

The Teacher Assistance Team: A Pre-Referral Support System

Robert A. Hayek

The national focus in education is toward greater emphasis on remedial programs, concern over student failure, and the classroom teacher's role in effective instructional activities. To address these needs, educational personnel must coordinate their efforts to ensure that all students who are experiencing failure are afforded individualized, supportive instructional alternatives within the regular classroom setting. The utilization of *teacher assistance teams* is a powerful prototype to accomplish this noble—and attainable—goal of an appropriate education for all.

Recent writing has highlighted the need to address the ever widening gap between regular and special education, particularly in response to the burdensome number of children with learning problems in regular and special education (Sheppard, 1987; Lilly, 1987; Hagerty & Abramson, 1987). The urgency of readdressing failure in the regular classroom, and the ability of teachers to meet escalating needs, is exemplified by the current national focus on educational reform, excellence, and accountability (e.g., teacher competency testing). Yet another concern of regular educators seeking supportive educational assistance from special education is that many students do not meet eligibility requirements to receive special services. This problem is national in scope. Therefore, the solution requires a vehicle for change that can be applied to any school in the country.

The teacher assistance team (TAT) offers one solution. A pre-referral support system, the TAT is directed at eliminating the gap in services in general education while also "filling in the cracks" through which too many children fall when present methods are unable to facilitate a variety of educational alternatives for them. The TAT represents a step toward meeting the individual needs of each student who experiences educational problems in the regular classroom environment.

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TOWARD AN OPERATIONAL DEFINITION

Broadly defined, a TAT is a building-level group that facilitates the generation of alternative instructional strategies and support services to be used by teachers who are frustrated by their own inability to meet the individual needs of problem learners. More specifically, this group targets suggested interventions prior to considering a recommendation for referral to special education. I stress, however, that the TAT is not a special education referral committee.

What A TAT Is and What It Is Not

The term "teacher assistance team" was first used by Chalfant, Pysh, and Moultrie (1979). And a number of other terms are used in the literature to identify pre-referral teams (Chalfant, 1984; Lieberman, 1984; Knoff, 1983; Graden, Casey, & Bonstrom, 1983; Hayek, 1985; Wagner, 1984; Beattie, 1985; Schram & Semmel, 1984). These include:

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Use of the term teacher assistance team will be used generically throughout this article, predicated on the purpose of the team-which is primarily to assist teachers. Essentially, then, the TAT is a teacher-centered instructional alternative support system. It is a facilitative model for teacher collaboration and for brainstorming and problem solving. It is a vehicle for exchanging ideas, methods, techniques, and activities directed at the formulation of instructional alternatives for implementation in the classroom to assist students referred to the TAT.

Considerable confusion has surrounded differentiation of the TAT, which is a pre-referral team, from the commonly used multidisciplinary committee, whose primary focus is to determine eligibility and subsequent placement into special education services. When the TAT's goal is not differentiated, teachers may choose not to participate, or may even avoid referral to the TAT (Hayek, 1986). The TAT is not intended to function primarily as a special education referral system and is not a multidisciplinary assessment or placement committee. It is a teacher support system to serve students in the regular education classroom environment.

THE VIEW FROM SPECIAL EDUCATION

Inasmuch as Public Law 94-142 references the regular classroom as the least restrictive environment in which to serve students, both handicapped and nonhandicapped, augmentation of alternatives to effect more individual instruction should be directed at the mainstream of education. Further support initiated prior to the consideration of referral to special education would seem in the best interest of all students who might be labeled unneccessarily. Although it currently is underutilized, the TAT is specifically directed at reducing the frustrations classroom teachers experience when they are unsure what to do to avoid referring a child for special education. Additionally, students who are referred to special education but fail to meet placement eligibility require TAT instructional support and follow-up to address

the circumstances that necessitated referral to special education initially.

Considerable time and financial support are needed when students are referred for the comprehensive evaluation required for special education assessment and placement. TATs have been successful as a means to differentiate between students who may be helped in the regular classroom and those who require the comprehensive evaluation involved in the special education referral processs (Beattie, 1985; Chalfant, 1980; Lieberman, 1984). This represents sizable financial savings that can be redirected to support the delivery of special education services. Better screening of special education referrals likewise will expedite movement of students through the multidisciplinary evaluation process. It also will permit students to gain access to special education services with less delay.

WHY USE TEACHER ASSISTANCE TEAMS?

TATs provide assistance to teachers who have students with problems in school, yet may not be eligible for special education. Successful use of TATs in eliminating unnecessary referrals to special education has been substantiated by current research (Chalfant, Pysh, & Moultrie, 1979; Cooke & Coughlin, 1979). Reduction in the number of referrals to special education can result in saving considerable time and money that normally would be expended in the multidisciplinary diagnostic assessment process required for special education under PL 94-142.

Other reasons for utilizing TATs is that teachers participate as members of a team, develop their professional knowledge of instruction, learn new curriculum modifications, and enhance their repertoires of instructional activities. Also, membership on a TAT facilitates open communication between and among teachers, which can be carried over into daily support and interaction in the school environment. This professional collegiality (a critical correlate of effective schools) is afforded to members of the TAT by their involvement in problem-solving activities and through the TAT's assistance to referring teachers by all members of the team.

Inasmuch as school principals are often represented on TATs, administrators and teachers can have an excellent opportunity for instructional collaboration to jointly serve students who are experiencing academic failure or behavioral problems. Membership on a TAT enables the administrator to be a part of the instructional team and permits firsthand involvement in an activity that can heighten his or her awareness of the competencies and skills of selected staff members. Additionally, the TAT provides a vehicle for administrators to better understand the complexity of problems that teachers and students may be experiencing. These problems then may be addressed through redesign of curriculum.

All of these features are intended to reach the ultimate goal of the TAT: (a) to ensure that students succeed in the mainstream of education and avoid being labeled, and (b) to avoid excessive financial expenditures on special education services when, through TATs, students can be fruitfully served in the regular classroom. Decreased incidence of student failures represents important savings to the system by avoiding further costs involved in programming and scheduling instruction for repeaters. By far the most obvious benefit, however, is that of helping students to avoid failure and thereby reach their potential as contributing members of society.

Although there may be deterrents to the implementation and use of TATs, the evidence far and away supports the efficacy of TATs as an effective strategy with very positive results (Chalfant, Pysh, & Moultrie, 1979; Mainzer, Schiffman, & Schuerholz, 1982; Graebner & Dobbs, 1984; Graden, Casey, & Bonstrom, 1985). In Georgia, where TATs have been implemented statewide, Hayek (1986) found, in a random sample of 100 schools, that only 288 of the 1,251 teachers disagreed that the TAT meets the critical needs of problem learners.

When studying both high and low service teams, Gilmer, (1985) found that both were effective in helping most of the students referred, with an average success rate of 62% Schram and Semmel (1984) indicated that the TAT is successful in: (a) screening students who need further assistance from special education, (b) providing problem solving prior to special education referral, (c) developing knowlege of additional instructional alternatives for teachers to use, (d) slowing down chronic referral by teachers to special education, (e) making teachers examine more carefully the individual needs of students, and (f) providing intervention at the classroom level prior to special education referral.

ORGANIZATION AND OPERATION OF TATS

Who Participates and What Are Their Roles?

The most critical participant on the TAT is the referring teacher, who explains his or her concerns and the alternatives that already have been attempted. This teacher is the principal person who will implement recommendations of the TAT.

To generate additional ideas and suggestions for alternatives, it is essential to include other teachers who are recognized for their instructional expertise, as well as an administrator, usually the principal, who acts as instructional leader. The general role of all participants is to assist in generating alternatives. Gilmer (1985) emphasizes the particular role of teachers as experts in classroom teaching and considers their participation vital in the TAT process, as valuable resource persons and problem solvers.

Support personnel from special education—such as learning disability specialists, psychologists, and social workers—may be involved, as needed, for additional suggestions or follow-up diagnostic assessment to assist in determining reasons for a student's continued failure. The cooperative participation of regular and special education personnel may foster better communication between these groups. One precautionary note: When special education personnel are members of the TAT, regular education teachers, at least initially, may misconstrue the TAT's goal as being direct referral to special education. To avoid this, clarification by TAT leaders is essential early on.

The administrator may chair the meeting or have a designee do so. Chalfant (personal communication, June 20, 1987) has recommended caution regarding the principal's participation. Because the principal is also responsible for teacher evaluation, his or her presence at the TAT meeting may cause teachers to be guarded. Chalfant also suggests, however, that when the principal is viewed as an instructional leader, respect for his or her contributions to the meetings may facilitate open communication and improved TAT operation. The principal's leadership style sometimes can make a tremendous difference. In general, it is advisable for the principal to be utilized as a resource to the TAT, particularly in view of administrative decisions that may have to be authorized when the TAT recommends alternatives such as changing teachers or classrooms. The principal's participation is not only useful, but it may be even considered crucial to the TAT's successful implementation (Schram & Semmel, 1984).

In Georgia, where TATs are mandated for statewide implementation, regulations suggest the active participation by parents in the TAT process. This may not be the case in practice, however. Hayek (1986), investigating TATs in a random sample of 100 Georgia schools, noted limited involvement by parents generally. Conversely, Butler (1984) reported that one or both parents participated in approximately 75% of TAT meetings. Because of the importance of parent involvement in education in general, I recommend that every effort be made to involve parents in the TAT process. This allows parents to: (a) better understand the instructional needs of their children, (b) actively participate in the formulation of educational alternatives, (c) carry out essential follow-up activities in the home, and (d) develop an understanding of the reasons for possible referral to special education if the TAT makes this recommendation after exhausting other alternatives.

Procedure Followed in Team Operation

Before a teacher refers a student to the TAT, a number of classroom alternatives probably have already been attempted with limited success. In Louisiana, it is required that teachers will have utilized one intervention prior to referral to the TAT (Beattie, 1985). Typically, however, the teacher discusses the concerns about a student with the principal, and if assistance is needed, the principal or his or her designee arranges for a TAT meeting.

At this point in the procedure, a level of sophistication may be imposed based on system desires. One school may be very small and have limited faculty; another may be extremely large, with large, multidimensional staff. Therefore, one school may require only that the referring teacher verbalize his or her referral needs before scheduling a meeting. Another school may elect to require extensive completion of referral forms, classroom observations by designated personnel, review of system-wide, norm-referenced testing results, vision and hearing screening, and diagnostic educational assessment prior to the meeting. The TAT concept has a built-in flexibility that makes TATs adaptable to any school or district, regardless of size and complexity.

When the meeting is convened, the teacher describes the major concerns and what he or she has attempted with the student, in the classroom and in cooperation with parents, to help resolve the problem. At this point, the TAT discusses ideas, gains clarification of the problem, requests additional assessment or supportive information and documentation, and brainstorms to develop recommendations for the teacher to implement in the classroom. Although parents may have been involved prior to referral to the TAT, they may also be involved in the TAT meeting, where suggestions could be made regarding, for example, their follow-up on homework completion and reinforceing activities to build and support positive self-concept.

The teacher then implements TAT recommendations and suggestions in the classroom for a specified period of time. This can vary with individual cases, but 4 to 6 weeks has been recommended as a reasonable period in which to anticipate positive changes, yet not so long as to delay formal special education referral if that should prove necessary (Allen-Malley & Eklund, 1984). After the trial instructional period the TAT meets again (on a date usually determined at a previous meeting) to discuss results, to formulate additional alternatives if needed, or, after alternatives have been exhausted, to determine the possible need for considering referral to special education. Often, several TAT meetings are necessary, depending on the complexity of the student's problem. Georgia utilizes a "by-pass" provision to avoid delay in cases of referral for programs for the gifted and for students whose problems are so severe that any delay in obtaining special education services would be harmful to the student's educational progress (Hayek, 1986).

Documentation

To be effective, the TAT must document the alternatives that have been attempted prior to referral, diagnostic information, social history, recommendations of the team and subsequent results, and time and personnel involved. Forms may be devised and adopted at the school level or by the entire district or state. An important reason for documenting TAT activities is the need for assessment of effectiveness and efficiency of the use of TATs for continuing support, but also for assessment to determine inservice training needs. To facilitate the effective implementation of TATs, personnel training becomes an important consideration.

STAFF TRAINING

The need for specific training of all staff regarding the nature and functioning of the TAT is essential to ultimate success of the TAT. Pysh has emphatically stated that TAT never works without proper training (personal communication, May 3, 1985). Researching selected successful teams operating in California, Schram and Semmel (1984) revealed that ". . . many teachers were not aware that such teams existed . . . or did not recognize them for instructional management" (p. 32). Their investigation ultimately led to development of a package of TAT training materials suitable for school adoption. They also recommended that TATs be developed over time and not just "installed"; they insist on accountability and standards of effectiveness.

Gilmer (1985), who examined team developmental activities during implementation of the TAT model, recommends a training session of 6 hours, involving up to 100 teachers and administrators, seated as working teams of five or six persons. The training has six major objectives: (a) familiarization with the TAT model, (b) requesting assistance, (c) reviewing requests for assistance, (d) conducting a teacher interview, (e) conducting a problem-solving meeting, and (f) reviewing procedures for developing a team. Training is provided by Dr. James C. Chalfant, Professor, University of Arizona, and Dr. Margaret Pysh, Assistant Superintendent, Northern Suburban Special Education District, Highland Park, Illinois.

In Georgia, TATs were mandated in all 1,757 schools, with limited training provided during implementation. Of a

random sample of 72 administrators responding to a questionnaire, 41% indicated a lack of understanding as to the TAT's basic purpose. Additionally, 54% of the administrators indicated that inservice training on TATs was inadequate at their respective schools (Hayek, 1986). Ineffective TAT operation, poor utilization of TATs, and confusion as to the purposes and operation of TATs seem likely when there is a lack of training—regardless of where TATs are implemented.

How Widespread is the Use of TATs?

At least 19 states (including Georgia, Indiana, Illinois, Kansas, Louisiana, Iowa, Maryland, Michigan, Missouri, Nebraska, Ohio, Oklahoma, Tennessee, Virginia, Minnesota, and the District of Columbia) have state agency guidelines for the establishment of building-level, pre-referral, problem-solving teams to support classroom teachers (Chalfant, 1984). Teams in California and Texas are viewed as part of regular education in providing alternatives for students prior to referral (Beattie, 1985). Although some states are involved in TAT programming on a limited basis, such as was provided in Maine in 1983 through a county special education cooperative (Gilmer, 1985), the literature fails to reflect a study of the national status of TAT (pre-referral team) implementation or utilization.

The proliferation of TATs has been motivated through studies funded by national and state agencies (Engler, Smith-Green, and Kinard, 1978), to address state education agency commissions or task force recommendations in California and New York City. This proliferation also resulted from legal mandates, such as occurred in Georgia. Whether mandated or provided based on educational recommendations, the use of TATs has met with both positive and negative attitudes.

ATTITUDINAL ISSUES

Results of studies concerning attitudes of educational personnel toward TATs are in conflict. Gilmer (1985) found that while teachers' reactions to the team process were overwhelmingly positive, there also existed a hesitancy on the part of more teachers to utilize the team process, which Gilmer suggests may stem from several variables affecting team use.

Hayek (1986), investigating administrator and teacher attitudes toward TATs, found that teachers believe the TAT process is helpful to students and that teachers do have the time to single out students to attempt alternatives. But 67% of the teachers responding agreed that the time and paperwork involved in the process was a definite deterrent to the referral of students to the TAT. Fifty percent of the 1,251 teachers surveyed actually indicated that more teachers would refer students for special education evaluation if the TAT process were eliminated. These findings were mirrored by administrators at the teachers' respective schools. The attitudinal problems noted by Hayek (1986) appear to be related to longstanding issues surrounding teachers' frustration with lack of time.

Oppressive paperwork, lack of planning time, and excessive workloads have been noted by Rauth (1981) as limiting teachers' abilities to address the needs of students with special problems. Time loss resulting from TAT utilization impacts not only the carrying out of duties required, but also the actual implementation of TAT recommendations and completion of other normal instructional duties.

Thus, findings, while supporting the basic educational value of TATs, indicate that the process has to be efficient and unburdensome to classroom teachers if it is to be maximally effective. Negative attitudes appear to be directed toward problems of implementation, organization, and utilization of the teams in different situations unique to each school.

Assessing the impact of system-level administration on implementation of TATs, Graden, Casey, and Bonstrom (1985) concluded that lack of support above the school building level could be responsible for constraining the successful development of TATs. Negative attitudes also may stem from the general resistance to change, as evident in all organizational change (Sarason & Doris, 1979).

Fortunately, negative attitudes may be altered. Positive attitudes toward principal involvement in TATs can be fostered through adjustments in leadership style and effective participation during meetings. Improved organization and structure to avoid time loss from other educational responsibilities, together with the realization of positive outcomes of student success through the TAT, will support more positive attitudes on the part of teachers. As data are presented concerning the success of TATs and administrations are apprised of the financial savings and student productivity attributed to TATs, positive attitudes should prevail. Negative attitudes are helpful in determining areas of need for improvement or correction. In sum, however, the overwhelming simplicity and flexibility of TATs is a strong indicator for their widespread utilization and nationwide implementation.

FACILITATING THE ADOPTION OF TATS

Madeleine Will (1986), Assistant Secretary of the Office of Special Education and Rehabilitative Services, reports the need for a partnership between special education and regular education and the adoption of building-level support teams as an adjunct to current regular education services. Implementation can be effected at various administrative levels from the state, region, district, or individual school level.

Gilmer (1985) recommends the use of a statewide plan centering on financial support, assignment of personnel, development of a communication network, and use of inservice training and publicity. He also indicates the dramatic need for publicity at any level and the benefits of superintendent leadership in implementation of TATs. The quality of leadership of school principals in TAT implementation can be heightened by providing training, structure, release time, clerical support, policy guidelines, and especially a positive attitude regarding the use and benefits of TATs (Gilmer, 1985). Further development of TATs will be promoted if local systems provide technical assistance in the careful initiation of teams, as well as their later development of additional expertise in generating instructional alternatives.

The impact of publicity at all levels cannot be ignored. In addition to utilization of the media, attention should be given to presentations at PTA meetings, civic organizations and public and private agencies. As the public becomes better informed, it will provide better support at all levels for implementation, and parents will become more directly involved in the TAT process.

CONCLUSIONS AND RECOMMENDATIONS

To date, research has found that teacher assistance teams are an effective pre-referral support system to facilitate instructional alternatives for teachers to use with problem learners. The TAT can be utilized by parents, teachers, and administrators to formulate alternatives to be implemented prior to referral to special education. The use of TATs does require training, preparation, planning, organization, and maintenance of records.

I recommend that school personnel adapt and adopt the teacher assistance team as a supportive adjunct to instructional programming. TATs will improve individualization of instruction for underachieving students. They also serve as an instructional support system designed to screen students who may be candidates for special education consideration. TATs represent financial savings to school systems. Finally, TATs provide classroom teachers the peace of mind of knowing that they have done their best to meet the needs of their students in the least restrictive environment.

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The Foundations of Justice: Why the Retarded and the Rest of Us Have **Claims to Equality**

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NEW STATISTICS ON EDUCATIONAL ENVIRONMENTS BY AGE GROUP

Number and Percent of All Handicapped Children and Youth Served by Age Group in Nine Educational Environments During School Year 1984-85

Age Group 3-5 Years 6-11 Years 12-17 Years 18-21 Years								
Environment	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Regular Classes	107,952	36.8	726,308	35.4	300,523	17.0	26,374	11.4
Resource Room	65,990	22.5	813,481	39.7	847,254	47.9	80,726	34.9
Separate Classes	68,939	23.5	406,397	19.8	482,939	27.3	74,023	32.0
Public Separate Facility	21,348	7.3	46,349	2.3	61,506	3.5	21,752	9.4
Private Separate Facility	20,302	6.9	34,928	1.7	28,170	1.6	7,071	3.1
Public Residential Facility	2,202	0.7	10,715	0.5	16,871	1.0	11,524	5.0
Private Residential Facility	607	0.2	3,902	0.2	10,044	0.6	2,419	1.0
Correctional Facility	3	0	744	0	6,645	0.4	3,559	1.5
Homebound/ Hospital	6,324	2.2	7,263	0.4	15,375	0.9	3,603	1.6

From Ninth Annual Report to Congress on the Implementation of the Education of the Handicapped Act, 1987, Washington, DC: U.S. Department of Education, p. 22.