comes right out and says he manipulates his data to avoid using the label.

Many non-psychologists, in this case education evaluators and social workers claim that the mental retardation label is purely a matter for the psychologist to decide, but the fact that a multi-disciplinary decision is mandated by law means that they too, should be involved in these cases as active participants with a say in the outcome. To some extent this does not occur because, as one CSE administrator remarked, some psychologists declare that legally they are the

only ones entitled to make this decision. In practice, education evaluators do not seem inclined to struggle with them over this point. Nor do social workers. However,as frequently happens, it is when a team is faced with a particularly difficult case that the significance and value of a multi-disciplinary approach can be demonstrated.

At one CSE, a Type III was sent in requesting that a child be moved from a program for learning disabled or speech impaired kids, to one for students labelled as mentally retarded. It is unclear what the child's label was at the time of this review, but over the past few years it had always been either speech impaired or learning disabled. As usual, the review team looked over the child's school history. He was found to have a history of consistently poor academic performance. Current IQ test scores were in the retarded range. Subtest scatter on the IQ test included at least one score not in the retarded range. Psychologists seeking to avoid calling a child retarded often use subtest scatter to justify saying a child is not retarded. However, in this case, the scatter involved only a single subtest, one that simply wasn't especially significant and so could not be said to suggest non-retardation. When a psychologist says that subtest scatter indicates that a child is not retarded, it should be in particular subtests that the child achieves relatively elevated scores.

Educational testing also pointed towards retardation. Although an educational evaluation cannot by itself be proof of retardation, an exceptionally poor performance on both formal and informal assessments of academic achievement, in combination with other data can point the way towards making such a decision. It is one piece of the puzzle. It may not be the most important, but neither should it be ignored. In fact, education evaluators do sometimes argue that a student's academic performance precludes the possibility of labeling a youngster as mentally retarded, regardless of his achievement on intelligence tests.

Although generally, the social worker's input in such a case is minimal, there are times when it can be quite significant. In the particular case being discussed, the child was being raised by a parent who was herself clearly mentally retarded. There was evidence gleaned from the social history that this parent had encountered serious difficulty in raising siblings of the child under review. For the review team members, an interesting and relevant question had to do with what sort of modeling the child had been exposed to at home. Was it possible that the youngster's "retarded" behavior was a by-product of his living in an environment where this was the type of behavior to which he was routinely exposed?

In the end, ultimately, the final piece of the puzzle which caused everyone on the team to agree that this child

should be classified as mentally retarded were school reports indicating that the child's interaction with other children was quite inappropriate. Had there been evidence to the contrary, evidence indicating that despite his poor academic showing and poor IQ test results, his socialization with non-retarded kids was fairly normal, it is possible that the team would not have applied the mentally retarded label at all, and had it ultimately done so, making this decision would have been even more difficult than it already was.

The decision in this particular case, probably more than in most, was reached after consideration of data which involved contributions from members of all three SBST/CSE disciplines. Normally, it is fairly rare for social work type data to have much impact on the actual labeling decision. This case probably highlighted the importance of social history data to the maximum extent. It is unusual for the possible impact of outside forces, in this case the home environment, to be given so much potential weight in considering whether a student should be labelled as having a particular handicapping condition. It underlines the fact that this occurs only in what are perceived as extraordinary circumstances.

More generally, to the extent that the social worker contributes to Review team activity, his discussion is in terms of program placement. Given a child's test results, what should be done? It appears to be true that at some point,

whether the social worker takes a passive or aggressive approach may be able to affect the influence which he exercises. At this juncture, the social worker's influence is likely to be dependent upon team dynamics. This may have nothing to do with clinical issues, and everything to do with personalities. At one CSE, for example, the social worker was known to be a very assertive individual who frequently pushed his own understanding of his colleagues' test data. At times this resulted in their looking at things in a different light, and endorsing his perspective. However, more often the psychologist and education evaluator concurred in feeling that the social worker had a tendency to ignore important, though subtle aspects of the case. In this situation, the social worker usually ended up by agreeing to his colleagues' arguments. Despite sometimes heated discussions, none of these team members, all with considerable experience, ever even considered asking for supervisory intervention to resolve differences. Although differences in dynamics from one team to another undoubtedly impact on how handicapping and programmatic decisions are reached, the fact that these decisions must ultimately be capable of justification does effectively determine how much flexibility there can be on the part of any review team.

What Does the Label Mean?

When a child is found to be in need of special education services, they can only be provided if that child is accorded a label indicating that s/he is suffering from one or more handicapping conditions. These handicapping conditions must be in accord with federal law pertaining to these matters. At present there are a total of 12 such recognized handicapping conditions.[177] In practice, only a few of these labels are in common use. Four stand out as the most frequently used conditions when a SBST or CSE review team decides that a child should be officially labelled as having a handicapping condition. These are Emotionally Disturbed (ED), Speech Impaired (SI), Mentally Retarded (MR), and Learning Disabled (LD). Far and away the most frequently used label is learning disabled, LD. In the following section we will discuss the labeling process and concentrate particularly on the use of

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[177] This list of handicapping conditions is subject to change. The most recent changes have occurred as a result of Congressional action in 1990, amending the Education of the Handicapped Act. Both "autism" and "traumatic brain injury" were added to the list of handicapping conditions at that time. However, even after changes take place in federal law, it takes time before there is a practical impact on the local level. For example, although a student who attends a New York City public school may now be classified as having "traumatic brain injury" as his/her disability, at present there do not exist any school based programs to accommodate such youngsters. Presumably, at least one such program will soon be developed.

the LD label. Our interest will be in how the decision is made to label a child as LD,and on what this label actually means to the clinicians who employ it. However, there is another reason for concentrating especially on this handicapping condition. Of all the possible handicaps it is the one which is most clearly related to the work of education evaluators.

A myriad of definitions are actually clustered around the term "learning disability." This has created considerable difficulty in knowing what any one individual really means when using it. According to New York State's education law, the learning disabled are defined as follows:

> These students have a psychological processing disorder that causes them to have a problem in understanding or using language. A child who is learning disabled has difficulty listening, thinking, speaking, reading, writing, or doing arithmetic. This child is learning at only about half or less than half of the level expected for him or her in that subject or skill area. A learning disability is not primarily due to a physical, mental or emotional disability or to environmental, cultural or economic reasons.[178]

Under PL94-142, students are entitled to a multidisciplinary evaluation. Although only two members constitute a SBST for the purpose of triennial and reevaluation cases, all three SBST disciplines are always expected to be present for initial cases. At the CSE Review team level all three disciplines are always present under normal conditions

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[178] A Parent's Guide to Special Education for Children Ages 5-21, (Albany: State Education Department, 1992), 17.

regardless of the type of case being considered. The only exception to this, referred to earlier in this chapter, is that they may do without the presence of a social worker in an emergency, but only in that circumstance. In theory the determination of a child's handicapping condition represents a team responsibility. It is definitely not the case that one or another team member has the right to decide on the label independently. It is expected that on either a two or a three member team, decisions will be reached through a process of consensus. Our discussion will focus on whether this is what happens in practice, and what clinicians mean, when they call a child "learning disabled."

Even though "learning disabled" is the most commonly employed handicapping label today, it was not in use at all in the New York City School system prior to the mid or late 1970's. As we noted in a previous chapter it came into prominence as a result of developments from outside of the city. The category is closely related to one that has gone out of favor and is in fact no longer in use, "minimal brain dysfunction (MBD). "The precise meaning of this category was hard to pin down, and a similar situation prevails in connection with the definition of the term "learning disability." We should perhaps note that these two terms Minimal Brain Dysfunction and Learning Disability, though frequently used as cognates, at least in the pre-PL94-142 days were apparently

considered as separate conditions.[179] However, eventually and perhaps not quite consciously people came to conflate the two conditions.

When asked about use of the learning disability label and how it came to change during his career, one special education supervisor[180] said, "...originally,you looked for hard signs of organic brain dysfunction which caused a learning problem. So, therefore, for example, a youngster who suffered a head injury and was therefore dysphasic, was a learning disabled youngster. And therefore, as I said, some of these children, if not all of them, went to BEPH to be placed in a HC 30 class for what was then called the brain injured. Or again, evolved into the neurologically impaired, with minimal cerebral dysfunctioning, etc, which were all synonymous. But eventually, I think, I hate to say it, but I think there were certain parental concerns and political ramifica-

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[179] It is difficult to be precise about this because interviewees tended to be somewhat fuzzy in their discussion of the various terms used during this period.

[180] In order to minimize the possibility that anyone's anonymity could be breached, we will sometimes refer to an individual as a supervisor, without specifying the discipline from which they came. In all such cases this discipline was either speech or education, i.e. they were either speech pathologists or education evaluators. Because we spoke with relatively few people with this background, we feel that combining these two will increase anonymity. Also, we believe the perspectives they have on the issues being discussed are not sufficiently differentiated as a result of their different disciplines, for any significant loss to occur by doing this.

tions involved here...Oh, I might add by the way, at that time, it was also important, the psychologist was extremely important at that point because if the youngster scored below 75,[181] with no indication even on the subtests of higher functioning, then he was placed in a CRMD group....And then things changed because there were parents coming in who said their children couldn't learn. And then it was felt for a while....how valid is the IQ test, anyway? Has it been standardized on a certain population, and therefore doesn't...apply to certain minority groups, for example, or certain foreign born groups, or certain economic groups?...So I think slowly, but surely, it evolved to calling any youngster who couldn't learn, learning disabled."[182]

He concluded this part of the discussion by noting that the time period when this changeover from MBD to LD occurred was also the period when PL94-142 was passed by Congress. He suggested that this provided an important fiscal incentive for making the terminology changeover "...because the more you identified as handicapped, the more money would come down the line...And I remember thinking that every time a child was identified as handicapped, more money, more

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[181] Currently, as noted a above, an IQ score below 70 is needed if a child is to be a considered for a possible MR label. An IQ of 75 today, would land a pupil squarely in the "borderline" range of intellectual functioning.

[182] Michael Carey, pages 12-14.

classes, more people hired. More teachers, more clinicians, more everything. But you couldn't simply say that the youngster was hearing handicapped, or visually handicapped. It seemed to be, to me, and maybe I'm just being a little bit cynical, it seemed to me it was much easier to says that the youngster was learning disabled because after all, you could see he was failing in class, and that's why he was referred."[183]

We should add to this comment an important proviso. Prior to passage of PL94-142, "learning disability" was not one of the handicapping conditions for which New York City was eligible to receive financial reimbursement from New York State. What is of concern here, is the speed with which labelling decisions came to reflect monetary incentives. Since then, it has grown, in an almost topsy-turvy fashion. This outcome was not unpredictable. One individual with many years of supervisory experience recalled a conversation in the mid-1970's, when the category of "learning disability was just coming into use: "...he made the comment that this is just too open ended, that the way this is going, you'd have over a thousand LD teachers in not too many years. And I can remember Helen Feulner telling him he was crazy. He didn't know what he was talking about. And he said, absolutely, because the

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[183] Ibid., pages 14-15.

criteria here is just so open ended that any kid you look at, you could label just about learning disabled."[184] In fact, in practice today, a "learning disabled" student has often come simply to mean a student who is doing poorly in school, significantly worse than his peers.

When asked what they mean by a "learning disability" the clinicians interviewed provided a wide variety of responses. The situation concerning the term "learning disability" is that in use its meaning is very variable, so much so that it is appropriate to cite Humpty Dumpty's remark that "When I use a word...it means just what I choose it to mean--neither more nor less."[185] One psychologist with experience going all the way back to the pre-E and P days in BCG noted that there is no certainty what the term refers to noting that "...I mean first of all there isn't a clear understanding, is every child who is not learning...learning disabled? You could argue that, legitimately. Or is it something so specific,...dyslexia, this very specific syndrome. So no one is clear on that, anyway."[186]

In response to an interview question about whether some kids were simply being labeled in order to provide them

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[184] Paul Adler, page 22.

[185] Lewis Carroll. Through the Looking Glass. (London: J.H. Dent,1993 [1871;1897]), 178.

[186] Arnold Eckhardt, page 55.

with services not available through regular education, he responded, "Yes, I think not now, but always. I think that was always a push. Now we fought hard, in the old days, in BCG, over the retardation issue. That was a major issue between the psychologists and the school system. Those of us who refuse to label kids...what do we got? We're going to leave them in the regular classroom...We have nothing. And some people went one way, and some the other. But I think that's true now, certainly...I think the start of these programs produced the kids, Yes."[187]

Another psychologist whose experience also goes back to pre-E and P days, was asked whether he felt his definition of the term has changed, and responded that he believes his definition has been consistent, but that in application, its likely to have changed over time. As for its definition, he said "...to me, a learning disability is something that interferes with a student's ability to learn, which almost sounds like a circular definition. It tends to be something that is built into the actual physical aspects of a student's ability to learn, in terms of attentional deficit difficulties, or visual difficulties, or hyperactivity, or ah, not being able to process well...but it doesn't necessarily stem only from that. It could stem from emotional reasons. It could

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[187] Ibid., page 56.

stem from poorly learned, or badly learned, or improperly learned, work habits, which could be reversed."[188]

There was a time when many clinicians, certainly psychologists felt that as a part of any "learning disability" condition, there had to be a physiological component. Although this is not a part of the legal definition, it is still viewed as necessary by some psychologists. For example one psychologist who began his work career with BCG, though he left it soon for E and P, when asked what was meant by the term LD in the E and P days, responded by indicating that the term was not in use, that instead the term MBD was in use. He then noted that the definition of "learning disability" has changed considerably over time.[189]

Another psychologist who also had a background that included BCG, E and P, and CSE, felt that the sort of problems defining kids who were placed in special education programs in the 1980's were quite different from those of students being placed in the HC 30 classes back in the BCG era. Although somewhat vague about defining the term "learning disability," he was very clear about his perception of the current situation stating that he feels the placements today are different "Because we have so many kids who have so many problems that

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[188] Joshua Steinberg, page 47.

[189] Stephen Meltzer, pages 5-6.

have nothing to do with the school system that we are sort of railroading kids into special education classes willy nilly...it would be impossible to do this, but I've always strongly felt that the money, some of the money that we put into special education would be better spent if we poured it outside of the school system and would try to stabilize families....to find the appropriate housing, to change the business with poverty...Get jobs for people, and then, I think the kids themselves would take care. Then the types of kids that we're seeing, would see, it would be easier to make a judgment with regard to special education. But I think that some of the social problems that the kids face obscure some of the things we see on our tests."[190]

A psychologist with a similar background also was critical of how children are currently classified for special education placements. His definition of learning disability invariably includes a neurological component although this is not part of the definition approved for use in making decisions about this condition in New York State. In talking about the diagnosis of this handicapping condition he was very critical of the role played by education evaluators: "...they're comfortable with the concept of learning disability, and they see learning disabilities wherever they go.

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[190] Harold Feldstein, pages 31-32.

Notice my explanation. We don't know who is right, but my explanation is that most of the children have problems that are fundamentally due to lack of nurturance, lack of stability, and security in the home. Learning disabilities, by definition, really are neurological impairments and I don't believe that vast quantities of children in New York City are neurologically impaired."[191]

It happens that the last two psychologists cited have very different perspectives on the role of the education evaluator. One would be pleased to see them altogether eliminated from the system whereas the other believes that they often provide the most critical information necessary to making a decision about a child's handicapping condition. They are nevertheless in agreement that many children are wrongly diagnosed as having learning disabilities when other factors are responsible for their school difficulties.

One interviewee, with supervisory experience since E and P days, and with early involvement with the process of educational evaluation suggested that the movement from use of MBD to LD as a label was national in scope and occurred because people were beginning to realize that some kids being evaluated for learning problems did not fit into the medical model. She suggested that "...learning disabled really meant

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[191] Frank Lobel, pages 27-28.

all the other areas that we could not pinpoint where there wasn't soft signs, there wasn't hard signs. There were no neurological base, as a medical base for this child to be..., to have difficulty with his learning..."[192] She continued, saying that "Yes, yes, I think the term really comes from the fact that there are children with different problems, and they don't fit into medical models. And people want to move away from medical models, so they decided since they're doing educational testing, that they could really consider that its a learning disabled child, a child that's not able to learn in the same way as other children. I think that also, its a term that's more acceptable to parents than years ago, then some of those labels that hit them over the head and were very harsh sounding. And they made it very difficult for them to accept their child's disability."[193]

Interestingly, the feeling that a change in terminology was desirable was shared by at least some of the personnel working at E and P. One clinician with training as both an education evaluator and a psychologist averred that even though the term "learning disabled" was not officially accepted terminology, it was very much in the air. She said

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[192] Arlene Rubin, #2, pages 29-30.

[193] Ibid., page 30.

that "...we knew we had to call them something else,[194] but we considered them learning disabled....I know that we were upset at the label minimally brain injured, that we had to present this label to parents. We would have preferred using learning disabled with them."[195] When asked why the LD label did not appear at an earlier day one individual said, "I don't think we were allowed to use it, I guess. I'm really fuzzy here. But we all knew these were LD kids...it wasn't that they didn't exist. They were just coming under MBD, under brain injured. They would be labelled in that way. We knew that they were really learning disabled kids, so that they were getting in for services under other kinds of labels."[196]

Another person who worked as an education evaluator for E and P stated that the reason the MBD terminology was replaced is that there was an actual change in the sort of child being evaluated.[197] Although she didn't say so, this

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[194] This comment about having to use another term, refers to the absence (noted above) of learning disability as a reimbursable handicapping condition prior to the passage of PL94-142.

[195] Carla Matthews, pages 2-3. She was unable to provide any explanation as to why the term was not being used. (pages 2-4)

[196] Susan Rogers, pages 30-31.

[197] We have no doubt that the type of child being seen did change over time. However, it must also be pointed out that the change from "minimally brain damaged' as a handicapping condition, to "learning disabled" was the result of passage of PL94-142, and accompanying changes in New York State law,

change may have occurred because of the much larger numbers of children then being assessed. She suggested that they were no longer seeing so many of the "pure" HC 30 type of child. "Things were splintering....We were getting different types of children being evaluated. Were they learning disabled because they were culturally deprived? Or were they learning disabled because they were neurologically impaired? At first, we almost had to prove neurological impairment. As we saw different types of children, we realized that though they were exhibiting symptoms of being neurologically impaired, they weren't necessarily classic, neurologically impaired children. They may have been culturally deprived children. They may have had other deprivation that caused them to act as if they were neurologically impaired. And that's when the LD term came into vogue."[198]

Whether given by education evaluators, or by other SBST members the definitions of learning disability vary considerably from the state's own definition of the term. The first section of the State's definition which requires that the student so labelled be experiencing difficulties in some aspect of his academic work is regularly referred to by most clinicians. However, reference to other aspects, either the

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which affected funding formulas.

[198] Barbara Berger, pages 22-23.

fifty percent criterion or the need to ensure that economic, cultural, physical, mental, emotional, or environmental factors are not responsible for the condition are rarely made. The fifty percent criterion is occasionally referred to,but is not necessarily followed. In some cases, it is knowingly breached. One way in which this happens is that in some cases students are put into resource rooms not because they actually meet the State standard for being regarded as learning disabled, but rather because of parental pressures. This sort of thing has been known to occur in middle class neighborhoods where a child is viewed as needing a little extra help to keep up with his peers. The child may in fact be only slightly below grade/age level in his academic performance.

A much commoner sort of situation, is when a child's functioning creates a strong sense that he is mentally retarded, but he is not given this label. The attitudes of clinicians towards use of this label varies considerably, but no one interviewed ever suggested that telling a parent that her child is mentally retarded is anything but a very difficult event. One education evaluator, discussing this situation reported "...that for a while the psychologists just were tending to avoid telling the parent that the child's IQ falls into the mentally retarded range....when they are explaining to the parent they won't come out with the words 'mentally retarded' They'll come out with 'below average'..." She went

on to say that they rarely put down "mentally retarded as a child's handicapping condition. They manage to accomplish this by saying that "...it falls into the mentally retarded range because of a real discrepancy in this one area which is then considered learning disability....They go by the scatter. They'll use it..."[199] As for her own use of the term learning disability, she reported that "....I go by the standard definition of the fifty percent deficit. I look to see...if there are actual visual perceptual problems, if there are auditory problems. I find that its a very difficult, a very difficult term to define. I don't think anyone has quite defined it yet, adequately."[200]

Responding to a question about whether kids placed in special education on the basis of an LD classification actually have that handicapping condition, one evaluator responded by saying "No, not at all....in this district, when we make a classification decision, 75% of the time we call a kid LD. Do you think 75% of the kids....who are handicapped are LD? I don't. I can't imagine it unless there's some cloud that's raining something over here. I think we are making, we are calling kids learning disabled because its a....first, its the most nebulous definition. So we can call a lot of kids

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[199] Nancy Wolf, pages 56-57.

[200] Ibid., page 62.

learning disabled. We're calling slow learners LD. We're calling educable mentally retarded kids LD. And with kids who are educationally deprived, we're calling LD. Because why? Because we can't get them the services in general ed. This is wrong. And we know that we're doing it. How many teams have said, 'Look, when you're in the firing line and you know that you can't give this kid any service, a little resource room program couldn't hurt them.' But if that program was available through general ed, they would never make that recommendation..."[201]

When one education evaluator with experience going back to pre-SBST days was asked for her definition of the term "learning disability," and whether her definition has changed over the years, she responded: "Well, I think that in the beginning, learning disability was defined strictly by scores. And that there was too much respect for scores, in all disciplines...I'm including the psychologist in there. And I think now we have a healthier attitude towards scores, as well as a better understanding of what scores really represent.And the very fact that there's so much emphasis on, or shift, from standardized testing to including curriculum based assessment,...and that we're more likely now, particularly ed evaluators, that we're more likely now to do reality checks on

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[201] Marianne Secord, pages 52-53.

standardized testing. You know, we are required to provide standardized scores, and I think they serve a purpose, but not, should not be the sole means of determining an academic profile. And I think a reality check of functional ability is a very important part of educational assessment. So, I think I'm more liberal now...No, I guess maybe its better described as more conservative, as to what I would call learning disabled....I'm more flexible...I want to see such clear evidence, in all of the assessments of a learning disability, that its unmistakable, and can't be explained in any other way..."[202]

In terms of the data necessary for labelling a student as LD, she would want to see "Repeated attempts to instruct the child in a variety of different ways, and they have all failed. I find that we have a lot of slow learners, or different learners...and we're not meeting their needs. So we have to call them learning disabled because after a period of time, they've gotten so behind in their work, that we don't know what else to do but call them learning disabled. I want to see a real discrepancy between potential and achievement...I want to see that real discrepancy there and I want to see that the student has been exposed to a variety of different instructional methods and materials, and is not doing

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[202] Alice Gottlieb, page 25.

well. Not that he's just had one exposure to one method...I feel a lot of slow learners are called learning disabled. I think a lot of kids are called learning disabled just to get them service. I think a lot of kids are called learning disabled because the mainstream needs to function, and they're disruptive in the mainstream, for whatever the reason. Behavior, or they're holding the rest of the class back because they're not progressing as rapidly...I think there's a risk of anyone who prevents the mainstream from functioning, being called something, probably learning disabled. And I hope our teams are getting stronger in preventing that from happening....I think they're under a lot of pressure to remove kids who are not making it in the mainstream into special education simply because they're not making it in the mainstream."[203]

Another, much less experienced education evaluator indicated without specifying any quantitative amounts that she would label as LD a youngster who is having difficulty keeping up with his school work, has been held back, and who has visual perception problems. When asked to specify how far behind such a youngster would have to be in order to qualify for that label she said "Its not just how far the child is behind...we don't arrive at a single...its like all of us

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[203] Ibid., pages 26-27.

putting this in...short attention span, irritability. I mean, you know, all the senses of learning disability."[204]

This same evaluator was asked how she would deal with a situation where the child was only about a year behind on her testing but was found by the psychologist to have demonstrated "classic" learning disability patterns on his psychological test instruments as demonstrated by his scatter pattern on IQ subtests and a substantial discrepancy between his performance and verbal IQ scores. Based on these test results the psychologist was presented as wanting to label the student, who was about to enter high school, learning disabled so that he could be offered resource room services as a support. The education evaluator stated that under these circumstances she would be comfortable supporting the psychologist's position. However, when asked if this would usually be considered an adequate deficit for making a placement, she responded "Usually, no. Usually if the kid is a year behind it's not. They usually have to be, as you know, a year and a half, two years behind to place them in a resource room." Nevertheless, she felt that in the case described such a placement was legitimate.[205] It is impossible on the basis of these interviews to say that there is any real consensus about

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[204] Sharon Fabelo, pages 69-70.

[205] Ibid., pages 70-71.

what constitutes a learning disability.

Among those interviewed there were varying definitions, and varying degrees of certainty about the actual meaning of the definitions offered. Some individuals seem to be fairly serious in their use of this term. For others, it is apparently only a tool to use in providing what they regard as necessary assistance for students who they have concluded are simply "not making it" unaided in regular education classes. To some extent, it is possible to conclude that for many clinicians, the path to understanding what is meant by a "learning disability" is similar to that sometimes suggested by people dealing with pornography. They cannot define it, but they know it when they see it.

One of the things that became clear when clinicians were asked for a definition of the term is how vague they often were in their explanations. Thus one social worker with many years of experience said "I think learning disability, what it means to me is, you know, how the child is functioning in the classroom. But what is affecting ..the learning disability or the ultimate diagnosis is a combination of factors such as social, emotional, classroom, and school history, and so forth, and so on. The entire gestalt."[206] Clinicians are often quite open about their routine tendency

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[206] Tom Walsh, page 50.

to ignore official definitions in labeling kids. One social worker, after noting that he does believe there is a "classical" definition of learning disability, went on to say "People very often do not adhere to that. A skill deficient kid is not necessarily learning disabled,but yet often a kid who is skill deficient will be labeled LD, and that's okay because in fact that student needs special help anyway, and there is no skills deficient classification."[207]

Before making the preceding comment, this same clinician, when asked to define learning disability responded with a dictionary definition about discrepancies between performance and verbal aspects of a student's intelligence but when asked to forego this and state how, on a practical basis, he recognizes this condition, he responded by saying "Well, I never have...I never have to. Well, first of all, I never make that. I'm not part of the diagnostics, as far as that's concerned." He also noted that it is his impression from working with SBST colleagues, that there is no real consistency in their use of this term, even though it is commonly stated by them to be a student's handicapping condition.[208]

This social worker's comment about not being a part of the diagnostic process is something stated many times about

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[207] Richard Berger, pages 20-21.

[208] Ibid., pages 19-21.

social workers, in various ways by interviewees representing all three of the SBST disciplines. In this researcher's experience of more than seven years, he has probably encountered fewer than a half dozen cases where the social worker's influence was sufficient to completely derail any recommendation. Where social workers tend to be most influential is in cases where children are labelled as emotionally disturbed, but here too, their influence tends to be confirmatory, rather than decisive.

Relatively few education evaluators appear willing to defer to the psychologist when it comes to labeling a child as learning disabled. Some in fact, feel that although they are prepared to grant priority to psychologists in determining that a child should be labelled as mentally retarded, or as emotionally disturbed, when it comes to learning disability, this determination is most appropriately made by them. They feel that many psychologists simply lack the appropriate background in learning disabilities which they, as special educators who often have a master's degree in learning disabilities, possess. One education evaluator discussed with contempt a psychologist, with training as a clinical psychologist, not as a school psychologist, and reported that he said, "Oh, I don't even know what a learning disability is..."[209]

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[209] Sara Britten, pages 44-45.

She reported that on hearing this comment "...I wanted to just...wring his neck...So they have no idea. And they talk in terms of real pathology sometimes, and its not appropriate to school psychology...I don't think many of them have enough understanding...They are too idealistic..."[210] This evaluator suggested that for both psychologists and social workers, a lack of classroom experience is a real problem in their practical understanding of what it means for a child to have a learning disability.[211]

One of the psychologists interviewed stressed that he has always specialized in learning disability problems. He is very definite in stating that they always have some sort of a neurological component. He includes language processing problems, auditory memory and short term memory problems as elements in his definition of what it means for a person to be learning disabled. He stated too, that he has found that many psychologists working for CSEs are not properly trained and often don't even know how to read the WISC-R correctly, so as to pull out from there information that pertains to diagnosing a learning disability. He said that for himself, "...I don't necessarily look at soft neurological signs. I don't think soft neurological signs really tell me anything. I look at

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[210] Ibid.., pages 44-45.

[211] Ibid., page 43.

auditory and visual processing skills and yeah,learning disability is a neurological problem."[212]

In commenting on the training of school psychologists, he said that "...the problem with the training [was that] when I was trained...I was given one course...in learning disabilities. I was given Lerner's book. Lerner's book says that anything can cause a learning disability, and these people read that book and don't go any further. And they don't read critically, the literature. And this is one of the problems."[213] Although stressing his belief that most psychologists are generally better able to diagnose learning disabilities than are education evaluators, he also feels that "...the average psychologist has a difficult time even diagnosing a learning disability."[214]

And despite his comment about the superiority of psychologists in this area, he emphasized that he regards educational data as critical for making the diagnosis of a learning disability and he considers the final labeling decision to be a collegial one. "Its a cooperative diagnosis. Again, I find I don't disagree with experienced ed evaluators that much....I may disagree about what's causing the learning

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[212] Michael Stoller, pages 31-32.

[213] Ibid., page 33.

[214] Ibid., pages 37-38.

disability, about the roles of visual and linguistic processing, but you know, the nuts and bolts."[215]

He also remarked that while he believes social histories are potentially important, he feels that what he usually receives from an initial social history provides little of the essential data. "One of the problems...that I have with the social workers, they think an interview is family dynamics. When you do an initial interview, you are looking for signs and symptoms. Especially if you suspect a learning disability you are looking for signs and symptoms....early on in life that will indicate some mode of problem, some conceptual problem, some developmental problem...the family situation is not minor, but when you are doing an initial on a first grader to sixth grader, and the child is referred because they are not learning how to read, you better do a damn good developmental history, and I have never seen one, a good one, by a social worker."[216]

Another psychologist interviewed was very clear that he doesn't especially worry about whether a student meets someone's definition of a learning disabled youngster. He will send a student into a full time program for LD kids, but only if he believes his problems within regular education are

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[215] Ibid., pages 44-45.

[216] Ibid., page 57.

overwhelming. He doesn't feel that special education programs are necessarily very helpful. When he decides a child should be removed from regular education it is because "...I think some kids have to be out of there...out of the mainstream just because the secondary effects of being in a mainstream when they can't function there are so horrible. But I don't send the kid to MIS I thinking that they're going to be remediated thereby. I don't see that. That's one of the whole disillusioning things about this job.[217]

This psychologist, experienced and widely respected at the CSE unit where he works was very resistant to providing any sort of theoretical definition of his concept of learning disabilities. Initially, he said, "I just think it means that the kid has, is not able to learn, you know, basic academic skills and absorb information in the classroom at a rate, you know, that is enough to sort of survive in the regular ed. So its sort of very practical in a way, you know, rather than a...I don't have a percentage or a number of grades behind.[218] He went on to say that "...we don't really always know what always causes it...I don't believe that its always correlated with a bad Bender...I think its more often correlated with language deficiencies, but even that its not always

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[217] Henry Rodenko, pages 37-38.

[218] Ibid., page 31.

correlated with anything....I'm talking about language, reading and math really, and language and reading more. Language you know, verbal information and reading skill acquisition. I'm saying if the kid is really disabled in that area, then that's what I think of as learning disabled."[219]

Asked if a physiological component needed to be part of a kid's problem for him to use that label, he responded "Not for me...I don't get into all that. I know what you are talking about, but I don't get into all that...I'm not that theoretical about it, you know....I'm not that bright, can't figure it out. I still can't figure it out...And I don't have an ethical qualm either...I think what you have to do is face a fact of like that you are in a position of putting kids in different programs and you've got to decide how you're going to do it. And there are ethical problems in there and you've got to resolve them anyway...But I think trying to hide behind like, well, I'm not going to do it unless I see this pure thing...you know, I don't think that that's a way out of the ethical problems of what am I doing to these kids?"[220]

We will conclude this discussion of learning disability with some comments from an individual who has been working with the concept of learning disabilities for more than twenty

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[219] Ibid., page 32.

[220] Ibid., pages 34-35.

years, including time spent as an education evaluator working for E and P. This individual, originally enamored of the idea, expressed considerable disillusionment with the entire concept of learning disabilities. Talking about her early involvement in this area she said "You went through a training program. You didn't go through a master's. You learned the science of educational assessment. And only ten, fifteen years down the road, did we see that some of the building blocks were not as clearly established as we would have hoped that they were,or the way we were trained to be....I mean, you find the literature doesn't substantiate many of the basic assumptions we've made....You see that you can't relay on IQ tests the way we had relied on them for discrepancy. And subtest scores, you can't analyze because of the problems with..They're not reliable ...They're not as stable as you thought they would be....what are we basing our decisions on?[221]

Discussing how her attitude towards the LD concept has changed over the years, she reported that "I have really become much more questioning. I find learning disabilities much more questionable...I think we probably identified too many children as having learning problems, as being LD....I think its an overly utilized...term. I'm not sure what we mean when we say learning disabilities any more. The markers, the

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[221] Susan Rogers, pages 40-41.

real markers are about as clear as mud. Ah, discrepancy! You read all the literature on what constitutes an IQ measure on a kid and how IQ is so flexible and changes with experience. How can you deal with a discrepancy, if you've got something that changes? That is about as clear a marker. There aren't real clear markers....I used to believe a lot. I was a lot less skeptical of the markers in discrepancy and perceptual problems. We went a whole time where you found perceptual problems in a kid and you felt that was a clear indicator of a learning disturbance...Now, you ...find that the process, the criteria that we were using for making a determination of learning disabilities really is not there.There are some fallacies that the whole concept it built on...Now, I think there are many kids who have very different learning styles and strategies. I don't agree with some people who will tell you learning disabilities doesn't exist. I think there are learning disabled kids out there.I just think we have a tendency to over identify them."[222]

The preceding discussion of what the term "learning disability" means to the various clinicians cited is an indication of the uncertainty currently surrounding this concept. Although few of the clinicians seemed to have an unshakable belief in any one definition, it is clear that all

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[222] Ibid., pages 37-39.

of them find it useful. As noted near the beginning of this section, the "learning disability" diagnosis is especially valuable for education evaluators because it is very heavily focused on how well a student is doing with his academic work. It is in assessing a student's progress in this area that the education evaluator's strength lies and so the importance of his role on the SBST is inevitably enhanced by the prominence of this handicapping condition.

Chapter 5

The Later Years: Further Analysis of the Three Professions

Impact of the Enhanced Model

The education evaluator's professional role has developed as an integral part of how the Board of Education's Division of Special Education has carried out its task of serving all students who have a handicapping condition that requires remediation under PL94-142. We are only concerned with one aspect of this process, the procedure by which students are assessed and the decisions made, based on these assessments. Although our focus is on the education evaluator, this profession is part of a broad operation, and needs to be seen in that context if it is to be understood.

The evaluation of students by one or another component of the New York City Board of Education is nothing new. What has changed are the circumstances instigating any particular evaluation, and the way in which evaluations are now done. When the first efforts were made to investigate and assist "problem" students, they were carried out by teachers and by social workers. Initially there were no psychologists employed for this purpose by the Board of Education, and the education

evaluator profession did not then exist.[1] First psychologists became an integral part of the assessment process, and then, a half century later, they were joined by the new education evaluators. Over the course of this century there has been considerable change in how these variously defined and identified "problem" students have been dealt with. By the time education evaluators became a component of the assessment process, the nature and extent of the Board of Education's dealing with these children had changed drastically. To the extent that these changes appeared relevant to the needs of our discussion, they have been reviewed in earlier chapters. The fourth chapter has concentrated on explaining how the education evaluator's role has changed and expanded since 1986, when the enhanced model went into effect. Expansion for education evaluators has brought along with it, contraction of the social worker's role, and perhaps too, in a less clear way some diminution of the psychologist's prestige, as well.

The years between the establishment of the first Evaluation and Placement Units, and the current situation in which assessments are carried out by the enhanced model SBST, have been a period of stability for school psychologists. One

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[1] For a discussion of psychology as a profession and the manner in which the device of intelligence testing was used as a means to advance its interests, see JoAnne Brown. 1992. The Definition of a Profession, (Princeton: Princeton University Press, 1992).

possibly significant change has occurred, the decline almost to zero of student counseling by psychologists. Otherwise, there has been little change in their essential functions as employees of the New York City Board of Education. It is unclear just how much counseling was actually done by psychologists prior to the enhanced model, but there is certainly a widespread belief that a substantial amount of time was devoted by them to this activity. As can be seen by looking at the chart in the previous chapter, counseling was included among the psychologists' activities in the enhanced model. However, in practice, they currently get to do very little, although the picture here is actually a bit unclear, and may vary somewhat according to the district in which any particular psychologist is located.[2] Nevertheless, the main point is that psychologists, since becoming a part of the E and P operation and its subsequent avatars have had their work, only slightly affected by changes in the SBST model. The major changes brought about by this model have involved the social worker and the education evaluator, which is where our attention will be focused in the following discussion.

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[2] For example, one interviewee discussed a recent situation where a SBST psychologist informally counseled a child over a three year period in an effort to provide the child with support necessary to prevent placement into a special education program. It is unclear whether this activity was approved by the relevant CSE. This is not, so far as we know, a type of practice that occurs very often. (Roberta Logan, page 49)

Inauguration of the enhanced model was more the culmination of a long period of decline for the school social worker, than it was the initiation of something new. This was not how the change was presented and was clearly not how the Division of Special Education wanted its employees to see the new situation. However, looking at it from the social worker's perspective, it is difficult to see things differently. The following social worker's comment expresses a common viewpoint at that time. "...I felt that by giving the social update to the ed evaluator it was taking away our input, our contributions as social workers."[3]

In thinking about social worker reaction to the enhanced model, it is important to recall that memory of the Board of Education's nearly complete elimination of guidance counselors in 1975, as a result of budget cuts was never far from their consciousness. For many of them, the elimination of the Bureau of Child Guidance in 1980 represented loss of a safe haven. Although nothing occurred during the early 1980's to weaken their position, loss of BCG was nevertheless significant because it had been viewed as a clinical agency and one in which social workers felt at home. It was connected to the Board of Education, and yet apart. Its clinicians do not seem, from the evidence, to have considered teachers,

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[3] Lea Greenstein,# 1, page 36.

i.e., those who supplied the education evaluators, as equals. And yet, by fiat from 110 Livingston Street, education evaluators suddenly replaced social workers in the performance of two significant tasks, case management and social history updates, which hitherto, belonged to them. These new assignments were given to education evaluators without any lobbying for them by the recipients. On the contrary, their union leadership was as unhappy about their being given this extra work to carry out, as the social workers' leadership was to loose it.

Attitudes towards these tasks have not continued unchanged during the more than seven years since the model was introduced. Today, it is extremely rare to hear any social workers talk about wanting to resume case management duties. A partial explanation for this, may well have been provided by a social worker who stated that despite its name, the activity designated by the Division of Special Education as case management, really has very little in common with what is covered under that rubric in the training received by social workers. That is, this activity really could not be considered as true case management, and therefore giving it up meant nothing more than the opportunity to loose a lot of paperwork.[4] Technically, social workers may have been correct in

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[4] Peter Nencken, pages 92-95.

their assessment of the Board's concept of case management. Politically however, their failure to sustain protest against this loss in a meaningful way, was unwise.

In many ways, case management is a tedious, thankless task for which there is one major compensation: it is essential. It is in a way, only a slight exaggeration and not too absurd a comparison to suggest that case management is like a nation's transportation system. Due to constant, heavy pressures on administrators to be in compliance, they are in frequent, sometimes daily contact with case mangers. Inevitably, this gives the case manager a central position on the SBST although not necessarily a position that is enviable. In fact, for many education evaluators the case management part of their work is very unpleasant, a distraction from more important work. However, although case management is supposed to be a simple, almost clerical sort of task, it is not necessarily looked at that way. We have already cited a psychologist who referred to educators pressuring clinical personnel to increase their productivity in order to meet compliance demands.[5] It is also true that some education evaluators are not only comfortable doing this work, but may actually see it as elevating them.[6] Whether either of these

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[5] Ted Dalton, page 21.

[6] Ellen Perez, page 67.

perspectives is widely shared may be unclear, but what appears to be a certainty in retrospect, even if not anticipated at the time, is that by giving up their case management, social workers lost one of the things that made them valuable. Giving up this task has really increased the vulnerability of social workers. Given that it is work that has to get done, and it is the education evaluators who are doing it, this inevitably has raised their value, at least in the eyes of the bureaucrats at 110 Livingston Street.

There is another area, minor in itself, but significant symbolically, where social workers have acted counter intuitively, assuming that their interest should be in doing whatever is needed, within reason, to enhance their postion. The Vineland is a measure of adaptive behavior skills.It is used when a child's intelligence test results suggest that he may be mentally retarded. No pupil is classified with this particular handicapping condition unless it is demonstrated that s/he really fits and qualifies on the bases of two test instruments. The Vineland, is one such instrument. According to the manual provided by its publisher, virtually any adequately trained SBST member is qualified to administer it. For a long time, many psychologists argued, ignoring the manufacturer's test manual, that only they and social workers were qualified to administer it. In practice, today, it appears to be rare for anyone other than the psychologist to

conduct a Vineland interview.

For both social workers and education evaluators doing the Vineland on a routine basis, as needed would seem to enhance their ability to participate meaningfully in the decision on whether to use the mental retardation label. For social workers, the Vineland provides an actual test instrument, the only one currently available for them to use. It would give them an arguably "scientific" basis for making their judgement in cases where mental retardation is an issue. As for education evaluators, although they have quantitative and qualitative test instruments in their repertoire, nothing else which they use directly ties in to the MR label. Therefore, doing Vinelands would also enhance their position in terms of dealing with this handicapping condition. Although neither social workers nor education evaluators, as a group, have demonstrated any real interest in this test instrument, it is the social workers who have the most to gain from making a determined and successful effort to reserve it primarily for their own use. However, they have shown no interest in doing so.

We should stress too, that psychologists generally do not look to give up the Vineland. In fact, some psychologists have resisted the idea that education evaluators are qualified to conduct the Vineland interview. In turn, education evaluators, feeling that they have enough to do, rarely seek an

opportunity to carry out this particular assessment. By contrast, psychologists, at least in theory, are comfortable with the idea of having social workers conduct this interview. They feel that unlike education evaluators, social workers have the appropriate clinical background to conduct it. In practice, it is probably more common for social workers to conduct it, then for education evaluators though neither group does it very often.

We are aware of at least one CSE where the social worker supervisor, seeking to expand the areas in which social workers could operate effectively, provided special training for all of the committee's social workers in the use of this test instrument. Despite this training, there was some social worker resistance to using it. As a tool for expanding the social worker's SBST role, it has two weaknesses. One is that it is only used in cases where a chid is considered to possibly meet the standards for being labeled as mentally retarded. In practice, relatively few children fit into this category so this instrument is not in daily use. Secondly, once a child has reached the reevaluation or triennial stage, the social worker is no longer part of the team and would not be the one administering it at that time.

When the Beattie Commission report was published one of the important suggestions it contained was that in the assessment of students, greater emphasis should be given to

educational criteria. It was specifically with this in mind that the Commission made its recommendation to place an education evaluator into every school building. It was the Board of Education's acceptance of this proposal which led the way to the expansion of the education evaluators numerically, and which led to a major increase in their significance as a group. Given the Commission's premise that greater emphasis should be placed on the educational aspects of the assessment process, many of the changes instituted by the Division of Special Education were foreseeable.

Although it is probably impossible to prove conclusively, we believe the move, in the 1978-79 school year towards making widespread use of the learning disability handicap, was a critical change foreshadowing the rise of the education evaluator. One consequence of this change was to halt progress away from a medical model of the handicapping conditions affecting pupils. A goal aimed for, though not necessarily achieved by the founders of E and P, was to force abandonment of the medical model as the main basis for understanding and diagnosing educational handicapping conditions. This actually put a premium on social history data because if we view as the essence of the medical model the discovery of the etiological cause of a student's problem as due to something internal such as a learning disability, then it is precisely by being able to demonstrate the influence of

external factors that one is able to abandon that model.

Ironically, although an important goal of E and P's leadership had been to move away from the medical model, the triumph of "learning disability" as a handicapping condition has resulted in recreating that model, but in a form more appropriate to the times and more likely to appeal to middle class parents. Although "minimal brain dysfunction," (MBD) is no longer in use as a handicapping condition, it has been replaced by "learning disability," (LD) a handicapping condition which retains MBD's major premise that the child's difficulties are due to internal factors, to something within him. This change represents the ultimate triumph of the learning disability specialists. Looked at pragmatically, in cui bono terms, it is the education evaluators who have gained the most from this development.

If this interpretation is valid, then it follows that the sort of home and environmental circumstances considered in a typical social history are not likely to be considered especially weighty unless one argues that environmental conditions are actually productive of learning disabilities. To date, there has not been any real thrust in that direction. Once the view is held, either explicitly or implicitly that social/environmental factors are not central to discovering and remediating a child's problems, then devaluation of the social history is a logical corollary development. At one

point in his discussion, Abbott suggests that claims for increased efficiency are characteristic of insurgent groups. He writes that "...efficiency becomes a central legitimacy claim only when science, broadly understood as rational expertise, is not available."[7] Applied to the present discussion, we should note that productivity has been a major concern of administrators responsible for activities within the Division of Special Education throughout the period under discussion. Indeed, increased productivity was among the proudest claims of the E and P leadership and that productivity led directly to E and P being given increased responsibility for doing assessments that were previously in the purview of BCG.

One of our findings, as reported in the preceding chapter, is the very limited role which social workers' input have in actual SBST decision making. The major reason why they apparently have such slight impact is that the material they provide, though often thought of as valuable, especially by SBST/CSE psychologists, is not readily demonstrated to have played a role that can be pinned down, vis-a-vis a student's learning problems. Although documentation has been impossible to locate, according to one highly placed, very reliable informant, the social history update was at one point, so

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[7] Andrew Abbott, The System of Professions, (Princeton: Princeton University Press, 1986), 194-195.

little valued that an attempt was made to assign paraprofessionals, specifically people designated by the still very much extant title, 'family worker,' to the task of doing this part of the assessment. According to this informant, "...the concept was getting these people for less money to do something which was seen as relatively unimportant anyway....if you gave them a series of questions, you'd get answers."[8] Whereas psychologists and education evaluators provide quantitative data of a sort that has a sort of definite appeal to the modern "scientific" mind, the social worker does not do so. This already sets the social worker at a disadvantage.

However, there is another problem affecting the social worker position on SBSTs, and in CSEs. This problem is more controversial. It involves social worker morale. Although morale problems may be accurately said to affect nearly everyone who works for the Board of Education, it seems to be a special problem for social workers. Precisely why this is so, is difficult to pin down, but some social workers believe that "....the social history was never understood at the Board of Ed...." The social worker who said this feels that atti-

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[8] George Lehman,#1, pages 54-55. A second clinician, this time a psychologist, although somewhat vague, suggested that at one point, probably in the late 1970's, there was an attempt by administrators to relabel the social history as a "family history," and assign non-social workers, very possibly so called "family workers" to doing them. (Joshua Steinberg, pages 16-17)

tudes towards social work material have deteriorated to a point where many social workers don't do their best, feeling "what's the point...?"[9]

There were individuals from each of the SBST groups interviewed who volunteered critical remarks about their colleagues working in the same profession. However, it was among social workers that far and away the most acerbic remarks were made. One social worker, when asked whether the lack of appropriate supervision concerns her said, "...yeah, I think being a social worker in the Board of Education really downgrades you..."[10] In the same vein, another social worker bitterly commented that chairpeople are derelict in their responsibility to see that social workers do the ERSS work expected of them. This senior social worker stressed that she felt there was a particularly severe problem with younger colleagues sitting around, reading newspapers, instead of working. She remarked, "I have seen social workers take an hour, two hour lunches. Why? Because there is no accountability and I know that if I were an ed evaluator, if I were a psychologist where they've got to deploy people, I'd be damn mad at the social worker...."[11] At another point in the

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[9] George Lehman, #1, pages 39-40.

[10] Lea Greenstein, page 53.

[11] Leslie Roman, page 24.

interview, this social worker lamented that "I see new social workers on the SBST team. Its incredible, literally sitting there, almost all day, doing nothing."[12]

It may be that this demoralization is the inevitable accompaniment of the enhanced model. However, it is possible that there was considerable variation in how social workers viewed the enhanced model when it went into effect. This may be even more true now, that this model has been a reality for the better part of a decade. In our interviewing we found some evidence that reaction among social workers to the model or to how it should affect them in their daily work has not been uniform. These differences, all discussed in the preceding chapter, included the following. In the earliest days of the enhanced model, contrary to their chapter's instructions, some social workers provided direct assistance to their education evaluators in terms of telling them the sort of questions to ask during a social history update. Doing this was about as direct a violation of what the union regarded as meeting the best interests of social workers, as anything they could have done. Two reasons have been mentioned for doing this. One was personal, the desire to help out a friend, i.e., their education evaluator colleague. The other reason was professional, a belief that it was important for the education

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[12] Ibid., page 21.

evaluator to be able to write a competent social history.

It should be stressed that we have not encountered any cases where social workers were willing to publicly assist education evaluators in learning how to perform this task. In one case, an education evaluator stated that whereas her social worker ran a training session to assist education evaluators in learning how to carry out their new work as case managers, this same social worker was adamant about refusing to do anything similar in connection with social histories. Thus, although some social workers provided assistance to education evaluators in learning how to carry out social history updates, in all cases the fact that this was done, was kept quiet. The researcher knows of one instance where a social worker provided an education evaluator with extensive, detailed assistance, including the opportunity to be present for a lengthy initial social history interview. Despite this social worker's on-going assistance to the evaluator, s/he was adamant about the importance of concealing the fact that this help was being provided.

The Social Workers/Psychologists Chapter also took a strong stance against social workers performing updates except in extraordinary circumstances where a family's problems were considered very severe, and requiring special attention. This has continued to be the union's position. In practice, it is likely that most social workers on SBSTs today do some social

history updates in the course of the school year. How many they do, is not clear. Numbers vary considerably and seem to range from none to most of the social history updates that need to be done. In some instances, education evaluators told the interviewer that they usually call on their social worker to handle difficult updates, but when they were asked to estimate the number of times in the course of a year that they actually requested social workers to do a case for them, they came up with surprisingly low numbers, in a couple of cases fewer than a half dozen.

The willingness of some social workers to carry out routine social history update interviews definitely goes contrary to the union's position which is that this should occur only in very rare cases. The reason why this position was taken by the UFT is that its goal is to make certain that the enhanced model fails. The union's position is that if education evaluators receive assistance from social workers in carrying out this part of their official duties, then the enhanced model will start to look good, precisely the opposite of what social workers want. As we have discovered, from the very start of the model, there were social workers who rejected their union's position on helping out education evaluators.

Clearly, and perhaps to the ultimate detriment of the social worker profession's standing within the Board of

Education, there has been disunity before the challenge presented by the existence and expansion of the education evaluator component of the special education assessment process. One member of the social worker/psychologist chapter commenting on the attitude of social workers towards education evaluators in the mid 1980's, stated that "...activists in our chapter, in the sense of coming to meetings and talking out loud, tended to be extremely threatened by educational evaluators...much more than psychologists, because psychologists knew that we had certain functions that were ours, legally and that unless that law was changed, we would continue to have these functions whereas social workers had functions that were only professionally sanctioned...Once we got into a factory model of doing the evaluations, then social workers had to grind out whatever they ground out, and they didn't have a chance to spend most of their time calling agencies, involving parents, giving advice, holding therapy sessions, as such. And then, the one thing that was left to them, was the sanctity of their taking social histories, and that was being taken away from them. They had every valid reason to be concerned.'[13] This clinician was specific in stating that while neither social workers nor psychologists cared much for education evaluators, it was social workers who

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[13] Joshua Steinberg, pages 20-21.

were most strongly opposed to them.[14]

Talking about her reaction to the enhanced model, one social worker reported "I felt that my job was being given away. I felt insulted that an ed evaluator should be given the responsibility of doing the social update...I thought the form....was ludicrous, insulting....I wasn't angry at the ed evaluators as a group. I was very insulted by whoever created this role. It was also, feeling threatened...The feeling was that the social worker was going to be...kicked out, that the whole model was to get rid of the social worker, hence our jobs. And I felt that there was no respect for social work as a profession. People think that, 'Oh, the social history is so simple.'"[15]

One of the most critical tasks facing SBST clinicians is that of deciding whether or not assessment data on a child suggests that s/he should be considered as having a handicapping condition. If an affirmative decision is reached, the next step is for the SBST to recommend a program to meet that child's educational needs. In most cases at least on initials the SBST's recommendations will be subject to review by a team at the local CSE. That team will make the final decision about both the handicapping condition and the appropriate program.

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[14] Ibid., page 21.

[15] Lea Greenstein, pages 24-25.

Whatever decisions are reached by either the SBST or the CSE review team, they are always presented as multi-disciplinary in character and the result of consensus.

Although the claim of ultimate consensus is reasonably accurate, it fails to capture the dynamics of team functioning. All SBST members are equal, but some may be more equal than others. To a certain extent, this is a function of personality, and as such is not linked to any particular discipline. One individual, an ardent supporter of the relatively rare claim that only the team psychologist can truly diagnose a student's learning disability, or other handicapping conditions, nevertheless was aware that in reality members of other disciplines, especially education evaluators could well be the dominant voice on a team when it came to deciding on a student's handicapping condition. When asked why this was so, he responded that "Its due to personalities. If there's a stronger ed evaluator, they take over the team."[16] One thing that makes this comment especially interesting is that it was made by someone who was discussing conditions during the E and P years, when education evaluators represented a new, and still quite insecure group. Incidentally, it is probably significant that when he was discussing the issue, this clinician made no reference to the social worker's

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[16] Samuel Kogan, # 2, page 34.

role in decision making. Nor did he refer to it a bit later when in response to a question about whether there were other reasons why a psychologist might fail to exercise the dominant role on a team, he stated, "Well, professionally, if you had a better ed evaluator, and you had a poor psychologist, sure, its going to have an effect. If a psychologist doesn't know their [ass] from an elbow, so you had problems...So if you get a poor professional, then you're going to have the other member of the team taking over. Somebody's got to do something."[17]

Our interview and fieldnote data is consistent in finding that social workers have generally not played a central role in the determination of a child's handicapping condition. There are at least two qualifications that should immediately be applied to this observation. One is that occasionally one encounters a case where the social history data is so dramatic and extreme that it really becomes the determining factor in making a decision. Sometimes too, you get a combination of social history data that is fairly dramatic, and a social worker who is very insistent on the importance of this data. This too, may affect how it is viewed by teammates.

Another circumstance, one more predictable and

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[17] Ibid., pages 34-35.

prosaic, but more important because more frequent, where the social worker's voice often tends to be more effective is on the CSE review team. An immediately noticeable reason for this is simply the fact that unlike the situation with the SBST where the social worker is mostly not present, the social worker is normally always part of the CSE Review team. We put in the word normally, because as previously stated, in an emergency, the CSE Review team may operate without a social worker. An emergency is just that, and should not go beyond a day, or occur except very rarely. Nevertheless it is worth pointing out that a review team cannot be legally constituted without its two other members. It is only the social worker whose presence is not considered to be an absolute necessity. Although it is rare for CSE Review teams to act without the presence of a social worker, it is not unknown. The fact that this can be done, legally, underlines the weakness of the social worker's position. Although mandated by New York City, State and Federal law does not require participation of a social worker on the CSE Review team.[18]

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[18] Memorandum # 28, 1987-88, Division of Special Education, New York City Board of Education, March 8, 1988. This memorandum was issued as a reminder that "...social workers are to attend all types of CSE Reviews...except in extraordinary cases." It is this last phrase which indicates that there are circumstances where reviews may occur without the presence of social workers which is an indicator of their weakness. In fact, the researcher is aware of specific instances of CSE Reviews being held in the absence of social workers. There are even cases where for the sake of appearances, social worker

Social work data is always discussed at CSE review team meetings, and this is usually the case at SBST meetings as well. If a social worker is not present, someone else reviews it. Especially when a child is felt to be emotionally disturbed, data from outside of the school is looked at as part of the picture. However, aside from the exception mentioned, its role is to corroborate, not to determine. This in a sense is what logic would tell us to expect given that the social worker is part of a school system. The school system is concerned with what a child is doing in school. If a child's behavior at home is in some way tied in to school performance, than it is viewed as relevant. Otherwise it is not. The social worker's contribution is normally in the form of information about the student's environment outside of the school. In terms of the way this information is usually presented it has relatively little direct contribution to defining a student's problems.

Suggestions were made by interviewees that social workers could provide extremely valuable information at times, but two of the clinicians who were most insistent upon this point, also remarked that they felt that social workers were

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signatures have been obtained from people who plausibly might have been on the premises at the time that a particular review occurred. (Fieldnotes, 1987-1994)

failing to provide the required data.[19] The frequent failure of social histories to provide the sort of data that has a decisive impact on decision making may have a self abnegating impact on the profession. Interview data found psychologists frequently stating that they felt social history updates should be returned to social workers, however it is difficult to know whether this is a sincere belief or only reflects loyalty to their functional chapter colleagues. To the degree that social histories have in fact declined in quality, this will have affected their value to psychologists. Probably more significant than the comments of several psychologists about their belief that social histories should be returned to social workers, is the remark of one psychologist who constantly tells colleagues about his unhappiness with the enhanced model, but who nevertheless was clear in stating that social history data would not essentially affect his decision making on a case.[20]

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[19] Harold Feldstein (pages 35-36) stated that they could provide valuable data on early language development but don't know what sort of questions to ask, and Michael Stoller (page 57) remarked that they could give useful data on a child's developmental history, but that generally they don't.

[20] Ted Dalton, pages 38-39. Although indicating in what seemed like a somewhat weak sense, that the social worker's input could cause him to feel a child should not be labeled as "emotionally disturbed," he was clear in stating that "Its rare, I think, that they would find something out in the course of a social that would negate the finding of learning disability or mental retardation." (page 39).

Still more significant perhaps, is the statement of one social worker that at least, he feels a social worker should expect to have his position listened to by colleagues at an EPC.[21] Even the least self confident psychologist would never talk in such terms. Nor would any education evaluator. It is true that some education evaluators still tend to defer to psychologists at times, especially in cases involving mental retardation and emotional disturbance, but many insist on having a voice even in making the decision to invoke these handicapping conditions.[22] And very few have any doubts about their right to have an at least equal voice when it comes to use of learning disability as a handicapping condition.

As for psychologists' attitudes towards education evaluators, even though some may value the input of evaluators chiefly because otherwise they would be stuck with having to do educational testing themselves, the fact is that education evaluators do provide information which they recognize as necessary to an adequate understanding of the performance of the student being assessed. The psychologists are also very much aware that federal law mandates a multi-disciplinary evaluation, and multi-disciplinary decision making. Federal law requires participation of a special education teacher,

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[21] Tom Walsh, pages 28-29.

[22] For example, Howard Levy, pages 19-21.

i.e., the education evaluator. It does not mandate the participation of a social worker.

During the BCG period, the social worker's were in a much stronger position at least partially because BCG was not an educational operation, but rather, a mental health agency. The comment already cited by a psychologist, emphasizing that the UFT is essentially a teacher's organization and that therefore its tendency is going to be to support teachers, its primary clientele, is a point that can be reiterated and writ large in connection with the Board of Education. One social worker, who had worked elsewhere prior to her current job said when comparing her earlier experience to this one that in "....my other past experiences, the social worker was the primary provider and we got consultation, peer supervision. In other words, I was in a social work kind of setting. When I worked for the Board of Education, I felt like upside down. Everything went topsy turvy.The primary provider is the teacher. The social worker has a peripheral role."[23]

Although we haven't discussed it a great deal, it is important to recall that with the change to the enhanced model, the provision of "Educationally Related Social Services" became a central activity for nearly all social workers. ERSS, as we have noted in our discussion of social worker

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[23] Lea Greenstein, #1, page 56.

activities in the previous chapter, is the name given a new social worker task which came into being as part of the enhanced model. In essence, the purpose of ERSS is to allow intervention with so-called "at risk" children in an attempt to deal with the pupil's problems, whether they be academic or emotionally. It was expected that by doing this, the number of referrals for special education would decline substantially. However, as we have noted in the previous chapter many social workers seem to have chosen not to become heavily engaged in doing this work despite having the time to carry it out. Although setting up ERSS also succeeded in compensating social workers to some extent for their loss of other roles, judging by the apparently widespread avoidance of ERSS responsibilities, something is amiss.

One problem is simply that there is little accountability in ERSS work[24] It is too easy for statistics to be fudged. On one occasion, the researcher was told by a social worker colleague preparing her monthly ERSS statistics that of course, she was going to falsify them. She felt that this was common practice.[25] Although meant to assist kids, and perhaps incidentally provide meaningful new work for social workers, there does not appear to be any research, solid or otherwise,

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[24] Leslie Roman, page 24; Ann Cohen, pages 68-69; Lea Greenstein, #2, pages 43-45.

[25] Conversation with Marie Velez, (Fieldnotes, 1988-1992).

about the impact of ERSS on its clientele. However, we have some reason to believe that its impact on social workers may be primarily negative.

One aspect of this problem may be that social workers currently feel uncomfortable working without what they regard as adequate back-up. One social worker pointed out that "...I do feel a dire need to have real good professional consultation in regard to my ERSS work...I definitely feel a terrible lack of support...with the ERSS counseling....I really would like someone to talk to, someone who could be there as a consultant without, you know, a clipboard."[26] Another social worker, speaking generally, not in any way referring specifically to ERSS, stated that a major failing of the Board of Education from the standpoint of a social worker is its failure to provide adequate supervision.[27]

This actually points to a problem which we have touched on earlier, supervision. At that point the discussion was focused on education evaluators, specifically on the decision to provide them with supervisors. Ostensibly this was necessary to fill a vacuum. Initially, supervisors of educa-

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[26] Lea Greenstein, pages 54-55.

[27] As one social worker stated: "In terms of social workers, there's no supervision. No clinical supervision whatsoever. And I anticipated that there would be that kind of feedback. And there was none. Zero." (Barbara Michaels, page 2)

tion evaluators were supervisory personnel whose main work lay elsewhere. Eventually though, this became an inadequate arrangement, if only because of the vastly increased numbers of people working as education evaluators. It was felt that their supervisors should be people who were able to provide supervision from a knowledge base that would allow them to not only judge an evaluator's work, but also provide the needed assistance to help evaluators improve professionally. One of the key tasks for any supervisor is the ability to provide assistance so that professionals can ask questions and improve their performance when they have problems. However, it appears that this is not what has been happening.

When clinicians, regardless of discipline, behave so as to create difficulty for superiors, they may be subject to some sort of a critical response. Or, they may not. There is undoubtedly a great deal of subjectivity in this area, a great amount of deal making, too. "Trouble," is itself an extremely nebulous concept. We can say that among clinicians, there are two generic types of trouble, "personal," and "professional." Sometimes they are combined in a single case, often they are not. Personal trouble, most often involves the way a clinician relates to team mates. Although this can be a considerable source of tension and difficulty, our interest at this point, is more in professional issues. The most central and serious problem which arises in this area has to do with work quality.

As noted in an earlier chapter, there is a theoretical assumption on everyone's part, that all clinicians, despite individual differences, are well enough trained to be capable of doing any sort of work which their job title indicates they should be capable of performing. Clinicians and their supervisors are very much aware that in practice, this simply isn't true. However, they are normally constrained to act as though this is true, especially in public.

A general criticism, which over the years has been leveled at the Board of Education, is its failure to deal effectively with incompetent teaching personnel. The United Federation of Teachers too, has come in for criticism on this account. Although the Board of Education and the UFT have each in their own manner approached this problem, the fact is that only minuscule numbers of Board employees ever loose their jobs because of incompetence. There is no evidence to suggest that SBST members are necessarily more vulnerable than others, to job loss due to failure to adequately perform the work for which they were hired.[28] In practice, CSE clinicians often do

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[28] Although it is unlikely, given the obstacles that both the Board of Education and they UFT would place in the path of such research that one could ever document the pattern of removal of professionally or personally incompetent CSE personnel the researcher's experience based on his more than 15 years with the Board of Education suggests that it may be easier to get rid of trouble making clinicians, than of classroom teachers. However, in the case of clinicians, what has apparently occurred at times, is that they have lost their CSE roles, and been forced to return to the classroom. This of

have a sense of who among their colleagues is competent, and who is not. Although gossip and rumor inevitably play a role in dissemination of such information, there is usually also at least in part, a solid foundation for these attitudes.

Knowledge about an individual's professional competence is most frequently gleaned by reviewing the person's written work. One of the constants for CSE employees, is redeployment. To meet various assessment needs, clinicians must frequently write reports about children who attend their colleagues' schools. These reports are then sent to their colleagues for use at EPCs and CSE reviews. Consequently, there is a sort of unofficial peer review constantly taking place. However, it is a very limited sort of review and certainly is not normally an occasion for the exchange of critical comments about work quality. In some circumstances this happens, but in a very low keyed form. But generally, one does not comment on the work of one's colleagues except in an exclusively positive way. Beyond this it is also the case that any one clinician will rarely get to see more than a very small number of reports by a particular colleague. Nor, in the end does anyone see more than the work of a relatively few

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course, is only possible in the case of clinicians who have a fall back teacher's license but in this connection, we should recall that a significant number of psychologists have a background in teaching. Fewer social workers appear to have had teaching experience prior to assuming their present positions.

colleagues.

Among CSE personnel, there is an important exception to this. Members of the full time CSE Review teams have greater opportunity to review the work of their colleagues than does anyone else. Their work requires this. In practice, they read more clinical reports than anyone else, including supervisory personnel. The result is that CSE review team members have a fairly good idea of the quality of their colleagues' work. Inevitably they become aware of qualitative differences in the work they receive. Most commonly, particular reports, if they are especially outstanding in either a positive or a negative sense, may occasion comment, but nothing more. Especially when a case is considered to be complex, review team members may be concerned about the quality of work they receive. Although each case is reviewed carefully, many are fairly routine. Supporting material is often so clear that the review team has no difficulty concurring with the particular requests of a SBST, or parent.

There are other times when review teams wrestle with the material in a case, read it over more than once, discuss the finer points from one angle, than from another angle, carefully review options for labelling and program placement, and still find themselves having a very difficult time reaching a conclusion. In such cases the quality of data often makes a major difference. In some instances, the quality of data is

itself, the major sticking point. A variety of problems may cause difficulty for a review team, but our concern here is with the reports written by SBST clinicians. On occasion, they are of such poor quality that the review team may be stymied as to what to do. Usually, the team muddles through. There are times though, when that is impossible either because the clinical data is so shoddy, or because the case is so complex and the issues so serious, that the review team isn't willing to act on data that is of only fair to middling quality.

In this situation, the team may do one of three things. It may find a reason for either deferring the case, or putting it back on review after requesting more data. It may contact the errant clinician and obtain verbal clarifications of the unsatisfactory report, or it may go to the appropriate clinical supervisor to point out the unsatisfactory nature of a particular clinician's report. This latter action occurs very rarely.

Review team members are in the peculiar position of having access to colleagues' reports, similar in a way to the access that supervisors have, but they are not supervisors. They are very much aware of local politics, very conscious that criticizing colleagues is frowned upon by their peers. The result is that for the most part, teams manage to make their decisions even though they may be uncomfortable with some of the data they are using. It is when too much of the

material is weak that a Review team may feel that it is unable to make a reasoned decision. Most of the work that comes to them is at least adequate. Yet the fact remains that they are privy to reading enough shoddy work, usually from the same colleagues to realize that appropriate action is often not being taken at the supervisory level.

These observations are applicable to clinicians representing all three CSE disciplines. When social histories are deemed inadequate it is often because they are missing essential data and/or provide no sense of those aspects of a family's dynamics relevant to understanding the case at hand. Details about a child's early development which is information many psychologists value are often too cursory to provide the desired data. In the case of psychological reports, criticism often centers on the clinician's failure to go beyond mechanical reporting of data, or failure to do adequate projective testing where the review team feels it was needed. With educational evaluations, mechanical reporting of test scores is an even more frequent complaint than it is with psychological tests. Sometimes, it is unclear from the report of test scores, what the child's academic functional levels really are. Test score discrepancies are not explained so that the review team is at a loss as to how contradictory data should be reconciled.

Often other data, earlier evaluations, teacher

reports, cumulative school records, the presence of the child's teacher or parent, may provide enough of the missing information to permit a review team to feel satisfied that it can make a good decision. When all of this fails, supervisors may have to be contacted. In such cases, the supervisor is sometimes able to provide a suggestion that resolves the problem. This may be a creative solution or simply a comment to the effect that well, this is what you have before you, use it. Supervisors will also promise to address the problematic report with the clinician who wrote it. After this point, the review team rarely has any information about what action has been taken. What is clear though, is that certain clinicians provide shoddy work and do so year after year.

Overall, in terms of what has been written in previous chapters about training received by new clinicians, this situation is not surprising. It appears to be the result of on the one hand, acceptance of an ideology which states that all CSE clinicians are responsible and coequal professionals, and on the other hand awareness by supervisors that decisive action on their part to deal with an incompetent professional is likely to be met with a strong response from the affected person's union representative. The result is that some clinicians produce barely tolerable work, are known to do so, but are not seriously bothered by supervisors despite their shortcomings. The exception to this occurs when their short

comings become noticeable in some way that is likely to affect the reputations of supervisory personnel. Another occurs when there is gross misbehavior, as in the case of someone found to be routinely inventing test scores. The impact of this failure to insist on more than the most minimal standards is unclear. It is important also to emphasize that most clinicians appear to strive to do quality work. But the exceptions are not uncommon.

Impact of the Learning Disability Concept

One of the most salient statements made by the Beattie Commission is also one that has received relatively little meaningful attention from either the central New York City Board of Education, or from the United Federation of Teachers. This statement was that its examination of special education

> ...has led us to believe that both regular educators and SBST's generally perceive the source of a student's poor performance as the student's own deficits. The question as to whether a child is not succeeding due to inadequacies in classroom instruction is rarely asked, and accordingly, only on rare occasions is an attempt made to modify instruction in the regular classroom to meet the needs of a student.[29]

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[29] Special Education: A Call for Quality, (New York City, April 1985), page VI. We should note that teachers often do make claims to having taken some steps aimed at meeting an individual student's specific needs. However, how potentially effective these steps might be in a particular case, whether they are necessarily the steps that should have been taken on

Along with this statement, another, related point was made at the same time,

> Despite the lack of data the Commision believes that many of the children in programs for the 'mildly' and' moderately' handicapped may not have handicapping conditions. However, it is also evident that many have significant educational deficits and counseling needs.[30]

This extraordinary statement publicly acknowledging the possible illegal placement of children in special education programs has not been seriously addressed except by some critics of the system.[31] As we have reported elsewhere in

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that particular students behalf, whether they were carried out with any consistency are questions for which we have no answers, nor is it likely that any studies have been done which would provide information about the effectiveness of such interventions It should be noted that there do exist programs aimed at improving teacher quality. With some cooperation from the Board of Education, the UFT has been very active in this area. Nevertheless such programs are voluntary and involve only small numbers of individuals who have quite specific problems with effective classroom teaching. In addition, it is likely that many of the teachers in these programs are not there because of poor teaching methods so much as poor disciplinary techniques. Although attitudes are not uniform, it is common for administrators to show concern for what is happening in a classroom only when the teacher is mired in disciplinary problems. One frequently made observation is that there is little concern over teachers who illegally hit children so long as they can keep their classroom quiet. Indeed, occasionally, tension has arisen between a school's leadership and the district CSE because SBST members have insisted on bringing a teacher's use of physical force against students to the attention of a school's administrators.

[30] Ibid., VI.

[31] See for a recent example, Autin, Diana MTK, Emily Denzer, and Briar McNutt, Segregated & Second Rate: "Special" Education in New York,a recent report (1992) prepared by the

this dissertation, a number of clinicians were remarkably candid in stating that on occasion they label children as handicapped not because they truly believe that their problems warrant this label, but rather because they are otherwise helpless to provide them with services which they feel are desperately needed. The following comment by an individual with special education experience covering more than two decades, is typical: "Today, they'd be given a label in order to get some help because you won't get it any other way...-Years back, we had programs in the school system that we don't have now....a lot of programs were done away with. So today, for a kid to sometimes get help like this, he's sometimes got to be classified and labelled in order to get special care or help."[32]

As recently as the 1993-94 school year, a high level Division of Special Education administrator privately acknowledged that non-handicapped children are being labelled and placed into special education programs because there is a lack of resources available in regular education to provide them the supplemental assistance which they need in order to

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Advocates for Children organization. This report, though it was headline news when released, has had no apparent impact on the special education system. Also, we should note, that though superficially impressive, its methodology was so badly flawed that there are serious questions about the validity of the entire study.

[32] Jennie Rosen, page 24.

function effectively in school.[33] There is another reason that has been noted as to why parents sometimes actually push to have their children labelled as handicapped. It is something rarely mentioned but is occasionally talked about among clinicians. Some parents are aware that they can receive stipends from SSI if their child is labelled as handicapped and they request evaluations precisely to achieve that end. As one interviewee stated: "I know for a fact that there are parents who are particularly interested in having a child labeled, strange as it may sound, and after he's been labelled in maintaining the label in order to continue to receive financial aid. There's no question about it. SSI. There's no question about it. And they become very disturbed when told 'Your child doesn't need special help any more. He can go back to the mainstream.' They become angry because they're going to loose some financial assistance."[34] This sort of parental attitude may not be widespread, but it certainly exists. Given

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[33] Anita Crowley, (Fieldnotes, 1993-94)

[34] Jennie Rosen, page 24. A similar comment is found in an interview with Maritza Rosza: "...its very sad for me to say this, but sometimes there is an economic motivation. You have a child which is receiving this specific kind of program, you will get a stipend for this child...We have seen parents who eagerly want their children in specific programs. That's very sad, very sad..." (page 7) Also, the CSE review team in one district had a case recently where the members were convinced that the parent was clearly pushing to have his/her child declared handicapped in some way, so that s/he could obtain SSI payments.

the economic motivation here, it is more likely something that would be found in areas where poverty is widespread, but that is speculation.

This also raises the question of parental attitudes towards special education, an area that requires investigation. The attitudes of teachers, and even of CSE personnel towards special education also need to be investigated. Even the very question of what constitutes a special education placement, though seemingly obvious is surrounded by uncertainty. Clinicians are aware of a belief that seems to be fairly widespread among many non-special educators and also among some parents, that the resource room program is not a part of the continuum of special education services. When the possibility of moving a youngster away from the resource room into a full time special education program is raised, it is quite common for teachers, including the resource room teacher, supervisors, parents and the child to talk about this as a move into special education, with the clear implication that resource room services are something else. Even though their child may have spent several years in a resource room program, parents sometimes react with surprise when informed that s/he is already in a special education program.

More unexpectedly, it is not unusual to encounter teachers who do not consider such children to be in special education. That parents should show some confusion over this

matter is not entirely surprising because for many people, special education means a full time class placement. We are not in a position to discuss parental attitudes in any detail, although we can note that they vary a great deal and whether favorable,or unfavorable are often not based on much knowledge. One interviewee, in the course of discussing the problem of inappropriate special education placements taking place simply to obtain needed but otherwise unavailable services, somewhat wistfully remarked: "I've said to people, 'Look, what you've got to do is find some parents who are willing to fight this and to get advocates,...to say no, the kid's a general ed kid, but this is what he needs.' And then to have the parent go and make the fight.'My kid's not getting an appropriate general education.' It doesn't have to be a handicapped kid not to have an appropriate education. It could be a general ed kid...And its a system where, the system as a whole doesn't want to look at this..." [35]

There have certainly been calls over the years from a variety of sources for restoration or increase of various resources that were at one time available in the schools. This was at one time, a constantly reiterated theme of the Social Workers/Psychologists Chapter. The Beattie Commission concurred that this was essential and in its final report

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[35] George Lehman, # 3, pages 61-62.

specifically stated that "The Board and the Chancellor should increase services to regular education, such as remedial reading, speech therapy, and counseling, to meet the needs of these children without labeling them as 'handicapped' and placing them in special education."[36] Although a small number of exceptions probably exist, basically at the time of writing, there are no speech or counseling services available in the New York City school system unless a child has been evaluated and given a handicapping label.

In this regard it is important to stress that even though a child may remain in regular grades, and receive nothing other than counseling or speech and language services, the moment s/he has been evaluated, labeled, and his/her parent has signed a consent necessary for him/her to receive these services s/he is part of the system of special education. The day after this child has attended his/her first speech therapy session, his/her parent no longer has the legal right simply to say "I want this service halted." The parent must be able to convince her district CSE that his/her child no longer needs this service. Furthermore, though substantial safeguards definitely do exist, his/her child may now be subject to further evaluations leading to full time special education class placement, even against his/her will. Again,

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[36] Special Education: A Call for Quality, VI.

we should stress that there are definite, well established means by which a parent may contest such action. But the point which should be underlined, is simply that once a child becomes part of the special education system, leaving isn't necessarily easy. As one clinician remarked not cynically, but expressing a very real situation, "Special Education is like a roach motel. Kids enter, but they don't go out."

Although we have emphasized in the preceding chapter and to some extent in this one too, the centrality of the concept of learning disability, we feel it is important to return to it again and consider why this concept, itself so poorly defined, has become such a central part of the process of defining students as handicapped. Many clinicians today would concede the validity of the comment made by one clinical supervisor that eventually things "...evolved to calling any youngster who couldn't learn, learning disabled."[37] At this point, I think it is time to suggest that the evidence cited so far makes a strong case for taking a social constructionist view of the learning disability concept. It appears likely that it is precisely because this is a socially constructed concept that it has been so difficult to pin down with a definitive definition. What does seem clear though is that the concept itself has won wide acceptance. In retrospect, the

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[37] Michael Carey, pages 13-14.

label has been attached to a wide variety of famous individuals, as though to provide it with a post facto legitimacy. Albert Einstein is probably the most prominent instance of such retrospective labeling.

The concept, though studied by medical researchers is certainly in the public eye most closely associated with psychologists and educators. Following Joseph Gusfield, we can think of these professions as exercising ownership over this concept. In Gusfield's words,

> The ability to create and influence the public definition of a problem is what I refer to as 'ownership.' The metaphor of property ownership is chosen to emphasize the attributes of control, exclusiveness, transferability, and potential loss also found in the ownership of property...At any time in a historical period there is a recognition that specific public issues are the legitimate province of specific persons, roles, and offices that can command public attention, trust, and influence. They have credibility while others who attempt to capture public attention do not. Owners can make claims and assertions. They are looked at and reported to by others anxious for definitions and solutions to the problem. They possess authority in the field. Even if opposed by other groups, they are among those who can gain the public ear.[38]

The learning disability concept undoubtedly has considerable utility for most of the parties at the center of special education. One of its major attractions must surely be its imprecision. In some circumstances this would be accounted

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[38] Gusfield, Joseph, The Culture of Public Problems, (Chicago: University of Chicago Press, 1981), 10.

a serious failing, but in this case it has been the major factor allowing for its expansion in special education. Another virtue, one of incalculable worth is that it has managed to avoid being associated with any really significant stigmatization for those considered to suffer from this handicapping condition. The generally accepted viewpoint is that there is no significant negative correlation between intelligence and being learning disabled. Moreover, some specialists have even argued that learning disabled people may be endowed with certain strengths which are in some way linked to their having this condition. There is in a sense, even an implication that one must be reasonably intelligent to be legitimately labelled as learning disabled because in one form or another a learning disability is said to involve a condition in which an individual is failing to meet his potential.

As we have already stated,looking at "learning disability" as the currently central handicapping condition helps to explain the weakness of the social work profession in the school system today. If we think in terms of jurisdictional claims, there is very little basis on which social workers can make any sort of convincing claims. There is nothing in their training or experience which qualifies them as possessing any particular expertise in the area of learning disabilities. By contrast, both psychologists and education evaluators are in a position to make meaningful claims that by background

and/or training they possess genuine expertise in this area. At least since the late 1960's, and early 1970's when professional degrees in learning disabilities began to be widely available for educators, they have been in a position to make such claims. Their ability to receive broad public recognition as possessing expertise in this area, independent of psychologists, has taken time to develop.

We have noted throughout this dissertation that the question of who makes the final decision concerning the presence or absence of a handicapping condition has been a complex issue. Although some psychologists, especially in BCG and early E and P days were insistent that they alone had that right, from the very first days of E and P they did not in practice exercise exclusive jurisdiction in this area. Nevertheless,it appears that at that time they were usually the most influential players. At that point, social workers may have been able to exercise greater influence than was to be the case later on. This is understandable given that educators had then only recently joined the decision making team. Various developments including the unacclaimed but gradual movement away, beginning during the early to middle 1970's from so-called "classic" definitions of minimal brain dysfunction, the passage of PL94-142, the Jose P litigation, and later, the Beattie Commission report all contributed to enhancing the role of the educator member of the team.

One indication of the education evaluators' increased importance is the fact that numerically they are at parity with psychologists. Social workers, lag behind in numbers but this is to be expected given the needs of the enhanced model. What we now have,is perhaps most appropriately described in Abbott's language as a system of "divided jurisdiction." In effect, what has occurred follows Abbott's discussion closely. He has written that

> The move to division of labor is gradual because the task changes that generate such settlements are gradual. They first become evident in the work place, where one profession may find itself increasingly relying on another's advice in handling particular parts of its task. This creates an implicit claim for the advisors, a claim that may become more and more explicit."[39]

The preceding chapters which tell the story of the education evaluator's initial incorporation into the assessment team and the steps leading up to the present situation, provide documentation of just such a process. Similarly, these chapters also provide documentation of the decline of the social workers within the school system. It should be noted that this decline, especially to the extent that it may be seen as having taken place as a result of the growth of the education evaluators as a professional group is not what Abbott would have predicted. Although he noted the possibility, certainly relevant to the education evaluators' develop-

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[39] Abbott, 73-74.

ment, that "...neither national organization nor even significant local organization is necessary to effective claims of jurisdiction in work places. These are inevitably local at first, and national organization in fact builds upon them," he immediately added that "It is, however, certainly true that organized professions stand much better chances of maintaining work place claims against competitors."[40]

As applied to social workers, this statement does not reflect what actually occurred. It may well be that at least a partial explanation for both the social worker's decline and the education evaluator's rise can be found in the previously cited suggestion of one psychologist who insisted that the UFT was insufficiently militant on behalf of the rights of social workers, and for that matter psychologists, because essentially it is a teachers union and less committed to the needs of its non-teacher, functional chapter members. Interestingly, whether or not there is in fact any truth to this viewpoint, in recent contract negotiations the City of New York put this proposition to a test. Reliable union sources have publicly stated, that in the course of these very protracted negotiations the City at one point suggested to the UFT negotiators that a settlement on favorable terms could more easily be reached if it would agree to a lower wage increase for members

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[40] Ibid., 83.

of the Social Workers/Psychologists functional chapter.[41] The UFT strongly rejected this idea and it was apparently not given any consideration at all.

Concern over the enhanced model and its impact on the various professions has not evaporated with time. However, what has occurred is that tension among SBST/CSE members based on the introduction of that model have virtually ceased to exist in any meaningful way. The two functional chapters both favor the model's abolition and leaders of both chapters have recently endorsed a Board of Education plan to study the model with the hope that this will lead to its elimination. Thus the leader of the social worker/psychologist chapter wrote recently: "We believe that N.Y.C.'s students will be better off without the enhanced model."[42] As we have reported in earlier chapters, it is by no means certain how most clinicians currently feel about this issue even though there does seem to be substantial support for a change in the model.

Aside from the matter of the union's relatively relaxed, even if determinedly negative attitude towards the enhanced

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[41] According to one account of these negotiations, the City also wanted to include education evaluators along with social workers and psychologists, in the group to be awarded lower wages. In a backhanded way this could be viewed as the Board of Education's ultimate acknowledgement of education evaluators as clinicians, co-equal with their SBST/CSE colleagues. (Fieldnotes, 1993-1994)

[42] Social Worker/Psychologist Chapter newsletter, November, 1993.

model, it is notable that there are other reasons to believe that tensions have decreased to a point where they are now more likely to reflect personalities than professional issues. One indication of this is that last year, when one of the candidates in the triennial election for chapter chairperson of the Social workers/Psychologists Chapter was extremely militant in his opposition to the enhanced model and biting in his criticism of education evaluators, he was trounced by the incumbent. Discussion with members of his chapter from various districts around the city indicated that few people even took notice of his candidacy. In addition, this researcher is aware of instances in several districts around the city where education evaluators who are union activists have been approached by members of the other disciplines for assistance with problems such as union benefits, per session activity, and team functioning. This represents a considerable turn around from the time when the Social Workers/Psychologists Chapter's leadership sought the complete elimination of the education evaluator from the Board of Education.

Chapter 6

Summary and Conclusions

New York City's Board of Education has been working with children defined as handicapped since before the turn of the century. By contemporary standards, it was at the forefront of the effort to provide service for "exceptional children" within the public school system. At that point, such children were educated in what were then called "ungraded classes." By 1915, the personnel, both supervisors and teachers running that program had reached the point where they were able to publish a monthly professional journal called UNGRADED. Even during that early period, when special education was new, some of the problems we encounter today were beginning to surface. For example, it was recognized that there existed the danger of misdiagnosis leading to erroneous placement of children into special education. Also recognized was the need for diagnoses to be based on a multi-disciplinary perspective. This does not mean that educators necessarily acted in accordance with their insights. Nevertheless, there was a growing awareness of the complexity of the problems surrounding children who were having difficulty in school.

During the Board of Education's years under the leadership of superintendent William H. Maxwell, and his appointee, Eliza-

beth Farrell, services for problem children rapidly expanded until there was a wide assortment of classes in existence, serving children who suffered from many different handicapping conditions. In 1931, the Board of Education expanded its services to troubled children with the establishment of the Bureau of Child Guidance (BCG). Much of the Bureau's work was with regular education children, but the Bureau, whose personnel consisted chiefly of social workers and psychologists was also responsible for testing children to determine whether they suffered from a handicapping condition which necessitated placement in some kind of special class. Over time, a complex network of bureaus, each controlling one type of special class had been established by the central Board of Education. There was for example a Bureau for the Education of the Physically Handicapped (BEPH) and another Bureau for Children with Retarded Mental Development (BCRMD).

Although it was BCG which initially tested a child, once that child was tested by BCG clinicians and found to need special services. that child still had to be accepted by personnel running the particular bureau to which the child was sent. Bureaus did not have to accept children recommended to them by BCG. They could decide the child belonged elsewhere and send him to be checked out at another one of the bureaus. In the end, it could take years for a child to be placed anywhere. In addition, the BCG staff were unable to deal with

the number of children sent to them. There were too many. The result was that substantial waiting lists of children were established. Their parents could not even begin the process of finding class placements for them, because they had not yet received a BCG evaluation.

This was the situation in 1970, when preparations were being made to open the first Evaluation and Placement Units. These units, which rapidly expanded their numbers and responsibilities were established under the leadership of two former BCG clinicians, and was only possible because of full support and encouragement from Helen Feulner, the recently appointed executive director of special education. Their goal was to improve and streamline the process of assessment and placement of students. A major addition to the assessment process was the education evaluator, a role which was new to the Board of Education although there is evidence for its existence in a very limited, incipient form prior to establishment of E and P. The establishment of E and P was not well received at BCG, and it took strong action by Feulner to compel acceptance of their right to make specific placement of children they assessed.

By 1975, an official report by the Board of Education's bureau of Budget and Management, had declared E and P a success, and recommended that its work be expanded to include the testing of children hitherto covered by BCG. Also

in 1975, the "Education For All Handicapped Act," (PL94-142) was passed. This law resulted in a vast increase in the number of children eligible for special education services. Because the education evaluator was an integral part of E and P's assessment team, the expansion of E and P's area of assessment, meant an increase in the importance of the education evaluator. Interview data supports the suggestion that within E and P, education evaluators were generally accepted as a significant part of the assessment process. Precisely how they were viewed, and even how they viewed themselves varied somewhat, depending to some extent on the personalities of the players. However, there is no doubt that they were accepted. Their chief job was to educationally assess a youngster, and then prepare an educational diagnostic prescription aimed at helping the child's teacher to work with a youngster found to have some sort of handicapping condition, at that time, generally minimal brain dysfunction (mbd). Children with this diagnosis normally were sent to what were then called HC 30 classes. There is some evidence from our data that there was increasing flexibility about the criteria used in determining whether a child "qualified" for such a program.

In any event, the decision that a child should receive such a classification was in the hands of a multi-disciplinary team which included a social worker, psychologist, and education evaluator. Others who often were part of the

decision making team were a physician, a speech/language expert, and the E and P Unit's coordinator. Precisely how much weight any particular team member had in making the final decision is likely to have varied from unit to unit, team to team. However, it is likely that especially in the earliest era, the psychologist's input was frequently decisive for any decision that was reached. Due to legal considerations, and very likely to Board of Education politics as well, over the next few years, the E and P Units were first joined by separate "administrative" COH units, and then merged with them into a comprehensive COH. During the period when both operations existed, the Evaluation Units did the testing, and COH units did everything else, including decision making and placement.

A major change occurred in 1980 when BCG was dissolved, its personnel for the most part being sent to the various COHs. At about the same time, clinicians were sent out of their COHs, to newly established School Based Support Teams. Although earlier, tensions between education evaluators and their social worker/psychologist colleagues had generally been fairly slight, by this time they were starting to increase significantly, so much so that the Social Workers/Psychologists Chapter considered asking the central Board of Education to simply do away with these newcomers. That tensions should have existed at this time between education

evaluators and their colleagues was really to be expected. Social workers felt they had good reason to be concerned about job security. In 1975, due to a municipal fiscal crisis, a sizeable percentage of guidance counselor positions had been eliminated, so the idea that an established group could be dismissed, almost at will, was clearly established in the minds of the social workers. Additionally, although PL94-142 requires the participation of a psychologist and a special education teacher in the multi-disciplinary evaluation and placement of a child, social workers are not written into the law as a necessary component of the process. The social history, yes. The social worker, no.

Although not recognized at the time, the year 1975 with its twin developments, the expansion of the E and P operation's mandate, and passage of PL94-142, may in retrospect be viewed as a turning point for two professions, the school social worker, and the education evaluator. An additional factor of major import affecting the education evaluator has been the Jose P. litigation. This dissertation has centered around analysis of the development of the education evaluator's professional role. This has inevitably meant studying it in the context in which it is embedded, and in order to understand this context we have utilized Andrew

Abbott's recent book, The System of Professions.[1] Early in his discussion he stresses the importance of understanding a profession's work, if one is to fully comprehend the profession itself. One of his critical points is the centrality for a profession of its being able to maintain its jurisdictional claims. He has observed that there are three contexts in which such claims are staked: legal, public, and workplace.

Our discussion of the education evaluator's role has touched on all three of these areas. We have seen how a combination of factors has facilitated development and expansion of this role, while often simultaneously diminishing that of the social worker. Although we have not paid the matter much attention, the stability of the psychologist's role is most probably accounted for by the language of PL94-142 which specifies the importance of psychological data, specifically of information concerning a student's intelligence. Such information is normally garnered through intelligence testing and there is little reason to believe that anyone other than a psychologist is likely to be considered as qualified to obtain it.

In reviewing Abbott's discussion of jurisdictional claims it appeared to me that his theory seriously understates the impact of external factors upon professional jurisdiction.

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[1] Andrew Abbott. The System of Professions, (Chicago: University of Chicago Press, 1988).

As we have noted in our discussion, the three professional groups despite making some noises, have essentially been powerless to control events and changes that have had a decisive impact on their functioning.

Whether in 1975, when BCG was powerless to override a bureaucrat's recommendation that most of its testing functions be reassigned to E and P, or in 1986, when despite a hard fought battle, the United Federation of Teachers was unable to prevent implementation of the enhanced model which its members bitterly opposed, it has been clear that the affected professions have not been in control of the situation on a day-to-day basis. This is not to say that they have been entirely unable to protect their interests. However even here, the protection they have achieved is often at least as much over matters that may be characterized as routine labor concerns as they are professional issues. Perhaps their most notable achievement has been to prevent the central Board of Education from establishing a productivity quota, but this is at best only a quasi-professional issue. And even here, the victory may be only temporary.[2]

One of Abbott's contentions is that the actual division of labor will be determined through negotiations

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[2] Reliable sources within the U.F.T. have reported that among some administrators at 110 Livingston Street, there is once again talk of establishing a productivity quota system for SBST members. (Fieldnotes, 1993-1994)

among the involved professionals. There is an interesting situation in regard to this claim, at present because there is evidence that formal rules,and union positions in this area have, in fact, been undermined by unofficial arrangements among SBST members. We are here referring specifically to the conduct of social history interviews. According to the enhanced model in effect since October 1986, with the exception of a few emergency cases defined by the seriousness of the issues involved, all social history updates are supposed to be conducted by education evaluators. During the time when social workers previously would have been conducting these updates they are now supposed to be doing ERSS work. Their UFT chapter is officially opposed to their doing these updates except under the exceptional circumstances just referred to. And yet, as we reported in a previous chapter, our research disclosed that there have been instances of social workers carrying out virtually all of the social history updates necessary for triennials and re-evaluations.

A question inevitably arising from this situation is what has happened to the preventive ERSS work with at risk students while the social worker is doing these social updates? In particular, how do the social workers justify not performing this work, and how do supervisors rationalize its not being done? Although there are certainly more than a few known cases of social workers doing social history updates and

there are indications that this is not a genuinely rare phenomenon, nevertheless interview data suggests that it is not even close to being a norm. Despite an occasional suggestion that psychologists are capable of doing these updates, instances where this has actually occurred appear to be fairly rare.

Abbott characterizes workplace assimilation as an important factor in the occurrence of jurisdictional conflicts. It is something which occurs when other people on a worksite "...learn on the job a craft version of given professions' knowledge systems."[3] In the case of the relationship between social workers and education evaluators, we can say that this has occurred, but with a twist not anticipated by Abbott. Prior to arrival of the enhanced model there is little to suggest significant workplace assimilation by education evaluators in regard to the conduct of social histories. Neither of the circumstances cited by Abbott as encouraging workplace assimilation, either incompetency on the part of a profession to do the job it is expected to perform, or an overwhelming amount of work to do, so much that the profession requires relief, appears to have preceded the education evaluator's acquisition of the skills needed for

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[3] Abbott, 65.

carrying out social history updates.[4] Instead of a gradual takeover of work which they came to perform through workplace assimilation, education evaluators were "drafted" by bureaucratic fiat into carrying out social history updates.

Subsequently, and often as part of a conscious effort on the part of these evaluators, many of them did acquire knowledge of how to conduct such interviews from social worker colleagues. When this occurred as a result of occasional, casual observation of interviews, often heard through sound-emitting barriers, it seems reasonable to speak of workplace assimilation. This may also hold true for cases where education evaluators reviewed the written work of social work colleagues, searching for cues about what to ask, and what to write. But is it also appropriate to characterize cases where education evaluators sought and received explicit help from social worker colleagues as being cases of workplace assimilation?

An allied problem is the need to understand the meaning of a situation where most social workers maintained a

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[4] However, we should recall that in one case we cited, an administrator with a non-social worker background was known by the interviewee to have definitely done social histories on initial cases. This administrator justified doing so specifically because the social workers had too much to do. She specified that the social workers approved of the administrator's action because it providing them with necessary relief. (Rose Jennings, pages 32-35) We should add that this took place prior to institution of the "enhanced model."

hostile attitude towards having education evaluators carrying out social updates, and yet some of their colleagues did provide very explicit information about how to perform this work credibly. Given that this sort of teaching occurred at a time of intense concern over the future of social workers at the Board of Education, this would seem to have been inappropriate behavior. Two reasons have been reported for this behavior, professional concern that whoever was performing this work, it should be done as well as possible, and personal friendship. Nevertheless, from a social worker perspective these don't appear to provide a satisfactory explanation.

However, in looking at the situation from a slightly different angle, not as a result of something that occurred as a consequence of education evaluators being members of a "profession on the prowl," but simply because this is the way the bureaucracy at 110 Livingston Street decreed things should be, then the current situation may be regarded as confirming Abbott's perspective on workplace assimilation, even though the assimilation itself did not initially come about quite as he would have predicted. After stating that the assimilating group lacks the "theoretical training," he goes on to write that

> In the jurisdictional system of the workplace, it is the real output of an individual, not his credentialed or noncredentialed status, that matters. Since some professionals are much more talented than others, the best of the subordinates often

excel the worst of the superordinates...[5]

As we have seen in earlier sections there is reason to believe that there is considerable ambivalence about the quality of work performed by social workers. This ambivalence has been expressed by members of each SBST profession, including social workers. Although this has not necessarily ended in an endorsement of education evaluators as generally producing work of comparable quality, it also has not resulted in strong sentiments favoring social workers. Among education evaluators, the group most affected by the enhanced model, there are many who would like to see the social history updates returned to their social worker colleagues. Though some of the evaluators who favor this, stated that they don't feel comfortable doing them, others were clear in stating that this was more a matter of convenience than anything else. They stated either that they are comfortable doing them, or that they would be, if given adequate time and extra training. Ultimately, the final outcome of this jurisdictional dispute will not be settled by the involved professionals,but by the Board of Education bureaucracy.[6]

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[5] Abbott, 65-66.

[6] At present the Standard Operating Procedure Manual (SOPM) governing the activities of assessment personnel is in the process of being rewritten. During the preceding school year (1992-1993) the section on the responsibilities of clinicians was rewritten so as to return social history updates to social workers. However, during the course of

At the present time, the division of special education is continuing to work on preparation of a revised Standard Operating Procedures Manual. Although originally, it was hoped that it would be ready no later than September 1993, and many parts of it are completed and in fact have received limited distribution in draft form[7] some of its most critical sections, those regarding SBST functions, are unavailable, and appear likely to remain so for quite a while. At this point, it seems that further developments on the matter of professional jurisdiction will have to await completion of this document.

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rewriting the SOPM, the Executive Director of the Division of Special Education resigned. His replacement as Executive Director stated that there was no possibility at this time that the proposal for returning social history updates to social workers could be accepted, and so the plan to change this aspect of the enhanced model was set aside, at least temporarily. (Fieldnotes, 1993-1994) As far as we know, the new Executive Director did not feel that he possessed the legal authority to accept such a change.

A number of people including Board of Education representatives, clinical supervisors and clinicians are involved in rewriting the SOPM. The actual process is clouded in mystery. At most, people not part of the process are aware it is happening. However, no one not directly involved in the revision appears to have direct knowledge of what is being done. The UFT representatives were chosen by the union's leadership and there appears to have been no effort to seek out clinicians holding a variety of viewpoints.

[7] During the previous school year (1992-1993) notebook computers and portable printers (approximately 100 of each) were distributed to SBST clinicians. The draft SOPM was one of the items included on the hard disk. Sections concerning the SBST and any other sections dependent on changes in the SBST were omitted.

Within the New York City Board of Education, the education evaluator profession appears to be secure. Its numbers have gone from zero, less than 25 years ago, to more than a thousand today. Whereas, when initially added to the assessment team, they were an extra component, present because the initiators of the Evaluation and Placement Units believed that they would contribute a critically important component to the assessment of handicapped students, currently they are a legally mandated part of the assessment process, the consequence of both federal law and local litigation. Even though their importance was quickly felt, originally they were often a poor third party on the assessment team. Now, they are in many ways its dominant force. Their immediate future appears to be very secure. Their long term prospects are hard to predict. Abbott has written about the fact that there are cases where existing professional groups have simply withered with time. However he qualifies this with the statement that "Usually, however, a group of professionals disappears only when its tasks disappear."[8] This suggests that unless there is a major change in the conditions governing special education, the education evaluator has a secure future.

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[8] Abbott, 91.

Appendix

On Methods

When I first thought about this dissertation research, I expected it to be based entirely on fieldnote data supplemented by written documents. From the beginning, I was aware that obtaining written material relevant to my interests was likely to present problems. Two different sorts of problems were encountered. On the one hand, my specific subject the education evaluator, is something new in education, and although a small amount of research material makes passing reference to this position, little else exists. However, since I proposed to write an experientially based dissertation mining my own experiences as an education evaluator, this did not especially concern me. My greater concern was over the need to obtain Board of Education documents bearing on the development of the education evaluator's position, and on special education, generally. I also expected to have difficulty obtaining relevant material from the United Federation of Teachers.

In practice, obtaining written materials has been less of a problem than anticipated though only because the re-

searcher has been fortunate in his contacts.[1] Nothing at all was obtained directly through the Board of Education. The Board's own library was shut down during the 1980's in a money saving move, and has remained closed. One source suggested that we contact the Board's research office. However, given that we had no specific documents in mind, we felt that doing so was unwise because likely to alert personnel there to our research, something we preferred to avoid doing since aspects of our research may not be well received there. Although it is difficult to be certain, and undoubtedly there is material we have not reviewed, we appear to have been able over a number of years of assiduously collecting other people's refuse, to accumulate a considerable horde of relevant materials. Also, at one point, when the idea for this research was in its most embryonic form, we had the opportunity to obtain several key documents in the development of the New York City Board of Education's approach to special education, as the result of

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[1] We have been able to obtain much relevant material although there is undoubtedly data we have not seen that would have been helpful to review. Most of what has been available to us has been received through personal contacts. A contact within the union helped out by providing data from his personal files. Additional data has come from our own material, collected over many years, or from other colleagues. Various Board of Education documents, otherwise unobtainable have been provided to us by interviewees. This is especially true of undated material that clearly has a Board of Education origin, but also of dated "official" Board of Education publications. (See below for further comments on data collection.)

our friendship with someone who worked there.

Interestingly, at a sociological convention in the mid-1980's we had the opportunity to speak with David Rogers author of a classic study of the Board of Education about the best way to obtain Board documents. He confirmed the need for inside contacts as crucial. In the case of written material relating to the Evaluation and Placement Units, some of this has been lent to us by people who were a part of that organization. The same is true of material about the Bureau of Child Guidance. Sometimes we have simply had the good fortune to be present when an office was being cleaned out, and it was possible to literally rescue relevant documents from the trash can.[2]

When we prepared the proposal for this dissertation, it was our expectation as noted above, that its substance would be drawn from extensive ethnographic field notes taken during the entire period of our work as an education evaluator. Aware that there were areas we could not possibly cover as a single fieldworker, we expected to conduct a small number of interviews aimed at filling gaps in our knowledge. Interviewees were selected essentially through a snowball technique. As it happens, one of our initial interviewees had a

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[2] See the second chapter where one participant in the establishment of the Evaluation and Placement operation states that one day he just threw a collection of important documents into the garbage.

long history as an education evaluator, and was able to alert us to some of the ways in which this role had changed over the years. She put us in touch with a friend, whose career as an education evaluator went back to almost the earliest time when this position existed. Following this next interview, it became clear that in order to properly understand this profession and its relation to the SBST psychologist and social worker, a much deeper knowledge of its origins was necessary. We also realized that input from social workers and psychologists was needed. The result was a change in focus so that our work would now have a heavy historical orientation and a substantial expansion in the number and range of subjects interviewed.

In the original proposal we wrote that our design called for interviewing 25 education evaluators. In the end, we interviewed nearly 70 individuals including members of all three professions, as well as individuals who belonged to none of these groups, but were high level Board of Education administrators involved in the developments which are the subject matter of this dissertation. Interview subjects included people from every one of the city's boroughs and people who have worked at all school levels from elementary school through high school.

One particularly significant result of this change in focus is that my fieldwork data from which I had expected to

take the bulk of my material has instead come to serve more as the matrix into which my interview data has been woven. Individuals approached about being interviewed were very cooperative. We received only two rejections from individuals who refused to be interviewed, claiming they couldn't spare the time. In several other cases, people apparently sincere, promised to do an interview when they could find a spare moment, but they never did. However, in most of these cases, the interviewer did not press the point. One person, having given an interview, requested that it not be used. We should also note, that several people in lower echelon UFT leadership positions were aware of this research project, expressing neither specific approval, or disapproval. Some assistance, in terms of contacts and/or obtaining written material was provided. However, no one giving such assistance had more than a very general idea of what ground this research would cover. On occasion, the researcher, himself a UFT Delegate, felt it apposite to inform interview subjects of his own involvement with the union, and of the fact that the UFT was aware of his project.

In the sense that we made use of our gradually developing understanding of the education evaluator's development to repeatedly refocus and tighten our interview schedules, we would say that it is appropriate to characterize our

method as one of "grounded theory."[3] Although an interview schedule was followed it varied, especially towards the end, so that specific issues highlighted or raised by respondents in previous interviews, could be addressed. The interview schedule used for social workers and psychologists was similar but with some variations necessitated by differences between these three professions. When people with special areas of expertise were interviewed, the schedules were adjusted accordingly. Although we already had considerable experience in conducting interviews due mostly to the many social history update interviews that we conducted as part of our work, nevertheless we were uncertain what to expect when interviewing for this project. Although it is probable that our personal interviewing skills have improved as a result of this research, the difference in the quality of interviews seems to be mostly related to the personality of the interviewee.

There is undoubtedly variation in the quality of the interviews. One thing which did sometimes differentiate interviewees, is that some of them felt very strongly about particular aspects of the interview, and were very definite about wanting to get across a particular viewpoint. Although these independently voluble interviewees often provided the best data, their tendency to go off into unpredictable, and

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[3] Glaser, Barney G., and Anselm L. Strauss, The Discovery of Grounded Theory, (Chicago: Aldine Publishing Co., 1967).

not always productive directions, required flexibility from the interviewer who sometimes found it necessary to jettison the order, if not the contents of his interview schedule. Additionally, there was often a need to be able to ad hoc questions as a subject went off into unanticipated, but sometimes quite fruitful directions. Interviews were conducted over a period of fourteen months, between May 1992 and July 1993. Although the average interview lasted about two hours, they ranged in length from slightly more than an hour to more than four hours.

One of the obvious advantages of interviewing subjects with whom one shares a background is that this provides a solid basis for empathetic understanding. We have no doubt that our present work as an active education evaluator was enormously important in putting people at ease. But more than that it meant that the interviewees knew that we were approaching things from a similar level of awareness, that odd little references, jargon obscure to outsiders would be instantly recognized and understood. We are confident that this was one of our strongest resources, important both with peers and with supervisory personnel interviewed, whether retired or still active.

A problem which every interviewer faces is whether his subjects are being truthful, and whether they are telling as much as they really know, in response to the interviewer's

queries. Knowing the field very well, provides a certain measure of protection against being misled by the interviewee. It does not, however, guarantee the accuracy of responses. We believe that precisely because of our insider knowledge people were fairly honest, especially since we were not at all shy about departing from our schedule with appropriate probes. Another reason for believing that interviewees provided honest responses and often provided information which they would not want to state publicly, is that many of their comments included statements which would clearly have displeased and upset people with and for whom they were working at the time of the interview.

In order to ensure confidentiality, we have minimized references to any specific locations where events occurred. In addition names of all interview subjects have been altered. In a few cases, gender has also been changed. Where it does not affect the meaning and significance of an interviewee's remarks, supervisors have been referred to as clinicians. However, in no instance is there any change in terms of professional identification. Thus a supervisor of psychologists may be referred to as a "psychologist" but never as an education evaluator, or as a social worker. Where a name is likely to be identified with a particular ethnic or religious group, for the most part substitute names have been chosen which are also likely to be given a similar identification.

Finally, we should note that in citing footnote data, although never exceeding the actual period during which we assembled material which has been utilized for this dissertation, we have sometimes indicated a very broad time span in reference to information reported. This has been done to further decrease its traceability.

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