

# **SPECIFIC LEARNING DISABILITIES: BUILDING CONSENSUS FOR IDENTIFICATION AND CLASSIFICATION**

## **BACKGROUND**

The original goal for the Learning Disabilities Initiative was to synthesize current research and make that information available to educators, parents, and policy makers to serve as a foundation for future discussions and decision making regarding the identification of children with learning disabilities (LD). Because of the large amount of information and variable opinions throughout this volume, the Office of Special Education Programs (OSEP) recognized the need for consensus regarding the key issues in identifying children with LD. Selected researchers in the field of LD, including authors of the white papers and response papers and members of the LD Initiative Work Group (see sidebar), reviewed the empirical evidence contained in the nine papers and synthesized the implications of this knowledge base for policy, practice, and technical assistance.

The researchers formulated eight consensus statements regarding the identification and assessment of children with LD. In addition, they delineated topics requiring further clarification or additional research as well as recommendations for policy makers to consider. These consensus statements, additional topics of discussion, and issues for reauthorization and implementation of the Individuals with Disabilities Education Act (IDEA) are discussed below.

## **AREAS OF CONSENSUS**

The process of building consensus can take many forms. For the purposes of this work, the researchers defined consensus as a statement or set of statements that each researcher was willing to stand by and support. Knowing that the discussion surrounding some issues would lead to full consensus, while the discussion of other issues would not, the researchers included an option for majority and minority points of view regarding a particular statement. Although many important issues were addressed throughout the papers, they decided that consensus on every issue was not realistic.

Eight consensus statements, including one statement with a minority opinion, were developed and are contained in the following sections of this chapter. The consensus statement appears at the beginning of each section in italics and is followed by a summary of the researchers' discussion that preceded the development of the statement.

## Concept of SLD

*Strong converging evidence supports the validity of the concept of specific learning disabilities (SLD). This evidence is particularly impressive because it converges across different indicators and methodologies. The central concept of SLD involves disorders of learning and cognition that are intrinsic to the individual. SLD are specific in the sense that these disorders each significantly affect a relatively narrow range of academic and performance outcomes. SLD may occur in combination with other disabling conditions, but they are not due primarily to other conditions, such as mental retardation, behavioral disturbance, lack of opportunities to learn, or primary sensory deficits.*

IDEA currently recognizes 13 categories under which a child can be identified as a child with a disability: autism; deaf-blindness; deafness; emotional disturbance; hearing impairment; mental retardation; multiple disabilities; orthopedic impairment; other health impairment; specific learning disability; speech or language impairment; traumatic brain injury; and visual impairment including blindness. There was immediate consensus that SLD should continue to exist as a separate category identifying a child as a child with a disability. There was also consensus on referring to this type of disability as a “specific learning disability” to emphasize the difference between children with SLD and those with general learning difficulties. The field of SLD is often viewed as fragmented because knowledge based on research—what we know works—is not always implemented in practice. One of the ongoing challenges in the identification of children with SLD is the variation in implementing the current definition and regulations regarding identification.

The group agreed that disorders of learning arise from intrinsic factors and result in neurobiological deficits in the brain. However, there was some discussion regarding the extent to which external factors, such as poverty and lack of learning opportunities, also influence brain development. Confounding the impact of these variables is the fact that some children in the classroom and in research settings do not respond to instruction, even with sufficient learning opportunities. Such confounding factors notwithstanding, all researchers agreed that children with SLD exhibit average to above-average intelligence across many domains, but have specific deficits within a narrow range of performance.

Exclusionary factors are also relevant to classification because, according to the researchers, a child should not be identified as having specific learning disability unless other factors such as lack of exposure to high-quality instruction have

been ruled out. Exclusionary criteria can also prevent inappropriate identification of children. At present, IQ scores are the most common means for exclusion from classification as having SLD due to mental retardation. However, additional empirical evidence is needed regarding methods used to exclude children on the basis of behavioral disturbance, lack of opportunities to learn, and primary sensory deficits. The importance of paying attention to the needs and circumstances of children with limited English proficiency and from different cultural and ethnic groups was also discussed.

### **The Responsibility of Special Education to Children with SLD**

*Students with SLD require special education. As defined in IDEA, the term “special education” means specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability (§300.26).*

All of the researchers strongly believed in the need for, and importance of, providing special education and related services to all students identified with a specific learning disability who have been found eligible for special education and related services and for whom, on the basis of an individual evaluation, special education and related services have been determined necessary. However, the group expressed concern about the prevalence of faulty classification procedures currently being implemented in many school districts across the country. These faulty procedures have resulted in special education becoming a “catchall” for low-performing students, whether or not they have a disability. Special education should not be viewed as necessary for all low-performing students. Schools need to implement systemic models of prevention that address (1) primary prevention: the provision of high-quality education for all children; (2) secondary prevention: targeted scientifically based interventions for some children who are not responding to primary prevention; and (3) tertiary prevention: the provision of intensive individualized services and interventions for those children who have not responded to high-quality instruction or subsequent intervention efforts. It is this third group of children—those who have failed to respond to high-quality instruction and scientifically based interventions—that the researchers considered to be children with disabilities who require special education services.

Current classification criteria need to be improved to ensure that appropriate special education and related services are available to appropriately identified students who require them. Also needed is a common understanding among regular and special educators regarding the purposes of special education and related services and the relationships of those services to the provision of high-

quality instruction and interventions. The field has gravitated away from the specifically designed instruction for students in need of that instruction, originally intended as the purpose of special education, and there is a need to reaffirm special education's original intent. Additional challenges in the current system include the misconceptions that special education is a place and that special education services are based on a specific categorical label. There is a need to reemphasize that special education should not be a set of services linked to a specific category or place, but instead should be linked to the individual needs of the child and delivered in an environment based on the needs of that child.

### **Lifelong Disorder**

*SLD are frequently experienced across the life span with manifestations varying as a function of developmental stage and environmental demands.*

The terms "developmental stage" and "environmental demands," as opposed to "academic demands," need to be used to support the concept that SLD are lifelong and not evident in academic settings alone. Demands placed on an adult with SLD in the workforce can be quite different from demands placed on a child in the classroom. Successful remediation in one area of difficulty will not necessarily preclude an individual with SLD from experiencing difficulties and a need for additional intervention in that area or another area in the future.

### **Prevalence Rates**

*It is difficult to know the true prevalence rate of SLD. However, based on reading research, conducted largely in the elementary grades, we know that:*

- § *High-quality classroom instruction is a way to meet many of the educational needs of individuals with learning difficulties.*
- § *Supplemental intensive small-group instruction can reduce the prevalence of learning difficulties.*

*Even with the above interventions, approximately 6 percent of students may exhibit SLD and will need special education intervention.*

*Prevalence rates for students with SLD involving math and written expression are difficult to estimate given the current lack of research evidence.*

The national prevalence of students currently classified under the criteria for SLD ranges between 5 to 6 percent of the total school-age population. However, identification rates vary significantly across different states and districts. For example, in Georgia less than 3 percent of students receive special education services as students with SLD. However, in Rhode Island, 7 percent of students are currently classified as having SLD.

Because of variability in identification procedures, it is difficult to know the true prevalence of SLD. Current research in early reading estimates that 2 to 6 percent of students will not make adequate progress in early reading even when provided with the highest quality regular education instruction. Nationally, the risk for reading problems ranges from 20 to 80 percent of all children. The most recent data from the National Assessment of Educational Progress shows that 37 percent of students in fourth grade do not have the adequate reading skills necessary to complete grade-level work. However, even with adequate resources and supplemental instruction, approximately 6 percent of students will require special education and related services for their SLD. Unfortunately, research on additional academic areas has not received the same amount of attention as has research on early reading.

### **IQ/Achievement Discrepancy**

*Majority: IQ/achievement discrepancy is neither necessary nor sufficient for identifying individuals with SLD. IQ tests do not need to be given in most evaluations of children with SLD.*

*There should be some evidence that an individual with SLD is performing outside the ranges associated with mental retardation, either by performance on achievement tests or by performance on a screening measure of intellectual aptitude or adaptive behavior.*

*Minority: Aptitude/achievement discrepancy is an appropriate marker of SLD, but is not sufficient to document the presence or absence of underachievement, which is a critical aspect of the concept of SLD.*

At present, there is often a significant disconnect between definition, classification, and the subsequent intervention provided to students who are found eligible to receive special education services under the present classification criteria for SLD. In most schools across the country, the regular education teacher is the individual primarily responsible for making referrals for special education services. This initial referral is the first and most critical step in a process involving a multidisciplinary team that considers the results of psychometric tests, reviews the student's school history, determines whether the

child qualifies as a student with a disability, and plans services based on the student's needs. Typically, the multidisciplinary team uses classification criteria that require a discrepancy between measured ability (IQ) and achievement in the classroom as well as formal and informal assessments of educational need. It is important to recognize that the determination of eligibility is a two-pronged process that is based on both the presence of a disability and educational need. Some children who are potentially eligible for special education services may not need them because they are able to function adequately or may only require minimal support, which can be obtained through Section 504.

The current method for determining discrepancy often varies from state to state and district to district. This level of variation is problematic if services are based on particular labels versus the individual needs of the child. Under these conditions, a student who would qualify for services as a student with mental retardation in one locality may qualify in other localities for services under the SLD category, or may not qualify at all.

The validity of the IQ/achievement discrepancy and its link to intervention has been debated in the field for some time. The IQ/achievement discrepancy approach has become outdated and no longer reflects the current research. This approach was originally developed in the late 1970s when Congress required the U.S. Bureau of Education of the Handicapped to limit the number of students identified as requiring special education services for SLD. The primary goal of this approach was originally intended to limit the total population served under this category.

Today, there is considerable disagreement among practitioners and researchers alike on the usefulness of the discrepancy approach. Although many IDEA stakeholders in the field reject the use of a discrepancy approach because it does not identify the students they believe are in most need of services, many others continue to depend on psychometric tests as a way of corroborating their clinical judgment. The majority of researchers agreed that use of IQ tests is neither necessary nor sufficient as a means of classifying students with SLD. However, a minority viewpoint cautioned that the field of SLD could be compromised by eliminating the discrepancy approach because it may be an appropriate marker for unexpected underachievement, which is one measure of SLD. In addition, several researchers expressed concern regarding the lack of a viable alternative to the current process and the ability to implement that process with fidelity on a large scale within schools.

The results of a number of recent reading studies comparing children with discrepancies to those who are poor achievers but have no discrepancy found that

the characteristics of these two groups of children were more similar than different. These results—if confirmed by further research—beg the question of whether or not students who show a discrepancy have a greater need for services than those whose disability is not manifested in a discrepancy. The more important question, however, is whether or not effective interventions differ between these two groups of children.

### **Processing Deficit**

*Although processing difficulties have been linked to some SLD (e.g., phonological processing and reading), direct links with other processes have not been established. Currently available methods for measuring many processing difficulties are inadequate. Therefore, systematically measuring processing difficulties and their link to treatment is not yet feasible.*

Processing deficits should be eliminated from the criteria for classification because no clear measure or understanding of processing deficits currently exists. Although evidence exists that individuals with SLD have processing limitations, methods for measuring the presence of processing difficulties and devising appropriate interventions for those deficits have yet to be established.

### **Response to Intervention**

*There should be alternative ways to identify individuals with SLD in addition to achievement testing, history, and observations of the child. Response to quality intervention is the most promising method of alternative identification and can both promote effective practices in schools and help to close the gap between identification and treatment. Any effort to scale up response to intervention should be based on problem-solving models that use progress monitoring to gauge the intensity of intervention in relation to the student's response to intervention. Problem-solving models have been shown to be effective in public school settings and in research.*

The researchers agreed that response to intervention had considerable promise as a tool for improving current approaches to the identification and classification of SLD. There are multiple possibilities for how to plan and implement interventions for students with SLD. However, views vary on how to evaluate responsiveness to these interventions. One suggestion was to administer norm-referenced assessment batteries at the beginning and end of every school year. Another suggestion was to set a standard (e.g., the 25<sup>th</sup> percentile) that all students must perform at or above; any student who did not meet the standard

would receive intensive intervention as early as possible and his or her responsiveness to this intervention could be monitored by administering fall, winter, and spring assessments. Continuous progress monitoring in which more frequent assessments of progress are made (e.g. weekly) was also viewed as promising. However, concern existed about both approaches because of the lack of personnel trained in progress monitoring and implementation of research-based interventions.

While the concept of responsiveness to intervention is a viable alternative to the current classification approach, further research is needed before the field can move toward adopting this approach on a large-scale basis. If discrepancy is eliminated as a requirement for a diagnosis of SLD, an alternative problem-solving approach may be a viable option. Such an approach may include the following:

- § Student demonstrates low achievement.
- § There is an insufficient response to effective research-based interventions. A systematic plan for assessing change in performance must be established prior to intervention.
- § Exclusion factors such as mental retardation, sensory deficits, serious emotional disturbance, language minority children (where lack of proficiency in English accounts for measured achievement deficits), and lack of opportunity to learn should be considered.

Major considerations for any alternative to the current identification procedures must include a process that is research-based, efficient, and effective, and protects rights of children and parents to access needed services. Current thinking also emphasizes the need to embed such a problem-solving model in the context of a three-tiered model of prevention to provide effective interventions at the primary, secondary, and tertiary levels for all children.

Research on the response-to-intervention problem-solving process should include the selection of interventions, determination of the duration and intensity of the intervention, and defining what amount of change (progress) is viewed as adequate. Because responsiveness to interventions involves extensive time and expense, additional cost-benefit analyses of the alternative identification procedure will be needed to determine its utility.

#### **Effective Interventions for Students with SLD**

*There is strong evidence that there are interventions that are effective for many individuals with SLD when implemented with consistency, appropriate intensity, and fidelity.*

*Despite this knowledge, there are interventions for individuals with SLD that are demonstrably ineffective but are still being used.*

A solid research base on effective interventions has been developed for students with SLD, particularly in the area of early reading. However, there is a great need to more effectively communicate this knowledge to practitioners to ensure that all students receive instruction based on research-validated methods. Reasons for the poor implementation of these methods include inadequate teacher preparation, poor professional development, and the lack of overall school environments that support the use of research-based methods. Additional research about effective interventions is needed in the areas of mathematics, written expression, and listening comprehension.

## **ADDITIONAL TOPICS DISCUSSED**

Additional issues related to identifying children with SLD were also discussed. Although the researchers were not directed to come to consensus about these topics, they articulated some important points for further discussion and clarification. The following section describes the researchers' discussions about the relationship between regular education and special education, the role of clinical judgment, and teacher preparation.

### **Relationship between Regular Education and Special Education**

In an ideal system that ensures that no child is left behind, early screening, early intervention, continuous monitoring of progress, and specially designed instruction are needed. However, questions arise concerning who is responsible for the delivery of these services. Historically, regular education and special education have been viewed as two separate systems. Discussion on this topic focused on how to systematically increase the capacity of general educators to educate all students and how to move away from the traditional perception of a dual system. Among their varied roles, special educators should serve in a consultative role to regular educators in a systemic pre-referral intervention process before a child is referred for evaluation for special education. By serving in this capacity, special educators could share interventions, accommodations, and strategies with general educators and could ensure that some interventions are implemented prior to referral for special education. Given the critical need for, and advantages of, early screening and early intervention, such a process may facilitate early access to specialized services and possible special education identification. Concerns exist about whether special educators with classroom responsibilities would have the time to serve as both expert instructors and consultants and whether implementing interventions in regular education under

current funding levels would diminish funding that supports special education. Some states have already decided to fund the delivery of early intervention services, but this practice is not in place in every state. The recently reauthorized Elementary and Secondary Education Act (No Child Left Behind) may assist with this problem. Research on the effectiveness of pre-referral interventions is mixed, though recent research indicates that high-quality pre-referral can lead to a reduction of inappropriate referrals to special education.

### **The Role of Clinical Judgment**

Clinical judgment is an integral component of the decision-making process in special education, from pre-referral to identification to placement. Clinical judgment is required in interpreting and evaluating multiple sources of information related to disability classification and treatment. These judgments must be based on consideration of data and must be consistent with the multiple sources of information provided. For example, clinical judgment is involved in decisions about the following:

- § Whether or not behavior or academic performance warrants initial referral;
- § Selection and interpretation of achievement tests;
- § Assessment of whether high-quality education interventions were applied;
- § Assessment of other influences on performance, such as mental retardation, emotional disturbance, and language differences; and
- § Determination of whether response to intervention is sufficient.

Because clinical judgment is a critical component in the appropriate identification of children who need special education services, it must be exercised in a responsible way. There is a continuing national need to address clinical judgment skills in teacher training and professional development programs, and to set standards for balancing the relative importance of clinical judgment and evaluating results when making educational placement decisions. To improve this aspect of the decision-making process, pre-service and in-service professional development programs must teach and enhance these critical skills.

## **Teacher Preparation**

Both pre-service and in-service training are essential to developing the competency of educators. However, many teachers obtain more information about teaching and instruction from the mass media than from professional journals, textbooks, or research-based resources available on the Internet. In addition, many teacher training institutions are not teaching scientifically based practices. As an example, one participant stated that graduates of a particular curriculum and instruction program were taught to be skeptical about phonics instruction—a practice with strong research validation. Both pre-service and in-service teacher preparation programs for all teachers require dramatic improvements. Beyond an emphasis on the dissemination of research-based practices, teacher preparation programs should infuse information about screening and formative assessment procedures, specific content-area instruction methodologies, and methods of individual and small-group instruction into the curricular for all educators, not just for special educators. Toward that end, OSEP, other offices within the U.S. Department of Education, and professional organizations should increase their efforts and continue to support the dissemination of research-based practices especially given the goals of No Child Left Behind.

## **AREAS NEEDING ADDITIONAL RESEARCH**

The researchers also discussed current research findings and identified areas where additional research is needed. New research findings have the potential to drive policy decisions, refine current classification and identification procedures, and improve service delivery in the field of special education and SLD. Thus, the researchers believed that their discussion was timely as Congress moves toward the upcoming reauthorization of IDEA.

The researchers determined that in order to answer some of the more difficult questions regarding improving the identification process for children with SLD, further research is needed in the following areas:

- § Methods to assess responsiveness to intervention.
- § Measures of intervention quality.
- § How to scale up the use of research-based practices.
- § Markers for early identification of students who are likely to be unresponsive to intervention including younger children.

- § Research in content areas beyond reading. The knowledge base concerning effective practices in mathematics, written expression, and listening comprehension is not adequate, especially in relation to early reading.
- § How would a change in the identification of SLD influence students across the age profile? How are SLD manifested throughout the life span?
- § What steps should be taken if a student is not making progress in special education?
- § What is the impact of early identification and intervention on cost, referral to special education, and intensity of services over time?

### **FUTURE ISSUES FOR REAUTHORIZATION AND IMPROVED IMPLEMENTATION**

The researchers reflected on the issues under discussion and formulated a set of issues for the larger education community to consider during the reauthorization of IDEA and in the continued efforts to improve not only identification but also results for children with SLD. Effective and efficient implementation of future changes to IDEA will require a comprehensive evidence-based discussion of the following issues:

- 1) Consider making identification procedures less complex while placing more emphasis on assessing student achievement. Focus on treatment validity and accountability for student learning rather than process compliance.
- 2) School districts should evaluate special education programs using student outcomes. Schools should focus on monitoring a child's progress over time.
- 3) If discrepancy is eliminated as a requirement for SLD, the alternative process needs to be efficient and based on the best we know, while protecting the rights of children and parents to access needed services.
- 4) Build accountability into the regulations. It is imperative to have data to document what has been done to improve a child's performance.
- 5) Implementation of research-based practices regarding instruction, assessments, and interventions must be more rigorous.

- 6) Provide guidelines to districts on instructional practice. Provide information about what we know about effective and ineffective practices.
- 7) Redefine the types of SLD: Combine reading comprehension and basic reading skills into the category of *Reading* (e.g., fluency, accuracy, and comprehension). Combine math calculation and mathematical reasoning into *Mathematics* (e.g., calculation and problem solving). Maintain *Written Expression* (e.g., composition and spelling) and *Listening Comprehension*, but eliminate *Oral Expression*.
- 8) Exclusion factors should be stated as follows: “SLD is not due primarily to mental retardation, behavioral disturbance, lack of opportunities to learn, or primary sensory deficits.”

## CONCLUSION

The original goal for the Learning Disabilities Initiative was to synthesize the current research on identification and make that information available to educators, parents, and policy makers to serve as a foundation for future discussions and decision making regarding the identification of children with learning disabilities. The work of this group of researchers was intended to follow up on the work of the LD Summit by focusing on areas of consensus and disagreement related to the identification and classification of children with SLD and summarizing the work of the OSEP LD Initiative. The researchers agreed that the current process for identification and classification requires substantial review by policy makers, parents, researchers, and practitioners. In addition, they concluded that the regular and special education communities, working in concert, must address issues related to providing a high-quality education for all children, including addressing the needs of those with SLD.

OSEP is committed to continue working on improving the identification of children with learning disabilities. As part of its commitment, OSEP recently funded the National Research Center on Learning Disabilities. This Center will conduct some of the research needed to continue to improve special education services for children with learning disabilities and will work to bring the best of what we know, including the research represented in this volume, to teachers, administrators, families, and policy makers. The successful transfer of research to practice is the critical link to ensure that children with learning disabilities are being appropriately identified and served.