

EXAMINING THE CONNECTION BETWEEN THE REFERRAL PROCESS AND THE  
DISPROPORTIONATE IDENTIFICATION OF AFRICAN AMERICAN STUDENTS  
HAVING AN EMOTIONAL DISTURBANCE IN SPECIAL EDUCATION

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SONYA D. MELLERSON, BA, M.S., Ed.S.

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## DEDICATION

I dedicate this work to my mother, Queen Esther Pearson, for the countless prayers that covered me throughout my life and journey and the overwhelming belief in my ability to accomplish anything. This work is an indication that your sacrifices were not in vain. This is not my work, but OUR WORK.

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## ABSTRACT

SONYA D. MELLERSON

### EXAMINING THE CONNECTION BETWEEN THE REFERRAL PROCESS AND THE DISPROPORTIONATE IDENTIFICATION OF AFRICAN AMERICAN STUDENTS HAVING AN EMOTIONAL DISTURBANCE IN SPECIAL EDUCATION

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Historically, African American students have been overrepresented in special education (National Education Association [NEA], 2007). Specifically, African American students have been identified with an emotional disturbance (ED) in special education at an excessive rate in comparison to students of other racial and ethnic categories (Office of Special Education Programs [OSEP], 2021). State and federal education and human rights agencies have studied and monitored this discrepancy; however, they have not been successful at alleviating disproportionality in special education (Ferri & Connor, 2005; Garvey, 2018; NEA, 2007; Samuels, 2005; U.S. Government Accountability Office [GAO], 2013). Proposals for understanding why this disproportionality exists include the examination of various educational and societal factors (Hutchison, 2018; Moreno & Bullock, 2011; Rausch & Skiba, 2004; Serwatka et al., 1995; Skiba et al., 2003; Sullivan & Proctor, 2016; Tefera & Fischman, 2020). This study explored the linkage between the special education referral process and disproportionality in identifying African American students as ED. Data was collected and analyzed using the grounded theory approach through the examination of special education evaluations and general and special education educator narratives. This study found that cultural and lifestyle factors influence behaviors and behavioral expectations, and in turn those factors lead to behavioral disruptions that increase the likelihood of African American students being identified as ED.

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## CHAPTER I

### INTRODUCTION

Since the initiation of the Education for All Handicapped Children Act of 1975 (EAHCA), which was reauthorized as the Individuals with Disabilities Education Act (IDEA) in 1990, disproportionality in special education has been a significant concern (Hart et al., 2010). School districts and state education agencies have confronted rising demands to tackle disproportionality among African American students in special education, however, demands yielded little influence on decreasing the over-identification of African Americans in special education, including the methods and practices utilized for special education referral, identification, and placement (Artiles & Bal, 2008; Artiles et al., 2010). Specifically, African American students are more likely to be identified as having an Emotional Disturbance than any other ethnic or racial group (National Center for Learning Disabilities [NCLD], 2020b; National Education Association [NEA], 2007; Raines et al., 2012). IDEA defines Emotional Disturbance (ED) as:

a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: (a) an inability to learn that cannot be explained by intellectual, sensory, or health factors; (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (c) inappropriate types of behavior or feelings under normal circumstances; (d) a general pervasive mood of unhappiness or depression; and (e) a tendency to develop physical symptoms or fears associated with personal or school problems. (U.S. Department of Education, 2017, Section 300.8)

How the special education referral process influences disproportionality among African American students being identified as ED was the goal of this study. This study examined referral data used in special education evaluations that resulted in African American students receiving special education services as ED. Findings from this study will help educators equitably identify emotional and behavioral disorders in African American students and help researchers in education formulate strategies to reduce disproportionality among African American students in special education.

### **Statement of the Problem**

The disproportionate identification of minority students in the United States for emotional and behavioral disorders continues to be an issue for schools in the areas of discipline, education, restrictive educational settings, and special education (NCLD, 2020a). African American students are exposed to stricter discipline policies than their Caucasian American peers (NCLD, 2020b; Tefera et al., 2017). African American students lost 103 days per 100 students registered in public schools in comparison to 21 days lost per 100 students for Caucasian American students due to out-of-school suspensions (Losen & Martinez, 2020). African American students face suspension and expulsion at a significantly higher rate than Caucasian American peers, as they encounter 16.4% (8,298,400) of suspensions in comparison to the 4.6% (2,327,600) of Caucasian American students (U.S. Department of Education Office of Civil Rights, 2018).

Disparity rates in disciplinary actions for students with disabilities remains consistent. African American males who receive special education services face suspensions at an annual rate of 25% (1,771,000) in comparison to the 10% annual rate (708,400) of Caucasian American males who receive special education services (U.S. Government Accountability Office [GAO],

2018; NCLD, 2020b; U.S. Department of Education Office of Civil Rights, 2018). For example, per 100 students with disabilities, 65 African American students receive disciplinary removals as compared to 26 Caucasian American students (Office of Special Education Programs [OSEP], 2020).

Since the initiation of the U.S. Office of Civil Rights investment and involvement monitoring school district populations in 1968, African American students have been overrepresented as receiving special education services (NEA, 2007; Tefera & Fischman, 2020; Throrius & Maxcy, 2014). Specifically, African American students are two times more likely than Caucasian Americans to be identified as having ED. The overrepresentation of African American students as receiving special education services results in reduced academic opportunities and outcomes across their academic and postsecondary career (NCLD, 2020b; NEA, 2007; Raines et al., 2012). For example, students who are misidentified as having ED risk being relegated to a limited, less rigorous curriculum, decreased expectations, and fewer postsecondary education opportunities due to being educated in a more restrictive environment (Ferri & Conner, 2005; NEA, 2007). Unfortunately, restrictive environments consist of separate settings or classrooms for students with disabilities (NCLD, 2020a; NEA, 2007). Concurrently, students from minority racial and ethnic backgrounds are more likely to be educated in separate special education classrooms and thereby spending more time in special education settings rather than general education settings (National Center for Education Statistics [NCES], 2020). Consequently, spending more time in restrictive settings results in students being omitted from experiences with general education peers and being denied the possibility of more rigorous education opportunities (NCES, 2020).

## **Post-Secondary Outcomes**

The denial of rigorous learning opportunities and the stigmatization of being in a separate classroom or setting can negatively impact a student's quality of life and reduce their life opportunities (Losen & Whitaker, 2017; Raines et al., 2012). Students who receive special education services as a result of racial and ethnic biases, rather than demonstrating an educational and functional need, face even worse academic outcomes (i.e., regressing academically, lower expectations for knowledge and skill building) because of a less rigorous curriculum (Deninger, 2008). An additional deterrent from placing students into more restrictive settings is that being exposed to restrictive educational settings can lead to lower test scores and graduation rates (Deninger, 2008; Harris et al., 2004; Losen & Whitaker, 2017; NCLD, 2020a; Terras et al., 2009; Thurlow et al., 2002; Waitoller et al., 2010), social isolation, decreased self-esteem, insufficient education (Harris et al., 2004, Losen & Whitaker, 2017; Terras et al., 2009), elevated rates of unemployment, inferior salaries, higher probability of requiring public assistance, greater likelihood of participation in the criminal justice system (Ferri & Connor, 2005), and lesser possibility to seek postsecondary education (Losen & Whitaker, 2017; Wagner et al., 2005).

An additional consequence of more restrictive educational settings for students receiving special education services is that post-secondary outcomes are impacted. For example, when students are provided with limited learning opportunities and a diminished curriculum, they are less prepared for postsecondary educational options, such as vocational-technical schools, 2-year colleges, and/or 4-year institutions (Organisation for Economic Co-operation and Development, 2012; Wehmeyer & Schalock, 2001). College students with disabilities reported difficulties with organization and time management, and feeling overwhelmed, isolated, anxious, disempowered,

inadequate, depressed, discouraged, and fatigued due to being unaware of postsecondary expectations and tasks (Francis et al., 2019; Sayman, 2015). Additionally, students who receive special education services during elementary and secondary schools reported receiving less rigorous educational experiences, such as assignment, grade, and course modifications (Francis et al., 2019). Academic modifications include reduced assignments, different coursework and test questions (i.e., coursework provided on a lower grade level), and alternate grading standard or rubric than other students (Morin, 2021). Special education students who received academic modifications feel isolated from not being in general education classes with peers and incompetent regarding their academic abilities because of their participation in remedial reading and math classes (Dryer et al., 2016; Francis et al., 2019; Van Hees et al., 2014).

Without postsecondary education, young adults participate less in the labor force, have higher rates of unemployment, and earn less income (Best Colleges, 2021; U.S. Census Bureau, 2022). Students who receive limited educational and curricular opportunities are also less likely to participate in postsecondary education, thus increasing their participation in secondary sector employment rather than primary sector employment (Curtis et al., 2009). Primary employment jobs tend to have more job security and expansive benefits, higher pay, satisfactory working conditions; whereas secondary employment jobs tend to require less skills, knowledge, and education; have a higher turnover rate, poorer working conditions, and minimal pay; and lack benefits, such as health insurance and sick days (Cho & Jung, 2022; Curtis et al., 2009; Hagner, 2000). Overall, students who are exposed to limited educational and curricular opportunities have an increased risk of experiencing a lack of benefits and job security, in addition to low pay that could have a negative impact on physical and mental health (Curtis et al., 2009).



Additionally, when people feel less prepared for their future, they experience doubt about their abilities, leading to feelings of low self-worth and self-esteem. Georgetown University Center on Education and the Workforce's researchers found that postsecondary attainment correlated to better health status, lower levels of criminal activity, and a stronger sense of empowerment (Georgetown University Center on Education and the Workforce, 2021). However, the absence of postsecondary attainment and limited educational opportunities are linked to poorer physical and mental health conditions (Georgetown University Center on Education and the Workforce, 2021). Continued access to a limited academic curriculum correlates with lower paying, secondary sector jobs; thus, increasing the likelihood of experiencing the disadvantages associated with secondary sector employment, such as high stress, poor benefits, and decreased job security (Bliksvaer, 2018; Cho & Jung, 2022; Hagner, 2000).

The disadvantages associated with restricted educational opportunities, such as job satisfaction, financial stability, sense of empowerment, and physical and mental well-being impact overall quality of life (Georgetown University Center on Education and the Workforce, 2021). Quality of life consists of three distinct content areas: "physical and material well-being, performance of a variety of adult roles, and a sense of personal fulfillment" (Halpern, 1993, p 490). The *physical and material well-being* content area includes physical and mental health, food, clothing, living accommodations, and financial security (Curtis et al., 2009; Halpern, 1993). The *performance of a variety of adult roles* content area includes maneuverability and community access, career and employment, recreation and leisure activities, social and relationship connections, and educational achievement. The *sense of personal fulfillment* content area contains satisfaction and overall well-being (Curtis et al., 2009; Halpern, 1993). The

measuring of one's quality of life relies heavily on how people perceive their capabilities in physical and material well-being, performance of a variety of adult roles, and sense of personal fulfillment (Curtis et al., 2009; Halpern, 1993; Wehmeyer & Schalock, 2001). However, the perception of capabilities can be negatively affected by the lowered expectations, lack of academic achievement, lessened job opportunities, and limited income that students face when they inappropriately receive special education services (Wehmeyer & Schalock, 2001).

### **Disproportionality**

Regarding special education, the term disproportionality broadly refers to discrepancies in approaches, strategies, and outcomes based on group association (e.g., race; NEA, 2007; Sullivan & Proctor, 2016). Disproportionality can represent both underrepresentation and overrepresentation in special education. However, most of the education, instructional policy, and professional training concentrates on the overidentification of students with marginalized racial backgrounds as having a disability (GAO, 2013; Waitoller et al., 2010). Alone, disproportionality is not constitutionally troublesome if racial and ethnic discrepancies reflect the accurate identification of a special education disability and provide access to high quality educational instruction and resources, because students would not be identified as having a disability when none exists nor provided limited educational opportunities. However, most special education policy and research indicate that inequalities in special education are a result of misidentification and produce inappropriate stigmatization and inadequate special education services (Sullivan & Proctor, 2016). Specifically, African American students are more likely to be over-identified as having ED, as well as placed in restrictive instructional settings with diminished general education opportunities and involvement than Caucasian American students (Donovan & Cross, 2002; Fierros & Convoy, 2002; Garvey, 2018; U. S. Department of

Education, 2015). Disproportionality in special education generates two major concerns: a) that the identified disability only exists because of race, and b) the identification compromises educational access and opportunities to acquire knowledge; thus stimulating the steady attention to eradicating racial disproportionality in special education (O'Connor & Fernandez, 2006; Patton, 1998; Sullivan & Proctor, 2016; Tefera & Fischman, 2020).

### **Impacts of More Restrictive Placement**

Disproportionality does not exclusively exist in special education; it extends to overall educational equity. For example, students from racial minority, disadvantaged, and underprivileged backgrounds are typically equipped with fewer educational materials (e.g., fewer and lower quality books, curriculum materials, laboratories, and computers) and opportunities to learn than most of their peers through the course of their educational career, from early childhood to secondary school (Brayboy et al., 2007; Duncan & Murnane, 2011; Ferreira & Gignoux, 2011; Nieto, 1995). These limited resources and opportunities, such as less qualified and experienced educators, less access to high quality curriculum, large class sizes, low quality books and curriculum, and limited technological devices have short- and long-term adverse effects on racial minority students' educational, behavioral, and social-emotional progress, as well as, some of these students' experiences include inadequate educational expenditures, insufficient supplies and material resources, substandard educational programs and instruction, fewer accomplished and certified educators, allocation to stalemate scholastic tracks, inferior expectations, deficient classroom management, negative school atmosphere, and limited access to advanced academic courses (Darling-Hammond, 1998; Hart et al., 2010; Sullivan & Proctor, 2016).

## **School Budgets**

Unequal systems of school finance and funding strengthens disproportionality in education because it impacts the quality of educational resources, including high quality educators, books, educational facilities, and curriculum (Darling-Hammond, 1998). Lack of access to quality educational materials and resources directly impact student performance in academic achievement and preparedness for postsecondary opportunities (Lawrence et al., 2021). Additionally, without adequate educational resources, educators may experience burnout, quitting, and poor teaching performance, making the provision of quality instruction difficult to implement (Alarcon, 2011). Inequitable school funding decreases students' access to the following: experienced, qualified educators to teach core subjects that prepare students for college and careers; high quality books and curriculum that foster leadership, critical thinking, personal investment in learning; adequate materials, such as technology and equipment needed to simulate real-life experiences in science, math, and technology (i.e., laboratory tables, science and laboratory kits, computer access to relevant academic and career applications and programs); and smaller class sizes that increase instruction time, student participation, and individual attention (Darling-Hammond, 1998; Hartl & Riley, 2021; Lawrence et al., 2021)

## **Identification of Students With Emotional Disturbance**

Disproportionality influences students' access to a quality education, and the current methods that school districts adopt to identify students with ED maintains disproportionality and the overrepresentation of minority students, particularly African American students (Briesch et al., 2012; Hart et al., 2010; Hernandez et al., 2008; Raines et al., 2012). Current special education identification methods neglect to pinpoint students who require support; decrease the likelihood of students receiving emotional and behavioral support prior to the intensification of

their behavioral, emotional, and academic difficulties; and reinforces higher identification rates for minority students (Ferri & Connor, 2005; Skiba et al., 2006). Many special education identification methods for determining if a student should be assessed for ED rely heavily upon educator referrals and disciplinary infractions (Artiles et al., 2002; O'Connor & Fernandez, 2006; Raines et al., 2012). For example, if an educator sees a student constantly yelling and not following directions, or if a student has a significant number of behavior referrals, that information is used to warrant a referral for a special education evaluation for an emotional or behavioral disorder. Unfortunately, these approaches fail to identify students who have emotional and behavioral disorders. Current special education identification methods, such as educator referrals continue to be the principal source and practice for school districts that over-identify African American students for special education (Ferri & Connor, 2005; Semmel et al., 1994). Educator referrals and disciplinary infractions often overlook internalizing behaviors, such as depression and anxiety, and frequently emphasize disruptive and aggressive behaviors (Bramlett et al., 2002; Briesch et al., 2012; Mays, 2008; Merrell et al., 2002; Nicholson, 1965; Ownby et al., 1985). Additionally, typical methods of warranting a special education evaluation, such as educator referral data regarding students' emotional behavior problems are not reliable because educator referral data is rarely consistent with referral data from standardized and structured ratings of students' emotional behavior capacity (Eklund et al., 2009).

Universal screening and interventions are effective identification procedures for determining if a special education evaluation is needed; however, implementing universal screenings and interventions are merely a suggestion, and not a requirement by federal and state education agencies (IDEA, 2004; Office of Special Education and Rehabilitative Service [OSERS], 2021; Skiba, 2013). Interventions are strategies used to teach a novel or unfamiliar

skill, develop fluency in a skill, and/or reinforce a student to practice an existing skill in new environments and situations (Hatten, 2021). Screenings are brief, comprehensive, and relatively inexpensive procedures used to gather initial information regarding a vast range of behavior for a substantial group of students (Gridley et al., 1995; Raines et al., 2012). Unfortunately, when schools anticipate the receipt of educator referrals, their anticipation produces considerable demonstration of emotional and behavioral difficulties before interventions are provided. (Eklund et al., 2009; Feil et al., 1995). In other words, waiting on educators to refer students for behavioral difficulties rather than screening all students for behavioral and emotional differences and providing interventions for students whose screenings suggest concerns intensify behavioral and emotional manifestations (Eklund et al., 2009; Feil et al., 1995). Additionally, using educator and discipline referrals as data to warrant special education evaluations cause significant delays between students displaying emotional behavior problems and students receiving interventions (Duncan et al., 1995; Raines et al., 2012).

Educator referrals and disciplinary infractions also increase the possibility of minority students receiving higher special education referrals for emotional and behavioral difficulties because these methods are subjective and linked to cultural and middle-class norms (Harry & Klinger, 2006; Hart et al., 2010; O'Connor & Fernandez, 2006; Speece & Keogh, 1996).

Educators' classroom expectations are typically based on their own cultural standards, which may differ from their students' cultural and environmental norms (Hutchison, 2018; Raines et al., 2012; Tyler et al., 2006). Educators' cultural standards as well as students' classroom behaviors and academic commitment influence educators' perception of behavior, which are also used to determine students' referral for special education for emotional and behavioral disorders (Lipsitz, 2020; Raines et al., 2012; Skiba et al., 1993; Sullivan & Proctor, 2016; Thorius & Maxcy, 2014;

Tyler et al., 2006). According to Hutchison (2018), teacher education candidates are not racially diverse, and experience limited racial and religious diversity in their own educational backgrounds. Moreover, educators' limited experiences with racial and cultural diversity do not correspond with America's current public school students' demographics and experiences (Hutchison, 2018). As a result of educators' limited exposure to racial and cultural diversity, African American students are often misunderstood, misperceived, misassessed, and misdiagnosed with ED (Hutchison, 2018; Michael, 1981). The lack of cultural competence and understanding of communities in which education is rendered poses disproportionate expectations for educational settings (Cullinan & Kauffman, 2005; Leone et al, 1990).

### **Significance of the Study**

Understanding cultural implications is a huge part of understanding the cause and creating solutions for the overrepresentation of African American students in special education and understanding the cause and creating solutions for disproportionality has been ongoing for researchers for over 50 years (Ferri & Connor, 2005; Ferri et al., 2010; Harris et al., 2004; Tefera & Fischman, 2020). Although many legislative initiatives have passed to protect students with disabilities (i.e., EAHCA, reauthorization of EAHCA in 1990 as IDEA, and the Individuals with Disabilities Education Improvement Act in 2004 [IDEIA]) the field of special education continues to require self-reflection and continued evolution (Hart et al., 2010). For example, one of the purposes of these legislative movements is to provide equal rights and provisions and prevent the discrimination of people with disabilities (Hart et al., 2010); however, despite the opportunity to receive specialized instruction, African American students with ED are more likely to be placed in more restrictive environments (e.g., separate classrooms and schools), experience decreased self-esteem, and higher dropout rates (Harris et al., 2004; Hart et al., 2010;

Sullivan et al., 2013; Terras et al., 2009; Thurlow et al., 2002) and lower academic achievement (Deninger, 2008; Kohli et al., 2015).

Unfortunately, according to Adams et al.'s (2007) findings, students from broken families, males, and African American students have a greater chance of being referred for special education evaluation for behavioral concerns. Moreover, once students are referred for special education evaluations, they are more likely to receive some degree of special education support and service (Algozzine et al., 1982). Furthermore, the U. S. Department of Education (2006) reported that the identification of a disability and special education placement are extensively higher for African American students than for Caucasian American students (i.e., African Americans make up 13.8% [9.7 million] of the U. S. student population but make up 17.7 % [1.2 million] of the population in special education and 23% [79,644] of total students identified as having ED versus Caucasian Americans represent 51% [36 million] of the U. S. student population; 46% [3 million] of the population in special education; and 49% [169,880] of total students identified as having ED). Due to the disproportionality, the U. S. government has placed conditions in both IDEA and IDEIA that oblige state and local education authorities to tackle racial inequalities in special education; however, these efforts have not been successful at reducing disproportionality, referral, and placement procedures in special education (Ferri & Connor, 2005; Garvey; 2018; Samuels, 2005).

There are theories postulated to explicate the disparate identification of African American students in special education. These theories characteristically fall into four categories: 1) sociodemographic problems affiliated with poverty, 2) unbalanced academic opportunities for underprivileged and minority students, 3) a common pattern of bias and inequity in civilization that is echoed in school systems, and 4) the referral, identification, and placement method for



special education (Artiles & Trent, 1994; National Research Council, 2002; Serwatka et al., 1995; Skiba et al., 2003). Of these four categories, aspects connected to special education referral, identification, and placement methods allow an opportunity to investigate communal variables that can introduce distinct interventions for diminishing disproportionality (Donovan & Cross, 2002; Hernandez et al., 2008). Moreover, the National Research Council concluded that the special education referral process maintains the predominance of racial disproportionality in special education (Donovan & Cross, 2002; Sullivan & Proctor, 2016; Tefera & Fischman, 2020).

Potential factors that lead to African American students being disproportionately identified as ED include preconceived notions and ideas within the special education referral and evaluation process, eligibility decisions based on special education placement, and the abstract translation of ED eligibility (Hernandez et al., 2008; Hutchison, 2018). Institutional efforts, such as educator bias and school culture continue to strengthen disproportionality (Griner & Stewart, 2012; O'Connor & Fernandez, 2006). Therefore, improving the referral process addresses the fundamental phase in the overall special education process (Bryan et al., 2012; Hosp & Reschley, 2003; Thorius & Maxcy, 2014).

### **Purpose of the Study**

The purpose of this study is to explore how the data used in special education referrals, such as educator information and intervention procedures promote the disproportionate identification of African American students as ED (Briesch et al., 2012; Hart et al., 2010; Hernandez et al., 2008; Raines et al., 2012). Special education referrals for emotional and behavioral problems often rely on educator expectations and perceptions through discipline reports and classroom behavioral notes and do not require intervention and standardized data

components (Hart et al., 2010; Hutchinson, 2018; IDEA, 2004; Pang & Sablan, 1995; Skiba et al., 2006; Texas Education Agency [TEA], 2019; Texas Education Code [TEC], 2006).

Furthermore, referrals for special education evaluations often serve as the gateway to disproportionate identification of ED among African American students (Fish, 2019; Grindal et al., 2019; Hart et al., 2010; Sullivan & Bal, 2013; Tenenbaum & Ruck, 2007). Plainly stated, the special education referral process for emotional and behavioral difficulties attempts to identify students with significant emotional and behavioral needs, however the use of educator perception and educator and school expectations continually contributes to disproportionality in special education (Briesch et al., 2012; Bryan et al., 2012; Hart et al., 2010; O'Connor & Fernandez, 2006; Patton, 1998). This investigation focused on the following questions:

- 1). Why are African American students identified for ED more frequently than students from other ethnic backgrounds?
- 2). How does the special education referral process maintain the identification of African American students as ED?

This study was guided by a grounded theory approach. Grounded theory methodology was conducted to analyze evaluation data. Through grounded theory research, data collection of African American students identified as ED were analyzed in a manner that identified themes and connections, and then drew conclusions to generate conceptual theory about the disparity in the ED category of special education (Starks & Trinidad, 2007). Data were collected through record reviews of African American students who were identified as having ED, general education educator interviews, and anecdotal notes from special education educators in a large urban public school district in the southwest. Additionally, the research focused on the types of

behaviors considered as problematic and the similarities and differences in how these behaviors are perceived in the home and school settings.

## CHAPTER II

### LITERATURE REVIEW

The aim of the current study was to examine the connection between the special education referral process for a special education evaluation and the disproportionate identification of African American students as ED. In this chapter, a review of the literature regarding current statistical trends, current referral practices, and implications for referral practices are presented to establish an understanding of the current research in special education disproportionality. This chapter will also discuss the national and state special education referral regulations.

IDEA obliges states to devise strategies and procedures to identify students within the state who require special education and related services (OSERS, 2021). All local public-school districts must “identify, locate, and evaluate” every child suspected of having a disability that requires special education, irrespective of the disability’s severity or where the child may reside and/or attend school in the state (OSERS, 2021; TEA, 2019). This obligation extends to children with intensive medical needs, who live in nursing facilities, and who reside in jails or correctional facilities. This obligation to identify all students in need of special education services is referred to as “Child Find” (OSERS, 2021).

#### **Child Find**

Child Find is a mandate included in IDEA for states to identify, find, and evaluate all students suspected of having a disability within their state, regardless of student’s residence or private or public-school attendance (OSERS, 2021). The purpose of Child Find is to ensure that all students with disabilities are provided with the full spectrum of special education and related services in furtherance of a free and appropriate public education (FAPE). IDEA’s Child Find

obligations allow referrals from anyone who deems a child might be eligible for special education and related services (i.e., specialized instruction, speech therapy, audiological services). A special education referral source could include a parent, educator, medical provider, or any person with information about the child (OSERS, 2021). If a school district does not believe that the child has a disability, it could refuse the referral and request for an evaluation. However, the school district must present the parent with a written notice that justifies the reason for refusal and evidence used to make that decision (IDEA, 2004). Some examples of why a school district may refuse an evaluation include: excessive absences, limited English proficiency, failed vision and hearing screenings, or no evidence of academic and behavioral difficulties. The parent can dispute the school district's refusal by demanding a due process hearing or filing a complaint with their state education agency (IDEA, 2004). A due process hearing is a formal and legal method for parents to solve disagreements with schools regarding their child's special education services and support. A parent or a public agency can file a due process complaint corresponding to the identification, evaluation, or educational placement of a student with a disability. If the school district does not resolve the complaint, the state education agency (i.e., TEA) assigns a hearing officer. The hearing officer, parent, and school officials meet, and the hearing officer determines an appropriate resolution to the complaint (IDEA, 2004). The goal of Child Find is to ensure that all students who need special education services receive special education services.

The U. S. Department of Education assists in ensuring that students are identified and provided special education services by providing examples of how states and local education agencies can implement policies and procedures to fulfill their Child Find requirements. Some of these examples include public awareness campaigns, collaborations with parent educator

associations (PTA), daycare and early childhood education providers, summer camps, medical providers, churches, and homeless shelters to disseminate information to parents and families in the community as well as kindergarten drives. For school-age children, state and local education agencies (i.e., TEA, local school districts) can administer assessments that gauge student academic progress, provide screenings for private and homeschool students, collaborate with mental health agencies, work with youth and family nonprofit groups, and organize with state agencies to deliver special education services to children and adolescents (OSERS, 2021). Schools may implement multi-tiered systems of support (MTSS) or additional general education interventions ahead of a special education referral; however, they cannot require MTSS or intervention before a special education referral (OSERS, 2021).

### **MTSS**

MTSS is an exhaustive continuum of empirical, methodical procedures to support an efficient response to students' needs with consistent observation to promote data-based educational and instructional decisions (OSERS, 2021). An MTSS system should comprise of universal screenings and evidence-based interventions and strategies that are enforced with fidelity and progress monitoring (TEA, 2019). MTSS typically include three tiers of support: 1) research-based instruction and universal screenings to identify students who are not successfully responding to instruction; 2) small-group interventions to address lack of response; and 3) intensive, one-on-one interventions following the lack of progress in tier two (Moreno & Bullock, 2011). MTSS systems are intended to identify students early and provide general education support to students experiencing academic and social difficulties. Additionally, MTSS assists with removing some of the assumptions and guesses in recognizing why students are having social, academic, or behavioral struggles (Williams et al., 2017). Even though MTSS

systems can promote academic and behavioral growth for students and school districts may implement MTSS, IDEA does not demand or encourage school districts to implement intervention strategies before a referral for special education or as an element in the determination of special education eligibility (OSERS, 2021). Moreover, school districts cannot use the absence of interventions as a reason to delay or deny an evaluation for special education (IDEA, 2004; OSERS, 2021). However, the U. S. Department of Education suggests that Child Find practices that rely primarily on informal educator data and referral could warrant additional deliberation because practices that depend on informal educator data induce disproportionality in special education. State and local education agencies should analyze their current Child Find strategies to determine if they are efficient in identifying, locating, and evaluating children who might require special education services, as well as introduce new practices to address educational disruptions, such as the most recent disruption caused by COVID-19 (OSERS, 2021). TEA (2019) is a state education agency that has researched and analyzed Child Find procedures to create guidelines for its local education agencies to efficiently identify students for special education services.

### **Texas Referral Regulations**

TEA's state regulations mirror IDEA regulations regarding the special education referral process. According to TEA, local education agencies have a responsibility to "identify, locate, and evaluate" students needing special education services. TEA states that a parent or legal guardian, school staff, or any other person encompassed in the education or care of the child can generate a referral for special education evaluation. These entities can refer a student for special education evaluation via verbal or written request to the district's special education director or school's contact for special education referrals. Once the referral has been made, school districts

should provide a notice of action within 15 school days. A notice of action indicates whether the district accepts or refuses the referral and the reason for the decision. Next, the school district obtains parental consent if the referral is accepted (TEC, 2006). If the school district refuses the referral, it must provide parents with a prior written notice explaining the rejection. Parents can challenge a refusal for an evaluation by contacting TEA or requesting for a due process hearing. Local public-school districts cannot deny or delay a referral for an evaluation to receive special education services as a result of non-implementation of pre-referral interventions. TEA also requires that school districts consider all support services for any student experiencing struggles (i.e., academic or behavioral) in the general education setting. Support services can include tutoring, response to intervention, remedial and compensatory services, and academic and behavior support. If a student continues to experience academic and behavioral deficits after the provision of support services, district staff must refer the student for an evaluation to receive special education services (TEA 2019; TEC, 2006).

TEA also provides a student data review guide to assist school districts with considering a referral for special education evaluation. The student data review guide supports school referral teams in evaluating and examining student data to make knowledgeable, data-driven decisions concerning special education referrals. The student data review guide also assists referral teams with reflecting upon multiple areas that may influence the decision to continue with a referral for an evaluation to receive special education services. The TEA student data review guide reviews educator input, parent information, grades, benchmark assessments, State of Texas Assessments of Academic Readiness (STAAR), interventions, accommodations, attendance record, discipline record, school changes/transfers, summer school/retention, second-language factors, previous school assessments/evaluations, physical and health factors, outside evaluations or diagnoses,



hospitalizations, and other at-risk factors for the student. Based on data reviewed in the TEA guide, school referral teams determine the student's level of need in all areas and how their needs interact with academic and behavior progress, whether that interaction warrants additional intervention support or referral to special education (TEA, 2019). Although many state education agencies, such as TEA, provide guides to their local school districts to aid in decreasing disproportionality in education, current statistical trends demonstrate that disproportionality is still a significant problem in education.

### **Current Statistical Trends**

Special education evaluations are driven by educator and parent referrals, and the basis for many of the referrals that lead to evaluations to receive special education services that assess emotional disturbance are classroom behaviors and discipline records (Briesch et al., 2012; Bryan et al., 2011). In the United States, African American students with and without disabilities are more likely to be referred for discipline and experience disciplinary actions than their Caucasian American peers. African American students also receive harsher punishments at a higher rate in comparison to Caucasian American students (Riddle & Sinclair, 2019). The gap between African American students and Caucasian American and Latino students has been consistent over time when measuring out-of-school suspension (OSS) rates. According to the U.S. Department of Education Office for Civil Rights, in 2009-10, Caucasian American secondary students' OSS rates were 6.7% (54,117) and Latino secondary OSS rates were 10.8% (87,234); whereas African American secondary students' OSS rates were 23.2% (187,392). These data were measured again for the 2015-16 school year, and the results continued to show significant gaps between African American students and their Caucasian American and Latino counterparts. In 2015-2016, those rates were 4.6% (28,179) for Caucasian students; 7.1%

(43,493) for Latino students; and 18% (110, 266) for African American students (Losen & Martinez, 2020). Even though there was a slight decrease in all OSS rates in 2015-16, the racial gap held its ground and is also present in the OSS rates among students who receive special education.

Special education services are designed to provide appropriate instruction, monitor progress, implement accommodations, and develop interventions to support students with disabilities that impact their academic, behavioral, or functional performance (Briesch et al., 2012). However, for secondary students with disabilities, the OSS racial gap remains. In 2011-12, 30% (43,955) of African American secondary students with disabilities were at risk for OSS, in comparison to 19.5% (28,570) of Latino and 13.3% (19,486) of Caucasian American secondary students with disabilities. In 2015-16, secondary school students' risk for OSS was 25.6% (35,910) for African American students with disabilities; 11.5% (16,131) for Latino students with disabilities; and 10.5% (14,728) for Caucasian American students with disabilities (Losen & Martinez, 2020). It also appears that students with disabilities have an overall higher rate of OSS than students without disabilities, even though students with disabilities receive additional support and provisions. Additionally, African American students with disabilities experience a significantly higher rate of total disciplinary removals than all students with disabilities and any other race of students with disabilities. For the 2017-2018 school year, 65 out of 100 African American students with disabilities encountered disciplinary removals comparable to 29 for all disabilities; 26 for Caucasian American students with disabilities; and 24 for Hispanic/Latino students with disabilities (OSEP, 2020).

For the 2019-2020 academic year, African Americans make up 13.8% (9.7 million) of the population between the ages of 5 and 21 but make up 17.7 % (1.2 million) of the population in

special education and 23% (79,644) of total students identified as having ED (See Table 1 and Figure 1). Whereas Caucasian Americans represent 51% (36 million) of the population between the ages of 5 and 21; 46% (3 million) of the population in special education; and 49% (169,880) of total students identified as having ED. Hispanic Americans account for 24.9% (17.6 million) of the population, ages 5 through 21; 27.8% (1.8 million) of the population in special education; and 19% (66,534) of the population of students with ED (OSEP, 2021). African American students are the only students whose ED population percentage is higher than and does not reflect its overall student population (See Table 1 and Figure 1). Overall, African American students are identified as ED at a higher rate than the African American student population, as well as disciplined at a higher rate than all other racial and ethnic groups.

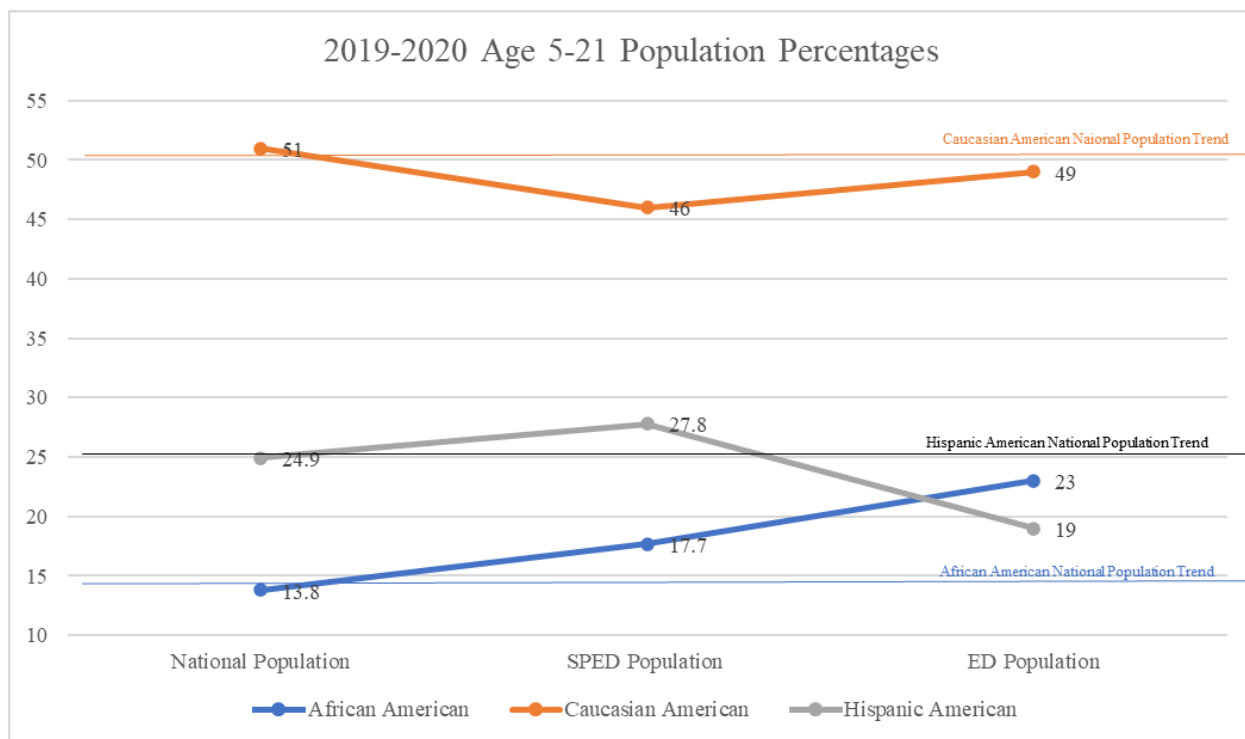
**Table 1**

*2019-2020 Age 5-21 Population Percentages Chart*

	National Population	SPED Population	ED Population
African American	13.8	17.7	23
Caucasian American	51	46	49
Hispanic American	24.9	27.8	19

**Figure 1**

*2019-2020 Age 5-21 Population Percentages Graph*



This national disparity trend remains consistent at the state level for many states. Specifically, for Texas, African American students represent 15.8% ( $n = 87,406$ ) of students in special education but 12.1% ( $n = 386,540$ ) of total population between ages of 5 and 21 (OSEP, 2021). African American students' representation in special education and in the ED category is higher than their national representation in the population, an imbalance that does not emerge for Caucasian and Latino students.

When comparing all students with disabilities to African American students with disabilities according to disability category, African American students have a higher rate of being identified as having a Specific Learning Disability (SLD), Intellectual Disability (ID), and ED. The percentage of African American students with SLD is 4.4% higher than all students

with SLD. The percentage of African American students with ID is 43% higher than all students with ID. Finally, the percentage of African American students with ED is 31% higher than all students with ED (OSEP, 2020). These percentages explain why the U.S. government set provisions in its re-sanctioning of the 1997 and 2004 IDEA to address disproportionality among African American students in ID and ED categories specifically (Garvey, 2018; Ferri & Conner, 2005; Samuels, 2005).

In 1997 and 2004, the U.S. Department of Education amended IDEA and addressed the degree of racial/ethnic disproportionality in special education. Disproportionality was initially introduced in the 1997 reauthorization of IDEA and required state education agencies (SEA) to monitor the existence of disproportionality in local education agencies, as well as remedy disproportionality by revising special education identification and placement policies, processes, and practices (Skiba, 2013). Special education disproportionality was highlighted as a priority in the 2004 reauthorization of IDEA. Provisions in IDEA 2004 moved from placing emphasis on repairing laws to address policies and practices within special education to preventing disproportionality through general education initiatives and requiring interventions. IDEA 2004 requires school districts with significant racial disproportionality in special education identification, placement, and/or discipline to use 15% of special education resources on early intervention (Skiba, 2013). These reauthorizations have been met with confusion and uncertainty regarding the interpretation of disproportionality and the implementation of the law. Additionally, states have failed to monitor racial disparities and the government has failed to enforce penalties for noncompliance (Skiba, 2013). The failure to monitor and enforce penalties for disproportionality has led to the current special education evaluation referral practices typically used in school districts (Bleak et al., 2019; Skiba, 2013).

## **Current Referral Practices**

Referral practices are one of the major contributors to the disproportionate representation of African American students with ED (Bleak et al., 2019; McKenna, 2013). According to Glenn's (1996) study concerning proposed conditions, a student's skin color influenced referral methods in that students with darker skin have a higher chance of being referred to special education than students with lighter skin. Additionally, Harry et al. (2002) suggested that external factors, such as educator perceptions of students and their families affect special education decisions. For example, when educators perceive students' families as dysfunctional or parents as irresponsible, they tend to align the student's behaviors with what they already believe about the student's family. Even when data gathered about the student's behavior at home contradicts behaviors manifested at school, special education teams are more likely to rely on school data to make decisions regarding a student's identification for special education and placement services, regardless of federal mandates requiring the use of both settings in decision-making (Harry et al., 2002; Hart et al., 2010). Educator expectations govern the school data that is often used to make decisions regarding students' identification for special education services (Bleak et al., 2019; Bryan et al., 2012; Chakraborti-Ghosh et al., 2010; Hart et al., 2010).

## **Educator Expectations**

The referral process is heavily guided by educator expectations and interpretations of behavior (Artiles et al., 2002; Bleak et al., 2019; Bryan et al., 2012; Chakraborti-Ghosh et al., 2010; Raines et al., 2012). Educator expectations and interpretations set the tone for disciplinary referrals and infractions at the school level (Bryan et al., 2012; Hutchison, 2018). Anecdotal and archival informational sources such as discipline referrals and behavioral assessments usually

accompany educator referrals. However, anecdotal data can be dubious (Raines et al., 2012) in that African American students are more likely to obtain disciplinary referrals from their educators than their peers because of educator interpretations and expectations of behaviors that are based on middle-class, societal norms rather than cultural norms (McKenna, 2013; Raines et al., 2012). Additionally, past at-risk behaviors and discipline referrals enhance the probability of special education referrals for disruptive behavior (Bryan et al., 2012). Students who exhibit disruptive behaviors, regardless of the cause or kind of disruption have a higher likelihood of being referred for special education evaluation (Bradshaw et al., 2008; Walker et al., 2005). Briesch et al. (2012) identified defiance as the most common referral behavior, trailed by unacceptable physical conduct, inattentiveness, aggression, and peer conflict. In contrast, internalizing behaviors such as emotional difficulties, suicidal ideation, sadness, depression, isolation, anxiety, and withdrawal accounts for less than 5% of special education referral concerns (Briesch et al., 2012). Given these concerns, educators are more likely to generate a formal referral for a special education evaluation than to employ prereferral interventions for students who present social and emotional concerns (Briesch et al., 2012).

According to Bryan et al.'s (2019) study, educator expectations negatively predict student referrals. In other words, the lower an educator's expectation of a student the more likely the student would be referred for special education evaluation (Bryan et al., 2012; Hutchison, 2018). Educator expectations as well as implicit and explicit biases have a commanding influence on student outcomes (Hutchinson, 2018; O'Connor & Fernandez, 2006; McKown & Weinstein, 2008; Stevenson, 2008; Sullivan & Proctor, 2016). Moreover, Tyler et al. (2006) and Chakraborti-Ghosh et al. (2010) posited that educators have positive perceptions of students who display behaviors according to European middle-class norms, such as appreciating individualism,

drive, and emphasis on future, as opposed to Afrocentric cultural norms, such as collectivism and dynamism. Therefore, educator expectations impact the potential for student referrals (Bryan et al., 2012; O'Connor & Fernandez, 2006).

Cultural capital influences the expectations that educators have for students (Hutchison, 2018). Bourdieu (1977) defined cultural capital as an assembly of illustrative elements such as ability, preference, pose, attire, habits, material possessions, credentials, etc. that one obtains through participation within a specific social class. The sense of common identity and group status derives from sharing similar kinds of cultural capital with others (i.e., same preference in movies or a degree from a Historical Black College or University [HBCU]; Bourdieu, 1977). According to Bourdieu (1977), cultural capital is a crucial contributor to social inequalities. Using the theory of cultural capitalism, educators have the likely tendency to be unconsciously biased in the evaluation and judgment of groups of students because of the lack of similar cultural capital shared between the two, making it difficult for educators to be aware of and acknowledge their cultural biases (Hutchison, 2018).

Educators may not acknowledge how race, ethnicity, and culture influence their classroom management and discipline and in turn, their expectations. Gregory and Mosely (2004) investigated educators' inherent beliefs about disciplinary issues among African American students and found that educators attributed African American students' behaviors in five distinct ways: 1) typical adolescent behavior in search for independence; 2) low academic performance; 3) deficit model affiliated with cultural hardship; 4) school culture, climate, and management; and 5) educators' beliefs and characteristics. Educators did not acknowledge race, ethnicity, and culture in their discussions about discipline. The lack of acknowledgement of race and culture dismisses how race and culture influence educator-student relationships and furthers



the likelihood of disproportionality in special education referrals for behavior (Bryan et al., 2012; Gregory & Mosely, 2004; Tefera & Fischman, 2020). Therefore, implementing academic and behavioral interventions is essential to reducing disproportionality in special education evaluation referrals that occur as a result of the lack of acknowledgement and awareness of cultural differences and biases among educators.

## **Interventions**

The absence of federal directives requiring interventions for special education evaluation referrals does not alleviate or exacerbate disproportionality. IDEA (2004) lists Response to Intervention (RtI) as a vital element in identifying students for special education. RtI is a multi-tiered intervention framework that encourages the use of evidenced-based interventions and progress monitoring to address academic and behavioral problems in students. Adequate response to the intervention is the measure of whether the student should be referred for special education evaluation (Raines et al., 2012). However, the inconsistency among the interpretation of “adequate progress” varies among educators, schools, districts, and states. Educators are more likely to refer a student for special education evaluation for special education services than to implement interventions, and further implementation fidelity and intervention appropriateness are serious issues affecting the efficacy of student behavioral progress (Briesch et al., 2012; Raines et al., 2012; Gresham, 2005). Additionally, the inconsistencies in the way in which RtI or MTSS are implemented across school districts also create a problem because inconsistency affects the reliability of the intervention methods. Inconsistencies in intervention implementation are a result of a lack of adequate time, resources, and professional training in the general education setting for working with students that have academic or behavioral needs and leads to ineffectiveness of interventions in addressing problem behaviors (Moreno & Bullock, 2011).

Because educators are often overburdened with several tasks and do not have the time or resources to appropriately implement interventions, educators' referrals for evaluation for special education services are usually incomprehensive (Hart et al., 2010; Moreno & Bullock, 2011).

Special education referrals regarding ED often consist of insufficient instruction prior to special education evaluation referral, little to no information regarding the classroom context and school environment, and inconsistent connections between home and school behaviors (Hart et al., 2010). According to case studies, school personnel rarely attribute or consider school ecological factors as having a role in a student's behavior. For example, Hart et al. (2010) found that educators did not consider classroom contexts or discipline policies when discussing students' behavioral difficulties. Moreover, minimal attention was given to the impact of school culture and context and full responsibility was given to home environments (Hart et al., 2010). However, Hart et al. (2010) also found that school staff genuinely did not know much about students' home life. Additionally, general education interventions seldom consider ecological impact and strategies in that the interventions tend to focus on the students' behavior rather than classroom context and prevention (Hart et al., 2010; Moreno & Bullock, 2011). McCray et al. (2003) acknowledged that African American students are frequently taught in classrooms and settings that neglect to utilize evidence-based practices and interventions. The lack of interventions and excess of negative behavioral perceptions lead to the disproportionate representation of African Americans with ED (McKenna, 2013). As a result of the absence of an effective RtI and MTSS process, educators, and special education referral teams rely on anecdotal and discipline data that is driven by biased expectations and norms to guide the special education referral process (Moreno and Bullock, 2011; Williams et al., 2017). In turn, absence of an effective intervention system contributes to the over-referral of African American students.

Understanding cultural impact on behavior and using culturally responsive intervention approaches can mitigate the disproportionality rate in African American students' special education referral for special education evaluation and special education identification of ED. Bryan et al. (2012) found that behavioral referrals for special education replicate the same disproportionate tendencies in ED eligibility. Therefore, schools should be receptive to novel, ingenious, progressive, and culturally relevant approaches to support students in fostering prosocial skills and behavior (Brinson et al., 2004; Proctor & Meyers, 2014; Sullivan & Proctor, 2016). Bryan et al. (2012) and Sullivan and Proctor (2016) suggested employing culturally relevant disciplinary procedures and interventions, creating a culturally responsive academic curriculum and cultural competence, and creating school-family-community connections. Rausch and Skiba (2004), Tefera and Fischman (2020), and Wallace et al. (2008) suggested that cultural and racial biases are the foundation for the disproportionate referral rate of African American students. The skills needed in knowing how to operate and thrive in culturally receptive and supporting ways when working with minority students who exhibit disruptive behaviors may be absent for many educators (Bryan et al., 2012).

### **Implications for Practices**

#### **Behavior Interventions**

To mitigate the disproportionate referral of African American students for special education evaluation referrals, schools should reconsider zero-tolerance discipline methods and endorse positive behavior interventions and support (Bohanon et al., 2006; Fenning & Rose, 2007). For example, schools can implement disciplinary panels that assess disciplinary infractions and determine appropriate consequences for nonviolent actions without depending on exclusionary methods. When forming the panels certain considerations should be made,

specifically panel members should be a diverse group of parents, students, educators, and school personnel (Bryan et al., 2012). Additionally, school-wide positive behavior interventions and supports (SW-PBIS) provide a three-tier intervention model that applies empirically based interventions as well as identify ecological factors that reinforce negative student behavior (Colvin et al., 1993; Medley et al., 2008). Further, SW-PBIS places emphasis on school climate and the substantial effect on student learning and behavior. SW-PBIS also requires consultation with educators on developing high expectations for all students; professional development for educators in cultural competence, intervention development, progress monitoring; and collaboration with school staff to ensure the appropriate implementation of positive behavior strategies (Bohanon et al., 2006; Fenning & Rose, 2007; Moore & Owens, 2009; Warren et al., 2003). Overall, behavioral interventions are necessary for addressing emotional and behavioral differences, however, culturally competent and relevant behavior interventions are even more necessary when addressing behaviors from students with various cultural backgrounds and experiences (Bleak et al., 2019; Gay, 2002, Lee, 2007).

### **Cultural Competence**

Gay (2002) found that personal, relational, and interactive learning environments produce optimal results for African American students. For example, culturally appropriate instruction facilitates broader perspectives for students in evaluating disparities in resident communities and the “larger world” (Ladson-Billings, 1992, p. 382) and compels educators to acquire skills to comprehend and sympathize with students’ culture and approach to perceiving the world around them (Bleak et al., 2019; Milner, 2009). Assisting students in making connections between current knowledge and new knowledge in culturally applicable ways accelerate academic success (Lee, 2007). It is important for educators to support and acknowledge African American

students' identity along with exercising culturally relevant teaching (Bleak et al., 2019; Moore & Owens, 2009). Educators should perceive cultural variances as strengths rather than deficits and schools should deliver professional development to educators and educators to aid in exploring racial conflict and biases present in educator relationships with Black students (Bleak et al., 2019; McCray et al., 2003; Stevenson, 2008; Tefera & Fischman, 2020). Professional development should also incorporate trainings that include various cultural characteristics, interactions, and communication styles common in African American communities and the significance of the asynchrony of school and home cultures (Bireda, 2002; Gay, 2002; Kalyanpur & Harry, 1999). For example, educators should understand how some behaviors that are not acceptable at school are acceptable at home for students whose cultural norms do not align with school norms (Artiles et al., 2002; Bryan et al., 2012). When cultural patterns disagree with current school patterns, educators must recognize this inconsistency as a difference rather than a shortfall. With knowledge of cultural patterns, educators can provide direct instruction to students about acceptable culturally normative behaviors in the classroom and educate students on new behaviors that are appropriate for school when culturally normative behaviors hinder learning. In addition, educators must also self-reflect and become aware of their own preconceived biases and how those notions can influence their perceptions of appropriate behavior. Thinking flexibly and creatively about students' behaviors can help educators view students' behaviors as diversities and identify ways to use their diversity to enhance student learning (Artiles et al., 2002; McKenna, 2013). School, family, and community connections is another effective way to use diversity to enhance student learning (Day-Vines & Terriquez, 2008; Smith & Sandhu, 2004).

## **School Family Community Connections**

Establishing positive connections among students, their families, communities, and schools as well as forming compassionate educator-student relationships are essential in facilitating positive social skills and behaviors in students (Smith & Sandhu, 2004). Programs to address disciplinary problems should actively involve parents, students, and community partnerships (Day-Vines & Terriquez, 2008; Warren et al., 2003), because parental, student, and community involvement encourages positive school behaviors, especially with African American students (Boethel, 2003). Educators should seek support through mentoring programs and community agencies such as churches and non-profit organizations that provide opportunities for collaborative tutoring programs, alternative discipline methods, and parenting workshops. Furthermore, alternative discipline methods can consist of community agencies providing resources to students who have received disciplinary referrals. Parent workshops could increase comprehension of school culture, recognize necessary social skills for academic success, and acquire strategies to conquer disruptive behaviors that are consistent with discipline referrals (Bryan et al., 2012; Day-Vines & Terriquez, 2008). In addition to school, family, and community connections providing methods to strengthen students' response to interventions, supplemental strategies, such as universal screenings are vital to the intervention process because universal screenings provide data regarding specific emotional and/or behavioral concerns that are essential in creating successful interventions to reduce students' interfering behaviors (Bryan et al., 2012; Raines et al., 2012).

## **Universal Screenings**

Raines et al. (2012) identified universal screening and student self-reporting as methods to reduce disproportionality in referrals for African American students with behavioral and

emotional needs. “Universal screening refers to a systematic approach to identifying students who are demonstrating behavioral and emotional difficulties or the risk factors for the development of such problems by administering a screening measure to all students in the school” (Raines et al., 2012, p. 287). Risk factors include environmental circumstances or effects that transpire prior to the inception of emotional and behavioral disabilities that intensify the probability of these disabilities’ development of disabilities (Loeber, 1990). Universal screening systems are preemptive, precautionary, and administered to all students in a school or district. Because all students receive universal screenings in a district or school, there is a lesser likelihood of stigmatization and inequity of a subsection of students (Greenberg et al., 2000). Using standardized universal screening methods as opposed to non-standardized methods to measure risk can help eliminate discrepancies in educator selections of assessment items from the screening process (Tefera & Fischman, 2020; Walker et al., 2005). Moreover, behavioral and emotional risk screening decreases the capacity for the detrimental effects of inaccurately referring students for special education evaluation (Greenberg et al., 2000). Using universal screening methods also guide data-based decisions about students’ risk and need for special education services and support, thus possibly circumventing the problematic issues related to educator referrals and identifying barriers to learning for students (Raines et al., 2012; Tefera & Fischman, 2020). However, despite the promising research on universal screening, only 2% of schools use screenings to assess emotional and behavioral risks (Romer & McIntosh, 2005). A simple method that schools can implement to increase the use of universal screeners is the administration of self-report measures to gauge students’ evaluation of their behavior (Husky et al., 2011; Raines et al., 2012).

## **Self-Reports**

Self-report screeners are also effective in collecting data about students' behavioral and emotional functioning and can also serve to produce accurate data concerning how students perceive themselves emotionally and behaviorally (Adams et al., 1997; Knight et al., 2004). Self-reports are considered the best method for obtaining information about students with internalizing behaviors, which happens to be a population that is frequently disregarded with educator referrals and current identification procedures (Mays, 2008; Merrell et al., 2002). A self-report is any measure, assessment, or inquiry that relies on a person's own account of their behaviors, feelings, thoughts, and characteristics (Salters-Pedneault, 2020). Additionally, self-reports are cost-effective and can be easily dispersed to an abundance of students in a brief period (Raines et al., 2012). Students, especially adolescents, tend to be more honest with the usage of paper and pencil rather than in an interview format when conveying their thoughts and feelings (Husky et al., 2011). The direct collection of information from students provides an opportunity to obtain data about the insights of their emotional and behavioral functioning and can be useful in developing interventions that stimulate their progress and achievement (Raines et al., 2012). School-based mental health services (SBMHS) value the personal insight that students have about their own behaviors as well as, encompasses the consideration of various implications for practices, such as behavioral interventions, cultural competency, school-family-community connections, and universal screenings.

## **School-Based Mental Health Services**

SBMHS are one of the most effective and efficient ways to address the disproportionality of special education referrals for emotional and behavioral difficulties (Bruns et al., 2004). Providing mental health services in schools helps prevent and treat student psychological



problems (Dryfoos et al., 1996; Weist, 1999). SBMHS can positively impact social, health, and academic functioning in students with emotional and behavioral difficulties (Ballard et al., 2014). An examination of the influence of mental health interventions on disruptive behaviors reveals lower disciplinary actions, office referrals, and suspensions (Greenberg et al., 2003; Mohr & Mazurek, 2002; Olweus et al., 1999). Comparably, the implementation of SBMHS has resulted in a decline in behaviors related to conduct disorder, attention, hyperactivity, and depression among elementary school students demonstrating severe emotional and behavioral problems (Hussey & Guo, 2003). Additionally, SBMHS frameworks have revealed enhancements in school climate and less reliance on special education to address emotional and behavioral needs of students (Bruns et al., 2004; Nabors et al., 2000).

Ballard et al. (2014) investigated the effects of expanded school mental health services on students' school related and social-emotional outcomes in seven K-5 and K-8 schools. Each school in the study was provided with an on-site licensed clinician who delivered individual, group, and family therapy at school for a full academic year. Students receiving the SBMHS intervention (i.e., individual and group therapy; student screenings and assessments) significantly decreased their number of suspensions as compared to students receiving treatment as usual (i.e., no interventions, educator implemented classroom accommodations and interventions, discipline referrals). Additionally, students receiving SBMHS were rated significantly lower in Total Difficulties and Emotional Problems for parents and educators during posttest as compared to pretest results. When compared to pretest scores, students who received SBMHS obtained lower scores in Conduct Problems and significantly higher scores in Prosocial Behaviors for parent posttest results (Ballard et al., 2014). SBMHS not only significantly improves students' positive

behaviors but enhances the overall school climate that facilitates behavioral interactions (Ballard et al., 2014; Bruns et al., 2004).

Additionally, Bruns et al. (2004) examined the effect of SBMHS on special education referrals and school climate. Each school was provided with an on-site master or doctoral level clinician that provided individual, group, and family counseling; student evaluations; and consultation with educators regarding student emotional and behavioral problems (Bruns et al., 2004). As a result of providing mental health services in schools, the likelihood of educators making referrals for special education due to emotional and behavioral problems decreased and resulted in a reduced rate of special education eligibility in the ED category. As a result, educators were more likely to refer students experiencing emotional and behavioral issues to mental health clinicians than to special education. Schools with SBMHS also showed an improvement in school climate through the encouragement of collaboration with mental health professions and the sense of support for educators and staff (Bruns et al., 2004).

### **Conclusion**

The special education referral process may vary from district to district and state to state, but one thing that remains constant is the special education process' significance in maintaining the over-identification of African American students as ED. Federal and state regulations focus on identifying students who need special education support and services but fail at ensuring that students are equitably identified (Skiba, 2013). Federal and state laws recommend special education evaluation referrals include interventions and documentation from various sources supporting the need for special education services; however, it is a recommendation that is often overlooked. Special education evaluation referrals rely heavily upon educator data that is highly influenced by educator expectations and school culture (Bryan et al., 2012; Raines et al., 2012).

The continuum of ineffective processes and procedures leads to disproportionate identification of African American students as ED but can be remedied through universal screenings, self-reports, multi-tiered intervention systems, culturally-responsive instruction and environments, collaboration with behavioral personnel, professional development, and strong school-community-home partnerships (Ballard et al., 2014; Bryan et al., 2012; Day-Vines & Terriquez, 2008; McKenna, 2013; Raines et al., 2012; Tefera & Fischman, 2020).

## CHAPTER III

### METHODS

This qualitative study explored how the special education referral process is connected to disproportionality in ED among African American students. For this study, grounded theory was used as the approach. According to Charmaz (2006) grounded theory highlights analytical understanding of experiences and behaviors within complex social contexts. Grounded theory methods gather data to establish themes to draw conclusions in order to develop abstract theories (Starks & Trinidad, 2007). Grounded theory methods are ideal for examining learning, reasoning, and classroom behaviors and procedures (Stough & Lee, 2021). Therefore, grounded theory is the appropriate approach to explore how the special education referral process influences special education disproportionality in ED.

#### **Research Methodology and Design**

The purpose of this study is to explore how the special education referral process promotes the disproportionality of African American students identified as having ED (Briesch et al., 2012; Hart et al., 2010; Hernandez et al., 2008; Raines et al., 2012). The examination of ED special education evaluations and educator narratives could illuminate the relationship between the referral process and the disproportionality of African American students identified as ED.

The research questions to be investigated are as follows:

- 1). Why are African American students identified for ED more frequently than students from other ethnic backgrounds?
- 2). How does the special education referral process maintain the identification of African American students as ED?

In order to address research questions, the researcher conducted a qualitative study using constructivist grounded theory, which included a data review, anecdotal records, and semi-structured interview process to generate themes and draw conclusions about the relationship between the special education referral process and disproportionality.

### **Grounded Theory**

Grounded theory methodology is a process that analyzes data through an inductive approach to develop a theory that broadly and conceptually explains a phenomenon (Creswell, 2013; Glaser & Strauss, 1967; Moore et al., 2019). Simply put, grounded theory is distinctive as it intends to create theory that is “grounded” in data (Stough & Lee, 2021, p. 1). Throughout the grounded theory process, researchers collect and analyze data simultaneously to develop a theoretical explanation of the common themes of a topic or experience (Martin & Turner, 1986; Starks & Trinidad, 2007). Specifically, grounded theory researchers gather information from texts, observations, data collection, coded and characterized findings, established themes, and connections to draw conclusions in order to generate abstract theories (Starks & Trinidad, 2007).

A constructivist grounded theory approach, specifically, emphasizes interpretative understanding of behaviors and experiences within an intricate social environment (Charmaz, 2006). Constructivist grounded theory recognizes subjectivity within the steps of the research process, in addition to the significance of social context as it influences actions and experiences of the participants (Charmaz, 2006; Holtslander, 2014). Overall, grounded theory incorporates a professional perspective to clarify and comprehend the details and particulars within a setting, relative to a certain event, and to explicate and theorize from the data (Morse, 2009). Grounded theory is particularly useful for research on subjects that have insubstantial prior research and lack a theoretical foundation (Fernandez, 2004; Lehmann, 2010; Seidel & Urquhart, 2013).

Grounded theory is frequently used in educational research (Creswell & Poth, 2018, Glesne & Webb, 1993; Stough & Lee, 2021) and is an approach that has been extensively used within the educational discipline, through published journals and studies, graduate research courses and textbooks, and research conferences (Bogdan & Biklen, 2007; Creswell & Poth, 2018; Glesne & Webb, 1993; Hesse-Biber, 2017; Patton, 2014; Stough & Lee, 2019). Grounded theory methods are ideal for examining learning, reasoning, and classroom behaviors and procedures (Stough & Lee, 2021). Additionally, the use of grounded theory is compatible with various philosophical contexts used by educational researchers, because grounded theory incorporates different categories of data sources, including anecdotal data, observations, and evaluation results (Birks & Mills, 2015; Denzin, 2019; Glaser, 2008; Holton & Walsh, 2017).

Crowther et al. (2013) used grounded theory to formulate a theoretical framework of how adolescents with EBD establish an understanding of their own aggressive behavior within the social surroundings of their experiences. Crowther et al. (2013) coded interview data to identify a theory that aggressive behavior was foundational to the likeness of toughness that the participants desired to demonstrate to others. Anderson and Chiasson (2012) investigated environmental factors affecting the acquisition of new social and socialization skills of students with EBD. They developed a grounded theory that led to three comprehensive conclusions: (a) students with EBD have difficulty learning and using new social skills; (b) an entire inclusive school setting for students with EBD is ineffective; and (c) educators address surface behaviors instead of the causes of emotional and/or behavioral disorders (Anderson & Chiasson, 2012). Hui-Michael and Garcia (2009) researched elementary classroom educators' perceptions of and particularity about Asian American students' school performance. Data were collected through document reviews, interviews, field notes, and classroom observations, and were examined using

grounded theory methodology. Conclusions revealed that positive, characteristic perceptions about Asian culture largely impacted educators' attributions about the accomplishment or failure of their Asian American students (Hui-Michael & Garcia, 2009). Atici (2007) used grounded theory to analyze student educators' thoughts of classroom management and strategies for addressing misbehavior. Themes were developed based on constant comparison and analysis of in-depth interviews. Results indicated that even though student educators' express confidence about beginning a teaching career, they require improvement in understanding child behavior and mental processes, teaching in a variety of differing contexts, and building competence in current teaching practices (Atici, 2007).

“The theory produced from grounded theory methodology is based in practitioners' real-world practice, is sensitive to practitioners in the setting, and represents the complexities found in participants' experiences” (Barnett, 2012, p. 23). Therefore, grounded theory was appropriate for this research because it analyzes real practices in real settings and the research questions and issues illustrated the demand to develop a stable theoretical framework for understanding and eradicating disproportionality among African American students under the ED category of special education, and because a stable theoretical framework does not currently exist for how the referral process aids in this disproportionality. Furthermore, the existing referral process lacks clear and consistent guidelines for the purposes of warranting a special education referral for students exhibiting emotional and/or behavioral problems. Grounded theory is regarded as a suitable selection for a research study when the subject has not been sufficiently defined or when there are minimal theories to describe it (Barnett, 2012; Skeat & Perry, 2008).

## **Research Context and Design**

### **Context of the Study**

A grounded theory research design was executed in the context of a large urban public school district in the southwestern United States. Each participant was enrolled or employed in this public school district at what will be referred to as the pseudonym Pearson Public School District (PPSD). PPSD serves approximately 153,000 students. Of those 153,000 students, 20.5% (29,253) are African American; 10.5% (15,015) qualify as special education; and 84.9% (121,226) are economically disadvantaged.

### **Participants**

This study complied with the policies and procedures outlined by the Texas Woman's University (TWU) research guidelines. An exempt application was submitted to and approved by the TWU Institutional Review Board (IRB). Exempt applications are retained for educational research conducted in established or commonly endorsed educational settings that are unlikely to adversely affect students' learning opportunities for required educational content or the evaluation of educators who administer instruction (See Appendix G).

### **Informed Consent**

An informed consent (see Appendices A & B) was offered to and completed by participants prior to their completion of interviews and collection of anecdotal observations, and the review of evaluations. The informed consent specified to participants that by engaging in the interview or providing anecdotal notes, they were agreeing to participate in this study. The informed consent declared that participation was voluntary, and participants may withdraw from the study at any time without penalty. Potential risks were presented and covered the loss of confidentiality and virtual meeting disruption.



Initial contact was made with the participating school district's Manager of Program Evaluation and Chair of the Research Review Board to introduce the study and gather information needed for the study's review process. The school district's Director of Special Education was also contacted to provide information regarding the study as well as to garner the department's support of the research. Support from the district's special education department was acquired. The school district's review board made recommendations to the recruitment strategies and thoroughly reviewed and approved the research.

### **School District Demographics**

The participants included general education and special education educators currently employed with PPSD and the evaluation records for African American students who have previously been identified as ED in this local school district within the last 7 years. Initially, participant schools were identified based on district school feeder patterns. One school feeder pattern consisting of one high school; two middle schools; and nine elementary schools was selected as the participant schools due to the selected feeder's demographic profile. The selected feeder demographic profile consists of 50% (2,865) African American students; 46% (2,651) Hispanic American students; and less than 1% (38) Caucasian American students.

### **Participant Recruitment**

After identifying schools, educator email addresses were obtained through a school website search. Following the collection of general and special education educators' email addresses, a scripted email (see Appendix C) with an attached parent recruitment flyer (see Appendix D) was sent on the same day after school hours. Follow-up emails were sent again as reminders on three separate occasions.

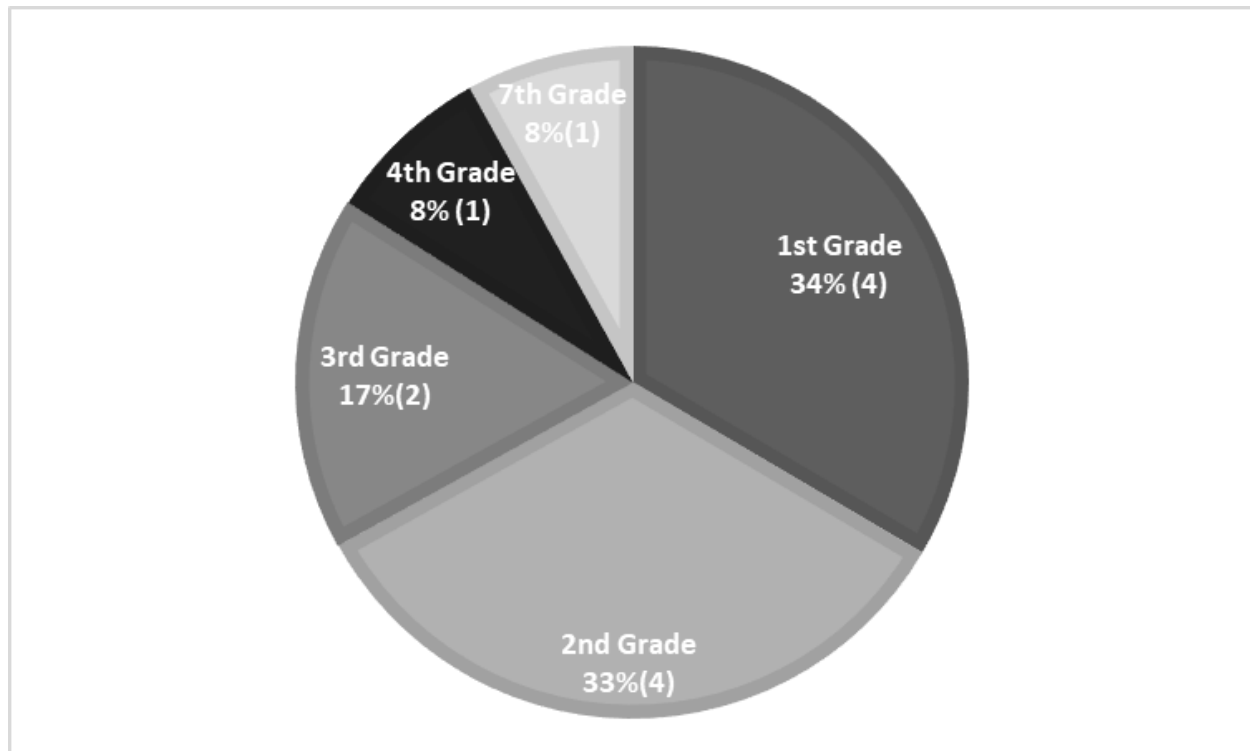
Student evaluations were selected by administering a recruitment flyer (see Appendix D) to the entire campus population of each feeder school in order to determine if (1) any students met the research topic criteria (African American students with ED), and (2) any parents consented to participate in the research. Parental consent was obtained to view archival data of their student's evaluation report. After educators and parents agreed to participate in the study, they were provided with consent forms (see Appendices A and B) that were returned electronically.

### **Participant Demographics**

Purposive sampling was used for educator and evaluation selection (see Figure 2), which consisted of a calculated choice of a participant as a result of the characteristics and features of the participant (Etikan et al., 2015). The educators had relevance to this subject based on their experience with challenging classroom behaviors and teaching African American students. All educators were current general education and special education educators with a minimum of 5 years in an urban, public-school setting (see Appendix C). Participants had no prior evaluation-related interactions with the researcher to lessen any conflict of interest. There were no incentives offered for participation. Even though established rules and limitations are not required for participants in qualitative research, the experiences of these educators granted detailed analysis (deMarrais & Lapan, 2003).

**Figure 2**

*Grade Levels in Evaluation Reports*



### **Data Collection**

Data collection consisted of the following three methods: (a) document reviews collected from over 250 pages of full and individual evaluations (12 evaluation reports) for African American students that have been identified as ED, (b) semi-structured interviews conducted with each of the five educators in the study, and (c) anecdotal records from four educators with emotional and behavioral disorders (EBD) classrooms. Since this research focused on the connections between referral data and disproportionality among African American students being identified as ED, archival documents, such as evaluation reports were collected to address both research questions presented in this study, and to illustrate the referral data and behaviors that are often used to categorize African American students as ED.

Document reviews consisted of reviewing the special education referral data reported in the special education evaluation reports of African American students that have been identified as ED. Special education evaluation reports were examined line-by-line to extract relevant information regarding behaviors and emotions that warranted the referral for a special education evaluation. The referral data and relevant information included teacher classroom observations, teacher checklist information regarding students' classroom behaviors and interactions with others, sociological and medical information, parent behavioral observations, and intervention strategies.

Semi-structured interviews were conducted with five general education educators. Due to the theoretical construct of grounded theory, structured interview questions were added and modified based on ideas emerging from the data. Due to the restrictions of the coronavirus pandemic (COVID-19) on social and physical interaction, all the interviews were conducted, and audio recorded by Zoom. This instrument produced a very efficient process for the participants and researcher as it is connected to all local school district employees' email accounts. All interviews were transcribed and evaluated for accuracy using an inter-rater process. Interview participants were provided with the following questions: (a) What are considered challenging or difficult classroom behaviors, (b) How do you address challenging behaviors in your classroom, (c) How do you determine if those behaviors warrant an evaluation for special education, (d) How confident are you about your ability to reduce challenging behaviors in your classroom, (e) What is an Emotional Disturbance, (f) What do you consider as appropriate classroom behaviors, (g) What do you consider as inappropriate classroom behaviors, (h) In what ways does your cultural background influence your interpretation of inappropriate versus appropriate behavior, (i) What data are you typically asked to collect when referring a student for special education due

to behavioral and emotional concerns, (j) Do you use evidenced-based practices to address challenging behaviors, and (k) How do you choose your evidenced-based practices. Additional exploratory questions were asked to examine and simplify responses. The structured interviews lasted approximately 20 minutes per educator (See Appendix E).

Anecdotal records focused on the second research question and were collected to demonstrate the behaviors exhibited by African American students who are identified as ED. Four special education educators who facilitate EBD classrooms completed anecdotal observations by recording frequent behaviors exhibited by students in their classrooms. The special education educators were asked to provide a written summary of the behaviors observed when providing services and interacting with students with ED and provide behaviors that have been reported by their students' teachers. The anecdotal records consisted of written documentation by special education educators that detailed various behaviors displayed by students with ED in an EBD classroom setting. Overall, evaluation reports, interviews, and anecdotal records were reviewed as they arose through the simultaneous methods of collecting and analyzing data. This qualitative process of data collection functioned to explore, investigate, and "ground" the data through the context of special education.

### **Data Analysis**

Three definite yet intersecting broad phases of data analysis were administered, which included the beginning, temporary, and conceptual phases. Within the grounded theory method, these broad phases were construed as open coding, focused coding, and theoretical coding (Barnett, 2012). Open coding involves the initial level of coding in grounded theory research, in which the data is translated and categorized into units of interpretation and meaning (Fassinger, 2005). During open coding, the units of meaning to actions, behaviors, and occurrences obtained

from the data are labeled and assigned by the researcher. The participants' interview responses, anecdotal records, and data derived from evaluation reports were labeled and assigned based on common subjects and themes. Focused data refers to identifying introductory themes and conceptions surfacing from the data (Barnett, 2012). In this phase, the researcher "focused" on the most frequently occurring themes (or codes). Theoretical coding is the final phase in the grounded theory approach. During this phase, the researcher blended and consolidated concepts into thematic classes and categories. Constant comparison, theoretical patterning, and theoretical awareness was incorporated to create emerging themes. Triangulation was accomplished by the collection of data from various sources, including data review, interviews, and anecdotal records. These data were (a) organized, (b) conceptualized through line-by-line examination to extract data and identify concepts, (c) grouped based on discovered categories and related ideas and theories to construct more abstract concepts, (d) grouped and re-grouped based on common categories and concepts to pinpoint major themes, and (e) revised to develop working, refined theories from major themes.

### **Trustworthiness in Qualitative Research**

Professionals in special education were provided the educator interview questions for review and approval to assess content and face validity. Two faculty members with doctoral degrees in special education and teaching experience in special education assessed the educator interview questions. Professional feedback regarding emotional and behavioral content, special education relevance, and administration format was incorporated into the interview questions.

Triangulation, interrater reliability, and reflexivity were used as methods to ensure reliability in this study. Triangulation is a method of confirmability used in qualitative research to reduce bias, check the effectiveness of researcher's concepts, and tackle beliefs and assumptions

(Shenton, 2004). Triangulation also strengthens the validity of research by facilitating the legitimacy across the literature, data, and method (Daly, 2007), which was used to address inquiries about the trustworthiness of this study. The research data was triangulated using the integration of multiple data sources, methods, literature, and theories. Educator bias was also addressed through triangulation by using various sources (i.e., evaluation reports, teacher interviews, and teacher anecdotal notes) to cross verify data. Data sources, such as evaluation reports, interviews, and anecdotal notes were triangulated, and themes were extracted from the data sources and compared to existing literature. Theoretical models, including Adverse Childhood Experiences and DeGruy (2005/2017)'s Post Traumatic Slave Syndrome were used to analyze extracted themes.

Interrater reliability is another process that strengthens reliability, credibility, and accuracy. Interrater reliability was conducted with a Special Education doctoral student with extensive experience as a public school general and special educator and experience in qualitative research. The special education doctoral student evaluated 20% of the interview transcripts and anecdotal notes for accuracy. Reflexive analysis and bracketing are also useful in enhancing credibility and trustworthiness by ensuring that the researcher is aware of their own bias that could influence the data (Shenton, 2004). Personal characteristics, such as researcher biases, life experiences, and professional experiences that contribute to this research that could influence data collection, analysis, interpretation, and input in special education research were considered in the reflexive analysis. Beliefs regarding African Americans, the ED special education disability category, and the teacher referral process were listed and bracketed, which endorsed the honest interpretation of findings without biases.

## **Conclusion**

The purpose of this qualitative research study was to examine the connection between the referral process and the disproportionate identification of African American students as ED. The study recruited participants using a recruitment email and flyer, which targeted general and special education educators and African American students identified as ED. This research data was collected by reviewing special education evaluation reports; interviewing five general education educators, using a semi-structured interview with follow-up questions; and obtaining anecdotal notes from four special education educators. Special education evaluation reports, general education educator interviews, and special education educator anecdotal notes were recorded, transcribed, and analyzed for emerging themes.



## CHAPTER IV

### FINDINGS

The current research study attempted to answer the research questions: 1) Why are African American students identified for ED more frequently than students from other ethnic backgrounds? and 2) How does the special education referral process maintain the identification of African American students as ED? Based on thematic analysis, a total of three themes were found and analyzed. In this chapter, each theme is discussed in relation to the literature review. This chapter also introduces a new theoretical model that helps explain why African American students are identified for ED more frequently than students from other ethnic backgrounds and how the special education referral process maintains the disproportionate identification of African American students as ED.

#### **Phase Analysis**

Grounded theory is fundamentally established through methodical analysis of theoretical components, containing codes, concepts, categories, and themes, that are subsequently consolidated into a developing grounded theory. Following the grounded theory research design, data – which generated over 250 pages of transcribed interviews, anecdotal observations, and evaluation reports – were analyzed in phases analogous to initial, focused, and theoretical coding processes. During the initial stage of data analysis, the researcher performed line-by-line open coding to characterize and assign units of meaning to actions, behaviors, and occurrences in the transcribed data. For example, participants provided constructs such as “consistency,” and “academic performance” to describe how challenging classroom behaviors are as determinants that warrant a special education evaluation. Evaluation reports yielded constructs such as “defiant,” “aggression,” “acting out,” “attention,” “ADHD,” “noncompliant,” “negative peer

interactions,” and “academic struggles” as referral data for assessing students for ED. Additionally, trauma and adverse experiences such as “abuse,” “death of a parent,” “incarceration of a parent,” “family violence,” “parental drug abuse,” and nonparental care as primary guardians were sociological indicators in the referral section of ED evaluation reports. Seventy-five percent (9) of the evaluations reviewed included at least one of these trauma and adverse experiences. However, 100% (12) of the reviewed evaluations indicated that “culture and/or lifestyle factors were not the primary influence in this student’s learning and behavioral patterns.”

In the beginning stage of data analysis, the researcher used focused coding to redefine the most common codes into theoretical categories. Focused codes characterizing concepts such as “trauma” and “adverse experiences” were aggregated into the larger conceptual category of cultural and lifestyle factors. Focused codes characterizing concepts such as, “behavioral disruption,” “challenging behaviors,” and “educational impact” were grouped into the broad conceptual category of classroom disruption and expectations. These categorical concepts were integrated to produce the development of three emerging themes that formed the grounded theory. The research findings are represented by three developing themes that manifest the core analysis of why African American students are disproportionately identified as ED and how this disproportionality is maintained by the special education referral process.

### **Nascent Themes**

#### **Nascent Theme 1: Students’ Behaviors Do not Align With Classroom Expectations**

Nascent Theme 1 regards educators’ perceptions of classroom behaviors and how those behaviors coincide with what is expected of students in their classrooms. According to educators in general education (See Table 2), appropriate classroom behaviors consist of “staying seated,”

“maintaining attention to task,” “keeping hands to themselves,” “being organized,” “being respectful,” “completing assignments,” “sitting quietly,” “listening,” and “not speaking while others are talking.” Inappropriate behaviors consist of (See Table 3) “hitting,” “kicking,” “throwing things,” “fighting,” “yelling,” “fidgeting,” “making noises,” “losing things,” “talking off-task,” “talking back,” “inappropriate language and profanity,” and “name-calling.” Common referral behaviors listed in evaluation reports consist of (See Figure 3) “verbal and physical aggression,” “shutting down,” “defiance,” “noncompliant,” “argumentative,” “work refusal,” “yelling,” “fighting,” “inattention,” and “walking out of the classroom.” According to EBD classroom educators (See Table 4), the most common behaviors exhibited by their students with ED are: “fighting,” “inappropriate language,” “leaving class without permission,” “noncompliance,” “tearing up things,” “defiance - doing what they want to do,” “threatening others,” “hopelessness,” “withdrawn,” “manipulative,” and “bullying.” When students engage in inappropriate behaviors, educators perceive those behaviors as “challenging” and “difficult.” As these challenging and difficult behaviors persist and impact educational progress, educators determine that the student requires an evaluation for special education services to address their behaviors.

**Table 2**

*Frequency and Percentage of Appropriate Classroom Behaviors Mentioned by General Education Teachers*

Behaviors	<i>n</i>	%
Following Directions	4	80
Remaining Seated	4	80
Paying Attention/Listening	4	80
Keeping Hands to Self	3	60
Completing Assignments	5	100
Being Organized	2	40
Being Respectful (Not talking while others are talking)	3	60

**Table 3**

*Frequency and Percentage of Inappropriate Classroom Behaviors Mentioned by General Education Teachers*

Behaviors	<i>n</i>	%
Verbal Aggression (Yelling)	4	80
Verbal Aggression (Inappropriate Language)	3	60

Behaviors	<i>n</i>	%
Physical Aggression (Fighting)	4	80
Physical Aggression (Throwing items)	2	40
Leaving Classroom	4	80
Noncompliance (Not following directions)	3	60
Inattention (Off-task; making noises; fidgeting)	3	60
Lack of Motivation	1	20

**Table 4**

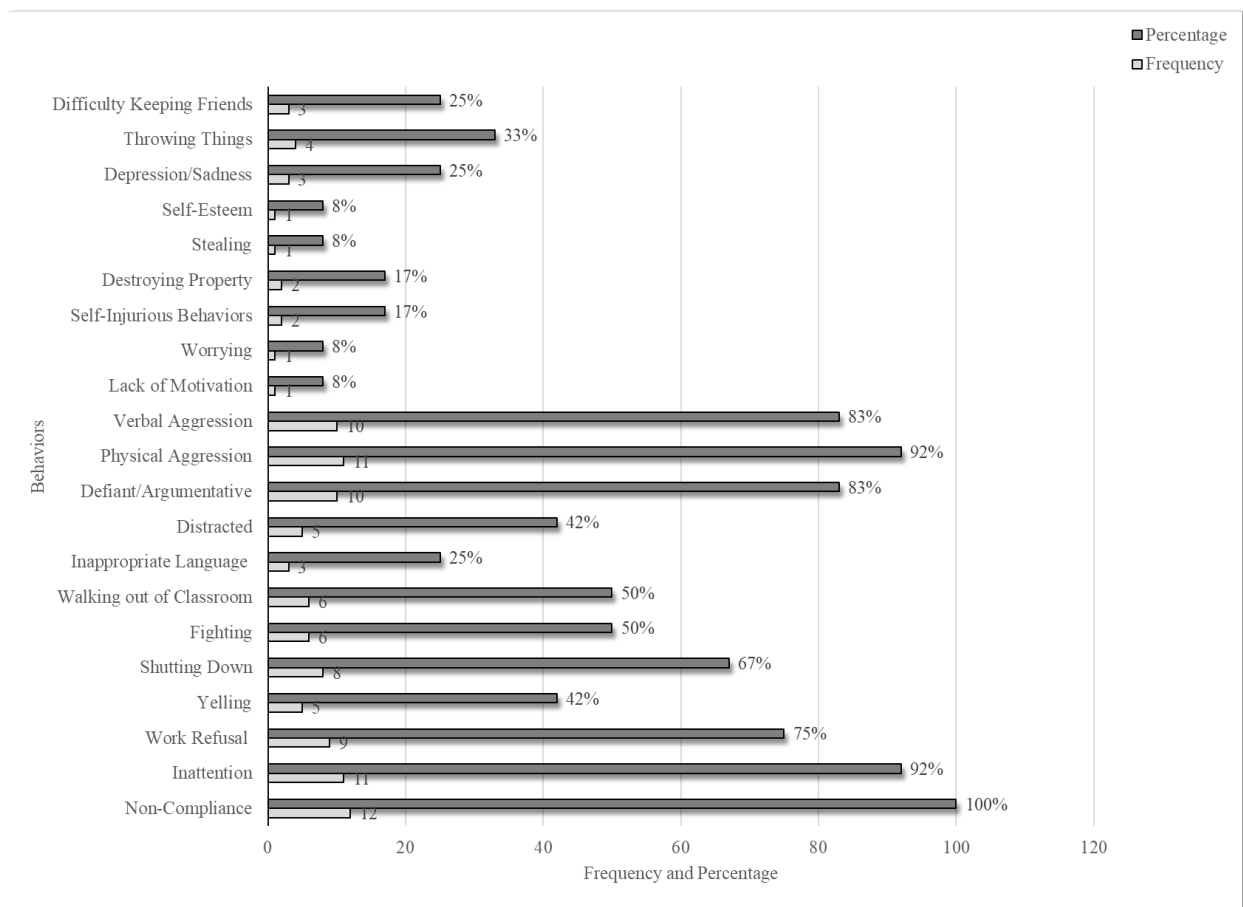
*Frequency and Percentage of Common Behaviors Exhibited by Students with ED (EBD Classroom Teachers)*

Behaviors	<i>n</i>	%
Fighting	4	100
Inappropriate Language	4	100
Defiance	4	100
Leaving Classroom Without Permission	3	75
Disruptive (throwing and damaging things)	3	75

Behaviors	<i>n</i>	%
Yelling	4	100
Noncompliance	4	100
Manipulative	1	25
Bullying/Threatening Peers	2	50
Withdrawn	2	50
Depression	2	50
Hopelessness (Lack of Motivation)	2	50

**Figure 3**

*Frequency and Percentage of Common Referral Behaviors Mentioned in ED Evaluations*



## **Nascent Theme 2: Childhood Experiences, Culture, and Lifestyle Factors Influence School**

### **Behaviors**

Nascent Theme 2 regards the relationship between childhood trauma, adverse life experiences, and student behaviors. Adverse childhood experiences are conceivably traumatic events that occur during childhood, which spans from 0 to 17 years old (Centers for Disease Control and Prevention [CDC], 2021). Traumatic events include exposure to violence, abuse and neglect; substance abuse and mental health problems within the household; and parental

separation; however, this list is not exhaustive (CDC, 2021). Substantially, evaluation reports indicated the presence of trauma such as (See Table 5), “physical abuse,” “family substance abuse,” “parental death,” “parental incarceration,” “domestic violence,” and “poverty.” All evaluation reports signified inappropriate behaviors (see Figure 3), such as verbal and physical aggression, noncompliance and work refusal, and negative interactions with others. However, 75% ( $n = 9$ ) of the evaluation reports included the student experiencing significant trauma. Additionally, students had a pre-existing diagnosis of ADHD in 83% (10) of the evaluation reports. Contrastingly, 100% ( $n = 12$ ) of the evaluation reports indicated that “culture and/or lifestyle factors are not the primary influence in this student’s learning and behavioral patterns.”



**Table 5***Cultural and Lifestyle Factors in Evaluation Reports*

	<i>n</i> of Reports	%
Cultural and/or Lifestyle Factors Listed as NOT the Primary Influence in Student's Learning and Behavioral Patterns	12	100
Adverse Cultural and Lifestyle Factors Mentioned (at least 1 occurrence)	11	92
Pre-Existing Diagnosis of ADHD	10	83
Abuse (Physical, Domestic, Sexual)	6	50
Non-parental Care	4	33
Parental Drug Use	2	17
Parental Incarceration	1	8
Death of Parent	1	8

General education educator participants revealed the adjustments that they must consider and conduct due to their students' cultural experiences. Educators reported being "lenient" when students exhibit inappropriate behaviors because of the differences in cultural backgrounds. For example, an educator stated, "I am more lenient with things based on what my students experience." Another educator stated, "Many students in my classroom live in single-parent households and in poverty, therefore I am very lenient on things, and considerate when calling home to discuss misbehavior. I only call home for concerns of consistent inappropriate behaviors."

General education educators also acknowledged that their cultural backgrounds influence their perspectives of appropriate behavior. An educator stated, "my interpretation of inappropriate behaviors may not be their (students) interpretation of inappropriate behaviors." Another educator stated, "knowing how I was brought up and how children act now are totally different." Overall, educators indicated the similarities and disparities in their cultural values and how those differences impact how they respond to their students' behaviors.

### **Nascent Theme 3: The Absence of Intervention Data Impacts how Students Respond to Classroom Expectations and Cultural and Lifestyle Factors**

Nascent Theme 3 regards the lack of interventions implemented to address classroom behavioral concerns and cultural and lifestyle factors that adversely affect students' overall well-being. Evaluation reports revealed minimal to no use of interventions as a part of the referral process, prior to evaluating the student for special education services. Eight percent ( $n = 1$ ) of the evaluation reports listed a specific, individualized intervention to address the behaviors aligned with the referral for ED (see Table 6). This intervention was weekly anger management classes with the school counselor and a designated cool down area to mitigate the student's

physical aggression towards peers and objects, difficulty accepting “no,” and making requests appropriately. The interventions listed in the remaining 92% ( $n = 11$ ) of the evaluation reports included “frequent reminders of rules and expectations,” “verbal and nonverbal prompts and cues,” “awarding and denying privileges,” “time-out,” “positive reinforcement for appropriate behavior,” “redirection of behavior,” “ignoring minor inappropriate behavior,” and “preferential seating.” There was no data collection or progress monitoring provided for any of the interventions mentioned in the evaluation reports.

**Table 6**

*Frequency and Percentage of Intervention Strategies in Evaluation Reports*

Intervention Strategies	<i>n</i> of Reports	%
Frequent Reminders	8	67
Verbal/Nonverbal Prompts	8	67
Awarding/Denying Privileges	2	17
Time Out	4	33
Positive Reinforcement	9	75
Redirection of Behavior	7	58
Ignoring Minor Inappropriate Behavior	9	75
Preferential Seating	8	67

Intervention Strategies	<i>n</i> of Reports	%
Modeling Appropriate Behavior	6	50
Any Specific/Targeted Intervention	1	8

Educators in general education reported that they address challenging behaviors by “revoking privileges,” implementing “time-out,” providing “alternative choices,” “reinforcing classroom expectations,” “notifying parents,” and talking with students. When referring students for special education services due to emotional and behavioral concerns, educators indicated that they are asked to collect “behavioral logs,” “anecdotal notes,” and “discipline reports” as data to support the referral. Educators referred to behavioral logs and anecdotal notes as their observations of student’s behaviors in various settings. All general education educators reported usage of evidenced-based practices and interventions for emotional and behavioral concerns. They reported that they consult with administrators, research, and use “trial and error” to choose evidenced-based practices for challenging classroom behaviors.

### **Theoretical Model**

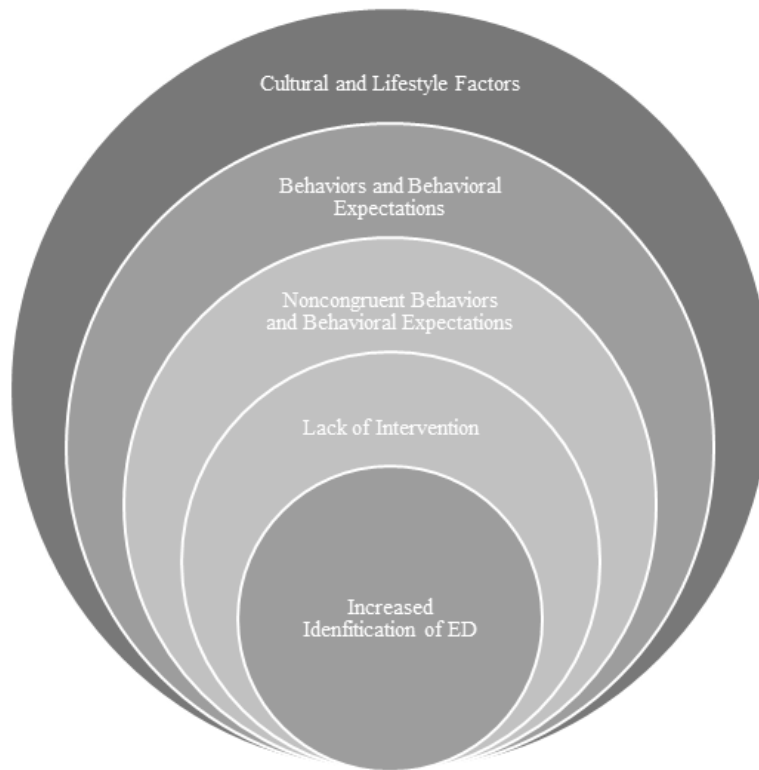
The three nascent themes were extracted from special education evaluation reports, transcripts from general education educator interviews, and anecdotal notes from special education educators. The extracted themes were compared with existing literature to generate a new grounded theory to assist in understanding why African American students are identified for ED more frequently than students from other ethnic backgrounds and how the special education referral process maintains the disproportionate identification of African American students as ED.

**Nascent Theory: Cultural and Lifestyle Factors Influence Behaviors and Behavioral Expectations; In Turn Those Factors Lead to the Incongruence of Behavioral Expectations and Behavioral Actions That Increase the Likelihood of African American Students Being Identified as ED.**

Figure 4 illustrates the overarching impact of cultural and lifestyle factors and how those factors shape the harmony of classroom behaviors and behavioral expectations. As cultural and lifestyle factors disrupt the harmony of classroom behaviors and behavioral expectations, the probability of students being referred for special education services for behaviors and identified as ED increases, especially when students do not receive targeted interventions. This theory suggests that African American students are at a higher risk to experience disruptive cultural and lifestyle factors.

**Figure 4**

*Theory of Disproportionate Identification of African American Students*



## CHAPTER V

### IMPLICATIONS, RECOMMENDATIONS, AND CONCLUSIONS

#### **Summary**

The present study explored how the relationship between the special education referral process and the identification of ED disproportionately impact African American students. In addition, this study collected data regarding referral information used to warrant special education evaluations for special education services that led to ED special education diagnosis, as well as general and special education educators' perceptions of inappropriate, challenging, and ED-related behaviors.

Data were gathered from 12 special education evaluation reports, five general education educators, and four special education educators in a large, urban public school district. The regard for a large, urban public school district centered on the population demographics of African Americans attending public schools in urban areas. According to the NCES (2021a), more African American students attend public schools in urban areas than other locales. Specifically, 45% (3,424,794) of African American students attend public schools in urban areas, as compared to 36% (2,703,284) who attend suburban public schools; 12% (903,072) attending rural public schools; and 7% (519,650) attending town public schools. Moreover, 46% (3,511,007) of African American public school students who live in poverty attend urban public schools (NCES, 2021a). Therefore, gauging special education referral data from an urban school district was crucial in understanding its significance in disproportionality among African American students.

Overall, many special education evaluations revealed African American students experiencing unfavorable cultural and lifestyle factors. Additionally, the majority of most special

education evaluations and educator endorsements revealed minimal to no use of targeted behavioral and emotional interventions. Provided that cultural and lifestyle factors significantly impact students' academic, social, behavioral, and emotional performance, the current study explored interventions used to reduce the effects of such factors. The current study also generated developing themes that were used to formulate a new theory on the factors that reinforce disproportionality in the ED special education category for African American students.

### **Self-Reflection**

The researcher's understanding of disproportionality in African American students for ED has evolved throughout this research process. The initial research questions were: why are African American students identified for ED more frequently than students from other ethnic backgrounds and how does the special education referral process maintain the identification of African American students as ED. As data was gathered and analyzed from this research, the researcher began to understand the relationship between African American students and overidentification as ED. The research questions shifted from understanding the referral process to understanding other disproportionate experiences African Americans face that could increase the presence of maladaptive behaviors, thus increasing the chances of African American students being over-identified as ED.

### **Theoretical Background**

The integration of the three developing themes establishes the new theory, which reflects why African American students are identified as ED at disproportionate rates as opposed to students from other racial and ethnic backgrounds. The developing grounded theory suggests that cultural and lifestyle factors influence behaviors and behavioral expectations, and in turn those factors lead to behavioral disruptions that increase the likelihood of African American students



being identified as ED. African Americans are more likely to encounter adverse childhood experiences and trauma than other ethnic groups (CDC, 2019b; DeGruy, 2005/2017). For centuries, African Americans have been traumatized, marginalized, and discriminated against. The responses to traumatic stressors have become a part of behavioral habits and survival tactics that are continually reinforced through current traumatization and marginalization and strengthened by an extensive history of African American families' need to survive and cope (DeGruy, 2005/2017; Jones 2022). While many of these behavioral habits may not be effective for overcoming adversity, trying to personally access the effective tools while in a state of trauma and agony can be eminently challenging (DeGruy, 2005/2017). Because trauma experiences can negatively impact school behaviors, African American students have a greater propensity to exhibit behaviors that do not align with classroom expectations. In turn, this dissonance between cultural and lifestyle factors and classroom expectations promotes disproportionality among African American students being identified as ED.

Traumatic experiences require interventions to improve social, emotional and behavioral skills (Jones, 2022). Targeted behavioral interventions are designed to help students reach behavioral goals, reduce challenging behaviors, and teach positive and appropriate behaviors (Regis College, 2021; Williams et al., 2017). Moreover, interventions are tools used to reduce the impact of such traumatic experiences on academic, behavioral, and overall success. However, only 8% (1) of the reviewed evaluation reports documented the use of an individualized, targeted intervention to address behavioral difficulties. The remaining intervention strategies documented in the evaluation reports, such as "time out," "awarding and denying privileges," and "reinforcing classroom expectations" do not directly teach appropriate behaviors, contain specific behavioral goals, nor monitor behavioral progress for the students referred for special

education services. Additionally, educators did not report that they were required or asked to provide behavioral interventions and intervention progress monitoring as a component of data collection for emotional and behavioral referrals for special education services. Collectively, traumatic and disadvantageous lifestyle and cultural experiences integrated with minimal to no evidenced-based approach and intervention to address such experiences exacerbated challenging behaviors (Williams et al., 2017), which leads to implications for more effective practices and procedures.

Cultural factors and life experiences guide perceptions of appropriateness for actions and behaviors. “The legacy of trauma is reflected in many of our behaviors and beliefs. These behaviors and beliefs may have been necessary for survival at one time, but today they undermine our ability to succeed” (DeGruy, 2005/2017, p. 102). Therefore, when students experience trauma and/or continued adverse life experiences, their response to demands, frustrations, and/or negative interactions rarely aligns with the response deemed appropriate and successful for a classroom or school environment.

### **Implications of the Results**

Offering a different perspective when examining the influences of disproportionality in special education is one of the implications of this research. Professional development and training are highly critical for educational professionals in order to promote cultural sensitivity and self-awareness, enhance understanding of adverse experiences and how they impact learning and behavior, and increase educators’ capacity to interpret behaviors from various perspectives (García & Guerra, 2004). The significance for this present study is to emphasize the need for federal, state, and local entities and educators to view ED from a comprehensive lens.

The consolidation of an efficient, data-directed, schoolwide positive behavior intervention system; early screening procedures; and a list of empirical-based, trauma-sensitive, healing engagement interventions represents the blueprint to decreasing disproportionality among African American students' identification as ED (Bruns et al., 2004; Williams et al., 2017). When schoolwide positive behavior interventions, early screening procedures, and evidenced based and trauma-informed interventions are executed, students make emotional, behavioral, social, and academic progress because the interventions are definitive, distinct, and targeted to their specific needs (Regis College, 2021; Williams et al, 2017). This study's theoretical model embedded interventions as the extenuating factor between adverse childhood experiences and school wide behavioral expectations. Interventions can address the social, emotional, behavioral, academic, and mental impact that one's adverse childhood experiences may create, as well as directly instruct and reinforce the appropriate method for managing such impact.

The findings of this study may contribute to the evidence that current referral practices strengthen the disproportionate identification of ED for African American students. Many special education referral data for EBD evaluations rely heavily on educator expectations and interpretations of student behavior, and rarely on targeted, specific behavioral interventions (Bleak et al., 2019; Bryan et al., 2012; Raines et al., 2012). The fact that the challenging behaviors mentioned by general education educators during interviews mirrored the referral behaviors reported in special education evaluation reports, as well as 92% (11) of evaluation reports did not contain individualized interventions to address emotional and behavioral concerns continues to present a concern for referral methods warranting special education evaluations for emotional and behavioral difficulties.

The evidence that adverse childhood experiences negatively impact children's social, emotional, behavioral well-being is consistent with the results of the current study (CDC, 2021). Adverse childhood experiences include abuse, neglect, and household challenges, such as physical, emotional, and sexual abuse; physical and emotional neglect; substance abuse; mental illness; incarcerated parent; parental separation; and violent treatment of parent. Childhood experiences set the foundation for adult behaviors, relationships, and social and emotional outcomes (CDC, 2021). Moreover, these childhood traumatic stressors can alter a child's attention, emotion, learning, decision making, impulse control, and response to stress (CDC, 2021; Shonkoff et al., 2012).

Intervention lessens the harmful effects of adverse cultural and lifestyle experiences. Specifically, skill-based interventions and instruction are effective and essential tools in preventing and addressing childhood experiences (CDC, 2019a). Social-emotional learning methods such as universal school-based programs and multi-tiered positive behavioral intervention systems that are administered to all students in a specific school, classroom, or grade level are important to enhancing students' interpersonal skills (Basile et al., 2016; David-Ferdon et al., 2016; Niolon et al., 2017; Stone et al., 2017).

Additionally, utilizing public mental health agencies to provide educational staff training and direct mental health services to students plays an important part in preventing and reducing the impact of adverse cultural and lifestyle factors (Bruns et al., 2004; CDC, 2019a). These agencies are well equipped and established to collect and disperse data, implement prevention and intervention methods, assess programs, and monitor progress (Basile et al., 2016; David-Ferdon et al., 2016; Fortson et al., 2016; Niolon et al., 2017; Stone et al., 2017). Equally important to providing specific interventions is monitoring and evaluating intervention progress.

Monitoring and evaluating progress are fundamental components to intervention. Data progress monitoring and evaluation are necessary for understanding the extent and severity of the behaviors that students exhibit, determining environmental factors, and evaluating the effectiveness of the intervention (CDC, 2019a; Fenning & Rose, 2007; Warren et al., 2003).

### **Limitations and Recommendations for Future Research**

This study illustrated educational perspectives on how the special education referral process influences the overidentification of African American students in the ED category of special education through semi-structured interviews, evaluation reviews, and anecdotal notes and for methodological (e.g., qualitative grounded theory) explanations should not be viewed as an absolute interpretation of cause. Therefore, the external validity of the grounded theory framework could be debated due to its creation from participants' self-disclosed perceptions and students' behavior in an EBD classroom. Instead, the intention of this study was to examine special education referral data and educators' views of emotional and behavioral difficulties that result in ED evaluations and diagnosis from various theoretical and educational perspectives. The results of this study should not be generalized to special education disability categories other than ED. Additionally, purposive sampling presents limitations due to participants being familiar with ED and the special education process, and as such the results may be interpreted as affected by their perspectives on emotional and behavioral difficulties. Convenience sampling also poses limitations because there is a possibility of under- or over-representation of the student and educator population that would prohibit the generalization of the results. Furthermore, the study's small sample size makes it difficult to form inferences about the findings.

The value of this qualitative research captures the depth and power in educators' and African American students' contexts. Moving forward with a quantitative approach could be

appropriate for examining the effects of trauma-based interventions to prevent the overidentification of African American students as ED. Follow-up research should investigate a larger sample size to verify the nascent themes found in this study. Additionally, future research exploring educators and school administration's comprehension of ED and special education, understanding of African American culture, knowledge of effective classroom management skills, and training in racial identity and personal experiences and bias will further the volume of information on how these elements shape the referral concerns and process for special education services. In turn, comprehension, understanding, knowledge, and training will strengthen schools' preparedness and professional development in addressing students with emotional and behavioral difficulties, thus possibly leading to fewer referrals for special education services. Future studies should focus on identification and intervention designs that are more adequate at identifying and fulfilling the needs of students with emotional and behavioral difficulties. Future research should also examine the ED criteria and its lack of relevance to and absence of societal factors that impact the current education environment. In order to reduce the amount of special education referrals for evaluations, follow-up research should consist of studies that explicitly teach students appropriate classroom behaviors and studies that include social emotional learning interventions for students that have experienced life-altering events.

### **Conclusion**

This study analyzed various factors related to the special education referral process and the disproportionate identification of African American students as ED. This study also gathered data associated with referral information used to warrant emotional/behavioral evaluations for special education services that resulted in an identification of ED for African American students; educators' perceptions of challenging, appropriate, and inappropriate behaviors; and commonly

reported behaviors exhibited by students identified as having ED. Additionally, contributing elements such as, interventions and cultural and lifestyle factors were garnered to provide a more comprehensive conceptualization to understanding disproportionality in ED for African American students.

Data provided by OSEP revealed that African American students are identified as ED at a significantly higher rate than all other racial and ethnic groups (OSEP, 2021). Furthermore, the CDC reported that minority students are more likely to experience negative childhood experiences and lifestyle factors (CDC, 2019b). Recommendations by the CDC and OSERS indicated the use of evidenced-based, methodical, multi-tiered interventions to support students' behavioral, emotional, and academic needs (CDC, 2019a; OSERS, 2021). Analyzing special education referral behaviors for African American students without considering the impact of the aforementioned variables reported by the CDC, OSEP, and OSERS would not capture the gravity of life experiences and the value of intervention when children are faced with school, classroom, and societal expectations.

Overall, this study added to the theories assumed to elucidate the discrepant identification of African American students as ED. The results of this study expounded on the influence of adverse childhood experiences and how they disproportionately affect African American students and the importance of empirical, specific interventions to address the influence of traumatic and adverse experiences. The current study acknowledged how educators and educational systems play an important role in intervening rather than referring for evaluations for special education services.

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# APPENDIX A

## PARENT INFORMED CONSENT FORM

### TEXAS WOMAN'S UNIVERSITY (TWU) CONSENT TO PARTICIPATE IN RESEARCH

Title: Examining the Connection between the Referral Process and the Disproportionate Identification of African American Students as Having an Emotional Disturbance in Special Education

Principal Investigator: Sonya D. Mellerson .....smellerson@twu.edu 803/983-8236  
Faculty Advisor: Randa Keeley, PhD .....r.keeley@twu.edu 940/898-2278

#### Summary and Key Information about the Study

You are being asked to participate in a research study conducted by Ms. Sonya D. Mellerson, a student at Texas Woman's University, as a part of her dissertation. The purpose of this research is to explore the special education referral process for students with Emotional Disturbance. You have been invited to participate in this study because you are the parent/guardian of an African American student with an Emotional Disturbance.

**There will be no interaction your child. Researchers will only be looking at your child's evaluation records/data. Your consent gives permission to only use your child's existing evaluation data.**

As a participant you will be asked to provide your consent to access your student's full and individual evaluation to review the referral process and data used in determining your child's eligibility for Emotional Disturbance. You will not be required to answer any questions or provide any information in this study. A code name will be used to protect your child's confidentiality. The greatest risks of this study include potential loss of confidentiality. We will discuss these risks and the rest of the study procedures in greater detail below.

Your participation in this study is completely voluntary. If you are interested in learning more about this study, please review this consent form carefully and take your time deciding whether or not you want to participate. Please feel free to ask the researcher any questions you have about the study at any time.

#### Description of Procedures

Your participation in this study is indirect and does not require any active participation or time commitment. You will not be required to answer any questions or provide any information in this study. This study is a review of your child's full and individual evaluation for special education.

#### Potential Risks

A risk in this study is loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. The review of existing data (full and individual evaluation) will be conducted in a private office. A code name, not your child's real name, will be used during transcription and documentation. No one but the researcher will know your child's real name.

\_\_\_\_\_  
Initials  
Page 1 of 2



The full and individual evaluations and data transcribed from the evaluations will be stored on a flash drive and locked cabinet in the researcher's office. Only the researcher and her advisor will have access to the data. The full and individual evaluations and data will be destroyed within three years after the study is finished. The signed consent form will be stored separately from all collected information and will be destroyed three years after the study is closed. The results of the study may be reported in scientific magazines or journals but your child's name or any other identifying information will not be included. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings and internet transactions.

Any personal information collected for this study will not be used or distributed for future research even after the researchers remove your personal or identifiable information (e.g., name, date of birth, contact information).

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will try to help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

#### Participation and Benefits

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. If you would like to know the results of this study we will email or mail them to you.\*

#### Questions Regarding the Study

You will be given a copy of this signed and dated consent form to keep. If you have any questions about the research study, you should ask the researchers; their contact information is at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the TWU Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at [IRB@twu.edu](mailto:IRB@twu.edu).

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\*If you would like to know the results of this study tell us where you want them to be sent:

Email: \_\_\_\_\_ or Address: \_\_\_\_\_

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I understand that, while this project has been reviewed by Dallas ISD, Dallas ISD is not conducting the project activities.



## APPENDIX B

### TEACHER INFORMED CONSENT FORM

#### TEXAS WOMAN'S UNIVERSITY (TWU) CONSENT TO PARTICIPATE IN RESEARCH

Title: Examining the Connection between the Referral Process and the Disproportionate Identification of African American Students as Having an Emotional Disturbance in Special Education

Principal Investigator: Sonya D. Mellerson .....smellerson@twu.edu 803/983-8236  
Faculty Advisor: Randa Keeley, PhD .....r.keeley@twu.edu 940/898-2278

#### Summary and Key Information about the Study

You are being asked to participate in a research study conducted by Ms. Sonya D. Mellerson, a student at Texas Woman's University, as a part of her dissertation. The purpose of this research is to explore the special education referral process for students with Emotional Disturbance. You have been invited to participate in this study because you are general education in an urban, public school district. As a participant you will be asked to take part in a virtual interview regarding your perceptions of challenging classroom behaviors. This interview will be audio recorded and transcribed, and we will use a code name to protect your confidentiality. The total time commitment for this study will be about 30-45 minutes. The greatest risks of this study include potential loss of confidentiality and virtual meeting disruption. We will discuss these risks and the rest of the study procedures in greater detail below.

Your participation in this study is completely voluntary. If you are interested in learning more about this study, please review this consent form carefully and take your time deciding whether or not you want to participate. Please feel free to ask the researcher any questions you have about the study at any time.

#### Description of Procedures

As a participant in this study, you will be asked to spend about one hour of your time in a virtual interview with the researcher. An additional time of approximately 20 minutes may be needed to verify information after the interview. The researcher will ask you questions about your perceptions of challenging classroom behaviors. You and the researcher will decide on a code name for you to use during the interview. The interview will be audio recorded and written down so that the researcher can be accurate when studying what you have said. In order to be a participant in this study, you must be a general education or special education teacher with a minimum of five years in an urban, public-school setting and no prior evaluation-related interactions with the researcher.

#### Potential Risks

A risk in this study is loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. The interview will be held virtually. A code name, not your real name, will be used during the interview. Only the researcher will know your real name.

There is a risk of virtual meeting disruption, (e.g., Zoom Bombing). To minimize this risk, meeting passwords will be created. As the host of the meeting, the researcher will only allow the scheduled participant to join the meeting. The researcher will email the meeting link individually to each participant.

\_\_\_\_\_  
Initials  
Page 1 of 2





The virtual audio recording and the written interview will be stored on a flash drive and locked cabinet in the researcher's office. Only the researcher and her advisor will hear the audio recording or read the written interview. The audio recording and the written interview will be destroyed within three years after the study is finished. The signed consent form will be stored separately from all collected information and will be destroyed three years after the study is closed. The results of the study may be reported in scientific magazines or journals but your name or any other identifying information will not be included. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings and internet transactions.

Your audio recording and/or any personal information collected for this study will not be used or distributed for future research even after the researchers remove your personal or identifiable information (e.g. your name, contact information).

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will try to help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

#### Participation and Benefits

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. If you would like to know the results of this study we will email or mail them to you.\*

#### Questions Regarding the Study

You will be given a copy of this signed and dated consent form to keep. If you have any questions about the research study you should ask the researchers; their contact information is at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the TWU Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at [IRB@twu.edu](mailto:IRB@twu.edu).

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\*If you would like to know the results of this study tell us where you want them to be sent:

Email: \_\_\_\_\_ or Address: \_\_\_\_\_

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I understand that, while this project has been reviewed by Dallas ISD, Dallas ISD is not conducting the project activities.



APPENDIX C  
TEACHER RECRUITMENT SCRIPT

Email:

Subject: Seeking Research Participants

Body: Are you currently a general or special education teacher with at least five years' experience? Have you ever referred a student for a special education evaluation? Have you had students in your classroom suspected of having emotional or behavioral disorders? If so, you may qualify to participate in a research study.

My name is Sonya Mellerson and I am a doctoral candidate at Texas Woman's University. I am seeking participants for a research study on the special education referral process.

You are invited to participate in this research study. Your participation is voluntary. There is a potential risk of loss of confidentiality in all email, downloading, electronic interviews, and internet transactions.

If you would like to participate or would like more information, please review and/or return the attached informed consent form.

Thank You,

Sonya D. Mellerson, Ed.S., NCSP, LSSP

TWU Doctoral Candidate, Teacher Education

## APPENDIX D

### PARENT RECRUITMENT FLYER



- ♦ Do you have a child who receives special education services?
- ♦ Does your child have an emotional or behavioral disorder?
- \* ♦ Want to help researchers understand emotional and behavioral concerns in the school setting?
- ♦ Want to better understand how behaviors are viewed in the school setting?

\*This study is a part of research. Participation is voluntary. There will be no interaction with your child. The researcher will only be looking at your child's existing evaluation records/data. Participation includes providing your consent to access your student's special education evaluation to review the data used in determining your child's eligibility for special education. You will not be required to answer any questions or provide any information in this study. A code name will be used to protect your child's confidentiality. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings, and internet transactions.

For Additional Information and/  
or Participation: Contact Sonya  
Mellerson at 972-581-4215 or  
smellerson@twu.edu

## APPENDIX E

### TEACHER INTERVIEW SCRIPT

#### Initial SCREENING QUESTIONS

Interview participants will be initially provided with the following questions:

- a) How many years of teaching experience?
- b) How many years taught in an urban, public school district?
- c) How often do you encounter challenging classroom behaviors? (Likert scale response)
- d) What school level are you currently teaching (elementary, middle, high)?
- e) Have you had any interactions with the researcher? If so, please explain

#### INTERVIEW QUESTIONS

Interview participants will be provided with the following questions:

- (a) What are considered challenging or difficult classroom behaviors?
- (b) How do you address challenging behaviors in your classroom?
- (c) How do you determine if those behaviors warrant an evaluation for special education?
- (d) How confident are you about your ability to reduce challenging behaviors in your classroom?
- (e) What is an Emotional Disturbance?
- (f) What do you consider as appropriate classroom behaviors?
- (g) What do you consider as inappropriate classroom behaviors?
- (h) In what ways does your cultural background influence your interpretation of inappropriate versus appropriate behavior?
- (i) What data are you typically asked to collect when referring a student for special education due to behavioral and emotional concerns?
- (j) Do you use evidenced-based practices to address challenging behaviors? How do you choose your evidenced-based practices?

## TEACHER INTERVIEW – Teacher #1

### Initial SCREENING QUESTIONS

Interview participants will be initially provided with the following questions:

- a) How many years of teaching experience?  
10 years
- b) How many years taught in an urban, public school district?  
10 years
- c) How often do you encounter challenging classroom behaviors? (Likert scale response 1- rarely to 5 very often)  
3 – frequently – multiple times a week
- d) What school level are you currently teaching (elementary, middle, high)?  
Elementary
- e) Have you had any interactions with the researcher? If so, please explain  
No

### INTERVIEW QUESTIONS

Interview participants will be provided with the following questions:

- (a) What are considered challenging or difficult classroom behaviors?  
Talking back, rolling neck, disrespectful to teachers and authority figures, constantly not on task
- (b) How do you address challenging behaviors in your classroom?  
We go outside and have a chill-out zone or cool down. We talk about it and reflect on what happened. Depending on what happened, an administrator will be notified. (Query: what behaviors would involve notifying an administrator?) Fighting
- (c) How do you determine if those behaviors warrant an evaluation for special education?  
Something I see consistently (Query: What does that mean?) Uncontrollable outbursts: I have a student who has a temper problem. (Query: What type of temper problem?) He gets upset easily, any little thing can change his mood; he's also; If I tell him he can't do this, he's hit me, kick me.. anything can trigger him (Query: So, what behaviors do you think warrant an evaluation for special education) Physical aggression
- (d) How confident are you about your ability to reduce challenging behaviors in your classroom?  
On a scale of? (1-5) – I would say 4; most times I know when a situation is about to happen, and I can diffuse it.
- (e) What is an Emotional Disturbance?  
I think it's just like emotionally unstable. You can't really process how you're feeling. Sometimes, I'll ask what's the issue, and you can't tell me what the issue is. You can't tell me how you're feeling, you're just having these emotions. That's one side Just being uneasy all the time; never really really good and never really really bad. Sometimes, it could change in the moment, so I think that's also one of them. And I think that It's a lot of things that happen at



home that kinda gets brought to school. And so, when you're listening to stories, and you ask how it makes them feel, things like that and it's not a clear indication of how it makes them feel. They're not able to elaborate based on their feelings and stories.

- (f) What do you consider as appropriate classroom behaviors?

Kids gonna be kids, just come in do your work, sitting down, even when you're off-task, when told to bring it back, just listening, following directions. When we do the chant to pull it back in. Just being able to listen and receive what I'm saying. Kids will be kids

- (g) What do you consider as inappropriate classroom behaviors?

The same as the challenging behaviors, also cursing a lot, in addition to disrespect.

- (h) In what ways do your cultural background influences your interpretation of inappropriate versus appropriate behavior?

So, I grew up in a one-parent household which is a majority of what we have here (school), one parent households. We were never like low-class, we were always in the middle, never that high. But my mom, I got disciplined the same way they got disciplined, I think for me how I got brought up and how they act is totally different. So, I give them chance after chance because I remember what it's like to be in a single parent household and so you don't wanna your momma to be called because she's already stressed. So, I very lenient about things I call home for and the things I decide to notify parents about. If you're having a bad day, I get that, because everyone has a bad day, but if you're having a bad day consistently then there's gonna be a concern of mine. I think I use how I was brought up to differentiate how I pick and choose to deal with behaviors in class. (Q: So, you would say that you're more lenient because of your experiences?) From personal experience, I've called home and parents are like I can't leave work and I'm like I have to call home because if I don't then it can't be dealt with. There's also times when I call home just to say that they've had a bad day, not for a behavioral issue or not so that they get a whipping or in trouble, but to see if maybe they can get something from them, because you're mom.

- (i) What data are you typically asked to collect when referring a student for special education due to behavioral and emotional concerns?

Umm.. so definitely MTSS reports, how the behavior is reflecting academic growths, disciplinary concerns, and record discipline incidents; proper parent documentation to see if you've called the parent; how discipline incidents ended; the severity of the discipline infraction, like what level. But we're really heavy on teacher documentation and teacher data; like check in points. For instance, I have a student who has a behavioral log, and he takes it everywhere he goes, if he gets; whatever happens it gets put on the log and at the end of the week he takes it home for mom to sign and puts it in the binder for documentation. So, if we see fit for him to get tested, we'll have documentation. We're really heavy on teacher documentation. (Q: what are MTSS reports?) MTSS is just like our database. So it's kinda like that, you put in all things related to the kid.. whether its academic or behavior, you put all the things, it's kinda a way of building a report without building a report, it's just another database to input data for the student, just in case that have to get tested. (Q: So, is it basically includes academic, behavior concerns, conversations with parents?) Yeah, because most likely if you have a student with a disciplinary problem, they're going to lack being in academics, because they're going to be put out of the class all the time, either have a tantrum and not finish assignments.

- (j) Do you use evidenced-based practices to address challenging behaviors? How do you choose your evidenced-based practices?

I do, most of the time I have to brainstorm with the AP and administrative team, what do I do different, what do I do better, what do I need to cut out. I'll ah.. I cannot tell you how much times I've brainstormed with admin team and most of the times parents try to figure out these are the things I can do, and what do you think works best because the things you think works best don't. so, there's always a twist and turn.

## TEACHER INTERVIEW – Teacher #2

### Initial SCREENING QUESTIONS

Interview participants will be initially provided with the following questions:

- a) How many years of teaching experience?  
6 years
- b) How many years taught in an urban, public school district?  
6 years
- c) How often do you encounter challenging classroom behaviors? ((Likert scale response 1- rarely to 5 very often)  
4 – at least once daily
- d) What school level are you currently teaching (elementary, middle, high)?  
Elementary
- e) Have you had any interactions with the researcher? If so, please explain  
no

### INTERVIEW QUESTIONS

Interview participants will be provided with the following questions:

- (a) What are considered challenging or difficult classroom behaviors?  
Ummm...I would say yelling and screaming, leaving the classroom without my permission, fighting, refusing to follow directions.
- (b) How do you address challenging behaviors in your classroom?  
So, we have an 8-step thing, the first thing I always do is to see if I can calm them down by talking to them. If that doesn't work, we have a reset space, there's a timer in there, where they can go over there, they got the fidget toys, little bottles with oil and stuff in the them, just so that they can calm down, they have 5 minutes there and if they can calm down then they come back to the learning community, if that does not work and they spend the entire 5 minutes over there and they're still having disruptive behaviors, then it is, most of the time the 5 minutes work, if it doesn't then I give them an alternative, they can do this or I can take away a privilege. I also do class dojo points and they can redeem dojo points at the end of the week. If it's Friday and you're doing this, then maybe you won't be able to redeem your dojo points at the end of the week.
- (c) How do you determine if those behaviors warrant an evaluation for special education?  
Umm it depends on how they're doing academically. If they're still able to comprehend and retain information from day to day and there's still some disruptive behaviors, then maybe I won't recommend or bring it up. But if I do think that it's behavior, then I'll document, document, document for a couple of months and I'll then refer them to the counselor and allow the counselor to talk to them. And of course, talk to the parent and let them know all of this is happening. And then I'll get a call from the parent that says I think he's this that, and the third and I ask do you want to get him evaluated and they say yes then I give them paperwork (for the evaluation). But usually when there are no academic concerns, I won't always go towards sped,



unless I think that it's a behavioral disability. (Q: Speaking of a behavioral disability what is your definition of an emotional disturbance – answered at question e).

- (d) How confident are you about your ability to reduce challenging behaviors in your classroom?  
Well, umm, I don't know how confident I am, but apparently, I am because I always get the students, the ones that we love the most! I think I do a good job.
- (e) What is an Emotional Disturbance?  
So, I have students that are ODD, I believe that we have a lot of students that are emotionally disturbed just due to things that they've seen or things that have happened to them in their past. This is a difficult area. I really, to be honest, the only ones that tend to disturb the class are ones that are ODD that's the biggest one, and possibly ADHD, I do know that autism is a behavioral disorder, so we do see that quite a bit.
- (f) What do you consider as appropriate classroom behaviors?  
Ummm, appropriate... I mean, well, that's kinda hard because I do teach 1<sup>st</sup> grade, and I do that some things, especially in the area that I teach in, some things may be appropriate with my students, some teachers get upset with students standing, I don't mind as long as you're being respectful, listening... uh not talking back, if you're neat and organized, not like me but like at least organize your area, you keep your things, you don't touch other people's things, just bother your stuff, yeah, you're quiet when someone else is talking, you respect the mic. You keep your hands and feet, and objects to yourself.
- (g) What do you consider as inappropriate classroom behaviors?  
Umm.. disrupting the lesson with yelling, kicking, fighting, throwing things across the room, messing with, touching another student, doing things to them that stops them, other students from learning. One thing that my students love to do is acrobats on the carpet while I'm teaching, backspins, break dances, all of that while I'm teaching so I think that's disruptive.
- (h) In what ways do your cultural background influences your interpretation of inappropriate versus appropriate behavior?
- (i) Ummm, I do believe, since I do teach a class that is 100% African American, some of my students, I would say it's cultural, but I think it's a thing of the times, my students get bored with me easily, cause these are TikTok kids, it's just constant, somethings I just know, sometimes I really do have to do backspins and front flips to keep their attention. I'm more lenient with some things because I know what my students may consider appropriate. So they make think it's appropriate to be playful with adults, because I know we are playful with adults I know my aunts and uncles use to play with me a lot, so I thought it was okay Touching things that do not belong to them, I do know that something we (African Americans) do, we like to just touch our mother's things, they do that, so certain things I'll be lenient with because I know that's how they've been raised.
- (j) What data are you typically asked to collect when referring a student for special education due to behavioral and emotional concerns?  
Ummm... If I'm referring a kid, you say for behavior or for sped (special education) in general? (Q: For behaviors- any type of emotional or behavioral problems or issues). So, we do a lot of data on MTSS (multi-tiered system of supports). Before we didn't have MTSS, I don't know

what it's called now, but yeah MTSS, we do a lot of data, I do daily notes. We also have a behavioral QR code, and so we just scan the QR code and if the kid exhibits some inappropriate behavior, or disruptive behavior, or whatever it is, we go in put it in the QR code and it literally makes a log for that teacher then I can go and pull that and scan it in MTSS and daily anecdotal notes, even in my small group binders, I'm even put it in my small group binders. (Q: What are small group binders?) Small group binders are individual student folders or binders that we use to document students' work or behaviors; like copies of their work or notes of their behaviors. I'm just putting everything in there, anything that they're doing, I'm documenting it all, I'm keeping documentation of work, of anything, and on that work, I write down things that could be preventing them from doing the assignment, I keep journals, so when someone asks how is this (Q: this? Special education) gonna help them learn, I'm like this is how let me show you how he did on these assignments.

- (k) Do you use evidenced-based practices to address challenging behaviors? How do you choose your evidenced-based practices?

Yes and no, some of them work some of them do not. I choose it based on, well actually to be honest, it's trial and error, so I'll just try one with the student and if it doesn't work. So, I have one student, he doesn't get many choices at home, he can't stand the fact that my class is super structured. So I try to give him choices, so I say okay here are two pencils which one do you wanna write with, where do you want to stand in the line, do you wanna come in first or wanna come in backwards, I just ask him stuff, it works like half a day, and it didn't work after that, so I go with something else, it's just trial and error.

## TEACHER INTERVIEW – Teacher #3

### Initial SCREENING QUESTIONS

Interview participants will be initially provided with the following questions:

- a) How many years of teaching experience?  
17 years
- b) How many years taught in an urban, public school district?  
17 years
- c) How often do you encounter challenging classroom behaviors? (Likert scale response 1- rarely to 5 very often)  
Depends what you define as challenging, an eye roll, fighting, it could be a lot of things (Q: any behaviors that disrupt instruction). I don't really allow it to give me the scale again .... Maybe a 2; most of the times it's a 1
- d) What school level are you currently teaching (elementary, middle, high)?  
Elementary
- e) Have you had any interactions with the researcher? If so, please explain  
No

### INTERVIEW QUESTIONS

Interview participants will be provided with the following questions:

- (a) What are considered challenging or difficult classroom behaviors?  
Umm, I would say lack of effort, that could manifest itself in a number of things, it could be losing things, talking off task, it could be you picking at me, talking about each other, it could be a fight. I would say effort would be the driving force for a kid not understanding how to do something, it's probably the driving force for most behaviors I've noticed.
- (b) How do you address challenging behaviors in your classroom?  
Well trying to establish a relationship with students that's not academically based, let them teach me something. Trying to figure out what their interest are, if it's like video games, they'll tell me I was playing Y2K one of my students was telling me about he went on a trail ride or on horses, but letting them understand that life isn't just about school, which is true, but also taking an interest in them so that they can feel success, they're smart in their own areas, because I don't know everything, so I try to relay that to them that I don't know everything, and I'm learning from you so now is the opportunity for you to learn from me, having that attitude that we are learning from each other and respecting where they are academically.
- (c) How do you determine if those behaviors warrant an evaluation for special education?  
Well, umm of course using formal assessments and also informal assessments, their handwriting if it's really bad, if they're not, they don't know, through a formal assessment if they don't know some basics, if we're reading a story and they can't tell me who the character is, or if they can't copy, just little small things, it just starts to build, of course you keep your eye on the kid, and



then you realize over time that the kid needs some support. (Q: do those assessments or lack of effort and understanding lead to other behaviors that student may exhibit). Absolutely, some of those behaviors and other students may pick up on it, so if another student finds out that a student can't read, then that student starts teasing them about it, then we're gonna have a problem. But I try really hard to keep a safe learning environment. I show students my mistakes and my issues and struggles, to help them relate to learn that we all are learning together, a sense of community to know that we all are helping each other.

- (d) How confident are you about your ability to reduce challenging behaviors in your classroom?  
Uhhh, well, pretty, quite confident. I can kinda see some of the signs, the precursors, you try to intervene early, I have a number of SEL (Social Emotional Learning) strategies that we use, you know, proximity, give a cool off space, interject some humor into some things, trying to diffuse the situations, so I have a tool bag of things that I can use, do I stop all the behaviors all the time, no but they may get into issues in the classroom before me or on the way to school, or outside. I'm not guru, but you start to read kids. If you pay attention, they'll tell you.
- (e) What is an Emotional Disturbance?  
(Q: Have you ever had students in your classroom with ED or behavioral disorders in your classroom?) Yes, some diagnosed and undiagnosed. (Q: What is an emotional disturbance?) Maybe a student who is sensitive to maybe, maybe a little paranoid what the other students are doing. Maybe someone who is taking something out of context, reading more into something that's really not there. Students who've experienced some type of trauma, um and sometimes can be triggered by words in the classroom or something I've said, something someone else did, someone who is easily triggered is what I would say has an ED, especially when it's harmful to themselves or others. (Q: When you consider externalizing behavior, such as fighting, yelling, pushing how do you feel that those behaviors are related to ED) uhhh well, I know that their probably triggers that maybe have happened on the playground or in their world...it can be related to any number of things, what can trigger that student, I don't know, but once you get to know that child, maybe you'll know; maybe you have notes hopefully, maybe what the parents have told you that could help you understand and be more informed to help your students (Q: Do you think ED is more internalizing or externalizing or both?) a combo of both; maybe it's something on the inside, maybe its trauma or something that could be manifested on the outside through their behaviors.
- (f) What do you consider as appropriate classroom behaviors?  
Well, you know the usual, do you work, sitting, getting your lesson, telling your teacher your needs if you're having a hard time, getting your lesson done for that day, meeting your objectives, following instructions
- (g) What do you consider as inappropriate classroom behaviors?  
Distracting others, keeping others and the teacher off task; there can be a number of things; now some things are my pet peeves, like tapping, dancing, but that's just me though, now stealing is inappropriate behaviors, taking things from me or others, lying, leaving the classroom without permission is an inappropriate behavior, yelling
- (h) In what ways do your cultural background influences your interpretation of inappropriate versus appropriate behavior?

Hmmm... they're clear.. kinda like the eye roll, it takes the edge off of it because you know the child is trying to express something, because I roll my eyes too, so I'm not offended by it. Most days I'm not offended, or when kids try to roast you, like your shoes look spooky, so what if my shoes cost \$5, your mom shoes cost \$7, so culturally I know some things comes along with the territory of the student, but I do adjust based on who I'm talking to. But I don't speak to all students like that because some, just because I'm in the aa culture doesn't mean that the culture in their house. It's about building the relationship with the students in your classroom and not making assumptions.

- (i) What data are you typically asked to collect when referring a student for special education due to behavioral and emotional concerns?

Well consistent, persistent behaviors, if a student is constantly getting up and walking out of class, like how many times are they getting up; or if the student is constantly yelling, like how many times are they yelling, like doing little tally marks, and you start gathering information like that

- (j) Do you use evidenced-based practices to address challenging behaviors? How do you choose your evidenced-based practices?

Yes, we have, we've used the PBIS (Positive Behavior Intervention System), we work closely with our special education teachers, but we have some strategies we work with the counselors to see what we can do to see the precursors to these events, we have a strong SEL component in our meetings, we have a lot of character counts and talking about character embedded in our lessons to remind students of the appropriate behaviors (Q: do you think those strategies have been successful ?) Yes, I do, I mean, again if you interview a student, they'll tell you the right thing, but do they do it all the time, no, because they're little kids, so they're still learning.

#### TEACHER INTERVIEW – Teacher #4

##### Initial SCREENING QUESTIONS

Interview participants will be initially provided with the following questions:

- a) How many years of teaching experience?  
11 years
- b) How many years taught in an urban, public school district?  
9 years
- c) How often do you encounter challenging classroom behaviors? (Likert scale response 1- rarely to 5 very often)  
4
- d) What school level are you currently teaching (elementary, middle, high)?  
Middle
- e) Have you had any interactions with the researcher? If so, please explain  
No

##### INTERVIEW QUESTIONS

Interview participants will be provided with the following questions:

- (a) What are considered challenging or difficult classroom behaviors?  
Verbal aggression (Q: What do you consider verbal aggression?) Profanity, umm inappropriate language towards teachers and students (Q: What is inappropriate language?) Calling other students names that are inappropriate, physical aggression (Q: What type of physical aggression?) hitting, throwing items, umm, I would say not being able to remain in designated area, refusing to follow directives and instructions
- (b) How do you address challenging behaviors in your classroom?  
Depending on the severity of the behavior, possible isolation, or removal of student from the area for the safety of other students; umm reinforcing classroom expectations, sometimes ignoring the behavior if it's minor, and if it (behavior) escalates, moving the student to a separate area.
- (c) How do you determine if those behaviors warrant an evaluation for special education?  
Ummm, if the behaviors are persistent even though behavior interventions strategies have been tried over a period of time and there's been no improvement (Q: Are you referring to the strategies you mentioned to address challenging behaviors?) those strategies or other strategies that have been provided by support personnel. Consistent implementation (Q: So, are you saying consistent behaviors are what warrant an evaluation for special education?) Yes, consistent behaviors that are not mitigated through interventions that are done in the classroom with the teacher or interventions done with other support personnel.
- (d) How confident are you about your ability to reduce challenging behaviors in your classroom?



**Somewhat confident**, (Q: So, on a scale of 1-5 with 1 not being confident at all and 5 being very confident in your ability to reduce and/or eliminate challenging behaviors in your classroom, how would you rate yourself?) **I would say a 3.**

- (e) What is an Emotional Disturbance?

**I would say, say unexplained, emotional outbursts from kids that are hard to determine where they (behaviors) come from, like maybe some of the behaviors are unprovoked and it's difficult to calm them down. (Q: what do these emotional outbursts look like?) Umm, sometimes it could be hitting, it could be crying, it could be paranoid, or thinking that other kids are saying or doing things to them that maybe not happening, sometimes it could be appearing withdrawn from the other students.**

- (f) What do you consider as appropriate classroom behaviors?

**Ummm, students who able to follow clearly set classroom expectations, like remaining in your designated area, um not speaking when others in the classroom are speaking, being able to maintain attention to task, umm having your supplies ready, keeping your hands to yourself, showing respect for others in the classroom (Q: what does showing respect for others in the classroom look like?) It pertains to speaking when others are not speaking and keeping hands to yourself.**

- (g) What do you consider as inappropriate classroom behaviors?

**Just going back to the initial question about challenging behaviors, so verbal and physical aggression, such as fighting, throwing things, yelling, using profanity, not following instructions, and not staying seated or in designated area.**

- (h) In what ways do your cultural background influences your interpretation of inappropriate versus appropriate behavior?

**I think because in some cultures, things that are considered to be inappropriate are like cultural things, in terms of like conversation wise, sometimes in families, conversations get loud, people talk over each other, umm that's not necessarily considered inappropriate to that particular culture or family, so you have to kinda know, I guess the background of your students, as much as you possibly can, I mean, in terms of what like for kids to multitask, some kids can talk and still get work done, maybe listen to music and get work done, some kids need to stand and still get work done, it's just about knowing your students' cultural background, not necessarily your own. (Q: So, do you feel like it's more important to understand your students' cultural background than understanding how your own cultural background influences your perception of behaviors?) **Yes.** (Q: what about understanding your own bias related to your cultural background?) **Ummm, I definitely have opinions about that because each culture is different in how they handle behaviors and how they handle children and students, so I mean again, you would have to keep in mind that just because it's my interpretation of what appropriate and inappropriate is doesn't necessarily mean that that's the way the parent or household sees it, but I think it's important to set expectations for all the kids in the same way in the classroom, while still respecting cultural differences.****

- (i) What data are you typically asked to collect when referring a student for special education due to behavioral and emotional concerns?

Problem behaviors, umm how often they occur, when they occur, umm any interventions that been tried, any consequences or reinforcers

- (j) Do you use evidenced-based practices to address challenging behaviors? How do you choose your evidenced-based practices?

Umm, yes (Q: How do you choose evidenced-based practices?) I research evidenced-based practices based on the student's behavior, based on the behavior that I'm concerned about. (Q: Have those evidenced-based practices been successful?) Sometimes, but definitely not all the time.



## TEACHER INTERVIEW – Teacher #5

### Initial SCREENING QUESTIONS

Interview participants will be initially provided with the following questions:

- a) How many years of teaching experience?  
13 years
- b) How many years taught in an urban, public school district?  
9 years
- c) How often do you encounter challenging classroom behaviors? (Likert scale response 1- rarely to 5 very often)  
4
- d) What school level are you currently teaching (elementary, middle, high)?  
High school
- e) Have you had any interactions with the researcher? If so, please explain  
No

### INTERVIEW QUESTIONS

Interview participants will be provided with the following questions:

- (a) What are considered challenging or difficult classroom behaviors?  
Ummmm cursing people out, yelling across the class, not following directions, fighting, always bothering other students (Q: What does bothering other students consist of?) making noises and sounds, touching students, calling students names
- (b) How do you address challenging behaviors in your classroom?  
So, I address challenging behaviors by ignoring minor behaviors, reminding students of classroom rules, having a student conference or parent conference, or removing student from the classroom if necessary (Q: What do you consider as minor behaviors?) Umm, briefly talking with classmates, uhh, making sounds, just behaviors that aren't necessarily distracting others.
- (c) How do you determine if those behaviors warrant an evaluation for special education?  
I would say if they (behaviors) are happening consistently, even after talks with students and parents about the behavior. (Q: Are there any additionally determinants for warranting a special education evaluation?) I really think it depends on the student, if the student's grades are dropping because of their behavior, I would say they might need to get tested for sped (special education), but if they're just behaving badly but keeping their grades up, then maybe we need to try something else. (Q: What else would or could you try?) hmmm, I guess getting the kid to talk to the counselor or wondering what's going on at home.
- (d) How confident are you about your ability to reduce challenging behaviors in your classroom?

I think I'm confident enough to handle most challenging behaviors (Q: What do you mean by most challenging behaviors?) Like behaviors that happen often or daily or frequently like talking to students, being off task, not following directions, maybe even fighting, because I try to monitor student's interactions with others, but I would say I'm not sure how confident I am when it comes to handling consistent behaviors, especially by the same kid over and over.

- (e) What is an Emotional Disturbance?

Ummm, an emotional disturbance... so, I think it's difficulty controlling your emotions, like a kid who can't control his anger, like anything makes them upset or angry, like they don't have a real reason for being angry, well, they may have a reason but they can't explain why they're angry and the way they express their anger is by acting out and disturbing others (Q: do you believe that an emotional disturbance is primarily about being angry?) No, but many of the students that I know that are emotionally disturbed are angry or have trouble controlling their anger.

- (f) What do you consider as appropriate classroom behaviors?

Ummm, I would say starting and finishing classwork, respecting their peers, ummm not fighting or touching others, staying in their seat, and not walking around the classroom, paying attention... yeah

- (g) What do you consider as inappropriate classroom behaviors?

Kinda the same as before, fighting, getting up and leaving class, cursing, not listening

- (h) In what ways do your cultural background influences your interpretation of inappropriate versus appropriate behavior?

Ohhhh... I've never thought about that but I'm sure it has influence. Like when I think about my upbringing and how many behaviors that are appropriate now were inappropriate when I grew up (Q: What's the difference the appropriate behaviors now and the appropriate behaviors during your upbringing?) Like nowadays we allow kids to get away with talking back to adults or making noises in class because it's not worth the battle, especially when you have to deal with bigger issues like constant fighting or loud classroom disruptions. So, we let those little... minor inappropriate behaviors slide.

- (i) What data are you typically asked to collect when referring a student for special education due to behavioral and emotional concerns?

I rarely refer kids to sped because by the time they're in high school, they've already have sped or been in sped, or we know that they don't need it by this time. I do know that we are supposed to keep records of discipline referrals but the system kinda keeps that for us. (Q: What system?) Well, like electronic, so all referrals are kept electronically.

- (j) Do you use evidenced-based practices to address challenging behaviors? How do you choose your evidenced-based practices?

I would like to say that the strategies I use in my class are evidenced-based because I've been using them for so long and they usually work, but I can't say that I've researched them recently to know if they're evidenced-based.

## APPENDIX F

### TEACHER ANECDOTAL SCRIPT

#### TEACHER ANECDOTAL NOTES

Title: Examining the Connection between the Referral Process and the Disproportionate Identification of African American Students as Having an Emotional Disturbance in Special Education

Principal Investigator: Sonya D. Mellerson ..... smellerson@twu.edu  
803/983-8236

Faculty Advisor: Randa Keeley, PhD ..... r.keeley@twu.edu 940/898-2278

#### Summary and Key Information about the Study

You are being asked to participate in a research study conducted by Ms. Sonya D. Mellerson, a student at Texas Woman's University, as a part of her dissertation. The purpose of this research is to explore the special education referral process for students with Emotional Disturbance. You have been invited to participate in this study because you are general education in an urban, public school district. **As a participant you will be asked to provide a written summary of the behaviors you observe when providing services and interacting with students with an Emotional Disturbance. Please list in detail what those behaviors are and what those behaviors look like. Also, please provide behaviors that have been reported by these students' teachers.**

## APPENDIX G

### IRB APPROVAL

Date: 9-19-2022

IRB #: IRB-FY2022-284

**Title:** Examining the Connection between the Referral Process and the Disproportionate Identification of African American Students as Having an Emotional Disturbance in Special Education

**Creation Date:** 3-5-2022

**End Date:**

**Status:** **Approved**

**Principal Investigator:** Sonya Mellerson

**Review Board:** TWU IRB - Denton

**Sponsor:**

#### Study History

<b>Submission Type</b>	Initial	<b>Review Type</b>	Exempt	<b>Decision</b>	<b>Exempt</b>
<b>Submission Type</b>	Modification	<b>Review Type</b>	Exempt	<b>Decision</b>	<b>Approved</b>

#### Key Study Contacts

<b>Member</b>	Randa Keeley	<b>Role</b>	Co-Principal Investigator	<b>Contact</b>	rkeeley@twu.edu
<b>Member</b>	Sonya Mellerson	<b>Role</b>	Principal Investigator	<b>Contact</b>	smellerson@twu.edu
<b>Member</b>	Sonya Mellerson	<b>Role</b>	Primary Contact	<b>Contact</b>	smellerson@twu.edu