

The Delivery of Quality Assessment Services to Rural Handicapped Children

E. SCOTT HUEBNER¹, JACK A. CUMMINGS, AND JAMES MCLESKEY

Little attention has been paid to the problems of providing quality assessment services to students in rural areas. This article discusses various conditions that may operate in rural settings to impede quality assessment and service delivery practices. Conditions reviewed include rural parent, educator, school, and community factors as well as state and national policies. It is concluded that educational decision-makers must be alert to such factors in order to insure the provision of appropriate services to needy rural children.

The provision of quality assessment services has been a controversial and emotional topic among school psychologists and related professionals. Initially, issues focused on bias in the use of psychoeducational tests in the assessment of urban, minority students. Issues have expanded recently to include the decision-making processes and setting characteristics that surround psychoeducational testing [9].

Such concerns have led to reconceptualizations of effective assessment services. For example, Cromwell, Blashfield, and Strauss [5] proposed an ABCD diagnostic assessment model, composed of four major elements. The first element (A) relates to historical, etiological information, and the second element (B) relates to data concerning the current characteristics of the student. The third element (C) refers to the intervention selected on the basis of A and B data, while the fourth element (D) refers to estimates of the probable success of C. Cromwell, Blashfield, and Strauss [5] further state that valid diagnostic activities must incorporate all four components of the model. Similarly, Reschly [17] argued persuasively that quality assessment has been operationalized only when individuals are provided with effective educational services. "If assessment activities result in needed services, effective interventions, or expanded opportunities for individuals, then assessment is useful" [17, p. 215]. From this perspective, potential sources of concern include any conditions that interfere with the delivery of effective services to handicapped and non-handicapped children.

Although quality assessment is a general concern that encompasses urban and rural areas, little attention has been paid to issues related to delivering services to minority and non-minority students in rural areas. The potential for problems as a result of this characteristic (i.e., rural vs. urban setting) should be evident as many rural students display various problems suggesting that they are not being provided with educational opportunities that maximize their competencies and opportunities. For example, the educational level of rural persons continues

to fall below the national average, rural students fail to enroll or drop out of school significantly more often than urban students, and rural students score below urban students on a variety of cognitive and academic measures [21].

Major problems also face the handicapped in rural areas. For example, it has been reported that many handicapped pupils remain unserved or underserved in rural areas [7; 21]. It has also been reported that inadequate numbers of special educational placement options exist in rural settings. Given these conditions, it is likely that many assessment services in rural settings may be characterized as AB or ABD services, i.e., providing evaluation without subsequent intervention services. This perhaps represents the ultimate form of bias where special education services are truly needed for a given child to maximize his/her potentials.

The purpose of this paper is thus to discuss potential factors that are unique to or especially problematic in rural settings and that may create or exacerbate problems of providing quality assessment services in rural areas. These factors include any conditions that reduce the probability that a child will be provided with the most appropriate educational program.

RURAL CONDITION

A variety of setting factors in rural areas may be conceptualized to influence assessments and hence educational opportunities for rural handicapped children. The factors include characteristics of rural parents, educators, schools, and communities as well as state and federal policies. Each of these factors will be reviewed subsequently. It should be noted that rural settings and cultures vary, however. Therefore, so will the conditions that influence educational opportunities and service delivery practices in particular rural areas. As a result, the manner in which the following variables influence the assess-

¹Requests for reprints should be directed to E. Scott Huebner, Ph.D., Department of Psychology, Western Illinois University, Macomb, IL 61455.

ment process may vary somewhat across different rural settings.

Rural Parents

Although heterogeneity exists, there are generalizable differences that distinguish rural from urban people [13; 19; 22]. As examples, many rural parents have been described as individualistic, traditional, and fatalistic. Some rural adults have also been described as displaying negative attitudes toward handicapped persons in general [25]. Such attributes may lead to negative interactions with school personnel that inhibit the close parent-school cooperation necessary to effectively make and monitor programmatic decisions concerning rural students. Parents who are suspicious of "outside help" (e.g., the itinerant school psychologist, the special education program in another town) or who have fatalistic (It can't be helped!) attitudes often resist necessary strategies to help their children. Rural parents who are tradition-bound are also unlikely to support the innovative programming that is sometimes necessary to effectively provide services to rural handicapped children. When values of the home and school conflict, it can be extremely difficult to provide handicapped students with appropriate educational services.

Rural Educators

Administrators, teachers, and pupil personnel workers (e.g., school psychologists, speech and language therapists) can also affect the decision-making process. For example, Peshkin [16] has noted that many rural educators trained in urban settings develop values (e.g., middle class) that are not congruent with the local rural school system. Unfortunately, these same educators try to apply these values to rural students. Hence, the goals for the children as well as the normative framework used as a standard to evaluate their behavior may be inappropriate and interfere with the development of appropriate interventions. Some rural educators (like their urban counterparts) may also hold inappropriate expectations and attitudes toward rural students (e.g., "They're just backward"), which act to unduly affect their willingness to refer students for evaluation and consideration for special programs. Even knowledge of a child's family background can be used inappropriately so that a child's educational experiences are determined on the basis of expectations created by other family members (e.g., siblings who previously were in a teacher's class), which are not appropriate for the particular child.

Additionally, the levels of training and/or experience of some rural educators, including school psychologists and special education teachers, have been shown to be lower than urban educators [7; 11]. Poorly trained practitioners can impede the diagnostic-intervention process by applying overly simplistic solutions to complex problems. This becomes especially problematic in rural areas where there is less peer review in the form of multidisciplinary decision-making and when scarce resources

make the provision of quality services particularly dependent upon realistic and innovative problem solvers.

Finally, those personnel who administer psychoeducational tests to rural students may also impact on opportunities by using tests inappropriately with rural children. As Oakland [15] pointed out, all assessment techniques may not be equally suited for children from different sociocultural backgrounds. The problems of using certain tests with some children from different cultural and economic backgrounds have been widely investigated [17; 18; 20]. However, little research has been conducted studying the technical characteristics (e.g., construct validity, concurrent validity) of the most widely used psychoeducational tests with rural students. Without such information, educators must exercise considerable caution when interpreting test results.

Rural School Characteristics

Various characteristics of the school district can impede the delivery of services to handicapped and non-handicapped children. Many rural districts are plagued by inadequate tax bases, which create funding problems affecting personnel, programs, and facilities. With regard to personnel, many rural areas have difficulty attracting and keeping quality special educators and pupil personnel specialists, thereby reducing their capacity to provide multidisciplinary perspectives as mandated by P.L. 94-142 [7]. Poor funding may also result in lower salaries and contribute to the high turnover rates and morale problems reported in some rural areas [2; 7; 10]. These problems reduce the quantity of appropriate professionals to serve handicapped and non-handicapped children.

Inadequate funding also affects the capacity of rural school districts to provide the full range of special education services to handicapped students. As noted previously, McLeskey, Huebner, and Cummings [14] reported a lack of sufficient special education program options in rural school districts. This circumstance probably continues because rural services cost more than similar services in urban areas [8]. Even when a continuum of services does exist, the programs are often spread thinly across large multi-county cooperatives, necessitating extensive travel time, thereby reducing the amount of direct instructional time available to students. This can be an especially problematic situation for children with low incidence handicapping conditions [8].

Rural handicapped students, who are mainstreamed, may also be penalized by being provided with inappropriate curricula in regular education programs. Rural students have also been shown to score lower than non-rural students in numerous academic areas [21; 23]. Hence, various rural sub-groups may require a different approach to education to maximize their unique potentials. Whatever the case, little research has been conducted to investigate this problem.

Services may also be impeded by the variety of service delivery problems noted for some professionals in rural areas. For example, numerous problems have been reported by school psychologists practicing in rural areas,

including heavy caseloads, high student to psychologist ratios, and extensive travel time [6; 24]. High student-psychologist ratios, substantial travel time and heavy caseloads combine to diminish the time available to conduct the comprehensive multifactored evaluations necessary for provision of effective psychological evaluations [17]. They also lead to long waits for teachers who refer students for psychoeducational assessment services [26].

Rural Communities

Availability of community services also plays a critical role in assessment. Rural areas lack many community resources often taken for granted in metropolitan areas. Rural communities have less access to the variety of resources pertinent to educational programming, e.g., medical, transportation, mental health, and legal services. In addition to the obvious problem of lacking available specialists (e.g., pediatricians, social workers, etc.), this lack of services can exacerbate problems of adequate assessment and consultation resources. As community resources decrease, so does the information base upon which educational decisions can be made.

State and National Policies

State and national policies can also influence educational opportunity. Illback and Ellis [12] have argued that although P.L. 94-142 has had some positive effects on services in rural schools, it is essentially based upon urban service delivery models that are not optimal nor feasible for some rural settings. Along these same lines, Benson [1] advocated consideration of alternative service delivery models [e.g., see 4] that allow for broader, more creative utilization of resources readily available in rural areas. Specifically, the Burrello and Sage model suggests an expanded continuum of services that incorporates a variety of home-based programs using parents and paraprofessionals as intervention agents.

Finally, the previously noted funding inequities arise at state and national levels. For example, Sher [21] argued that an analysis of federal funding patterns indicates a pervasive bias against rural schools and children. Specifically, Sher noted that "while approximately 32% of the nation's school children are in nonmetropolitan areas, HEW testimony before Congress has revealed that only 5% of research dollars, 11% of library and materials funds, 13% of basic vocational aid, 13% of dropout prevention funds, and disproportionately low levels of most other federal education funds go to nonmetropolitan areas" [1978, p. 28]. Such inequities certainly impact negatively on various aspects of service delivery in many rural areas.

CONCLUSION

In conclusion, the sensitive educator must be alert to these and other conditions that may operate to inhibit the delivery of effective assessment services to rural students. As Bogatz [3] noted, effective assessment im-

plies "a philosophical, moral, and ethical commitment to educational equality for all" [p. 1]. In order to insure the provision of quality services to rural students, educational decision-makers will need to consider the potential range of conditions that can impede the delivery of useful and appropriate diagnostic-intervention services to rural handicapped children.

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