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The LSSP and Contractual Services

Article written by: Gail M. Cheramie, Ph.D., NCSP, LSSP
TASP Past-President

The Texas State Board of Examiners of Psychologists (TSBEP) recently established a policy whereby a Licensed Specialist in School Psychology (LSSP) may accept contract funds from a public school district or a cooperative of public school districts to provide school psychological services on behalf of the district or cooperative. In the TSBEP Newsletter (Fall, 1997; Vol.10, No.2), an article was published regarding guidelines for LSSP contractual arrangements. In this article it is clear that the LSSP credential does not allow an individual to engage in the provision of psychological services in the private sector. The APA/NASP InterOrganizational Committee (IOC) did develop guidelines for engaging in contractual psychological services within schools, and where appropriate, information from this document (dated 2-95) is used in the explanation which follows.

TASP believes that even if the LSSP is hired on a contractual basis by a school district, this relates more to how the district pays the individual than to any increased independence. All services of an LSSP are on behalf of the public school. For practical purposes, when the LSSP is providing services within the public school system, he or she is similar to an employee of that system. This means the following: (a) all activities of the LSSP must be in compliance with the rules and regulations of the employing district or cooperative; (b) services are provided within the public school environment, using school provided equipment and supplies; and (c) the school district is assuming legal responsibility for the LSSP. Assessment and other reports are done on school district stationery, as the LSSP is a representative of the district in providing services and not an independent service provider. Appropriate administrative and professional supervision is given where needed and required. An LSSP being hired contractually cannot represent himself or herself as an independent provider of psychological services.

One concern that has been raised is that school districts may see contractual arrangements as a way to reduce the hiring of full-time LSSPs. Contracting can give flexibility to districts who have difficulty finding full-time employees, especially in rural areas. A contractual model of service delivery is not the model promoted by TASP or NASP. Such models have the potential for abuse in that: (a) districts may only hire LSSPs for certain required functions, thus precluding a comprehensive model of service delivery; and (b) there would not be access to LSSPs on a regular basis. While TASP agrees that LSSPs should be allowed to contract, TASP would like to emphasize

that contractual services are best used when districts need additional assistance in meeting the demands of assessment, counseling, and consultation functions. Districts are encouraged to hire full-time LSSPs, have a comprehensive and integrated model of psychological services, and ensure that students have opportunities to be served by LSSPs on a regular basis since follow-up and continued consultation are integral parts of psychological services.

For LSSPs who decide to engage in contractual arrangements, TASP encourages the consideration of part-time employment as a first option. If this is not possible or appropriate, the LSSP is encouraged to secure their own liability insurance and enter into such arrangements with clear expectations. As always, an LSSP should not engage in practices for which they have not been trained or have received inadequate training. The district should be able to provide appropriate supervision in cases where the LSSP needs it. The LSSP should be cautious if the district is unable or unwilling to do this. The ability to engage in contractual services is an option for LSSPs, but this must be used wisely.



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President's Corner

The new year is often a traditional time to review the past year while making resolutions for the future. This Winter Newsletter provides me the opportunity to highlight some of the TASP activities and initiatives of 1997 and to look ahead to TASP goals for 1998.



Strengthening the infrastructure of TASP was a top priority for the TASP Executive Board in 1997. The establishment of the LSSP afforded professionals the opportunity to join ranks with a vibrant organization (TASP) to advance school psychology as both a science and a profession, and to promote quality education for all children. In this respect, I am happy to report that TASP membership has increased by more than forty percent over the past year and continues to grow. In response to this rapid growth, the Executive Board is exploring new ways to provide services to the membership. A questionnaire is being developed that will be distributed at the February conference to survey the needs of the membership in regards to work place issues, training, professional liability, supervision, collaboration, diversity, and urban/rural needs. The information obtained from this survey will help to form future board agendas and initiatives. An extended board workshop is being planned for the summer of 1998 to review these needs as well as to review the mission and status of the organization. Goals, objectives, and strategies for implementing a TASP action plan will be developed at that workshop focusing on the opportunities available in school psychology and education in the next five years.

TASP infrastructure has also been strengthened by the establishment of an ad hoc field based supervisors committee that will consult and provide proactive ideas to the TASP Trainers Committee (university programs) and to the TASP Executive Board. In addition, regional advisory committees are being formed to assist regional representatives in gathering the information important to selected areas of the state, both rural and urban. An interassociation work group is also being established between TASP, Texas Educational Diagnostician's Association (TEDA), Texas Council of Administrators of Special Education (TCASE), and other associations who share related issues.

Improving the operational efficiency of the association was a top priority of 1997. A professional management firm was hired to assist TASP in the major functions of membership, newsletter development, conference program development, and additional administrative support. The TASP Professional Development Conference brochure and new membership application are products of this endeavor. In addition, Shields Legislative Associates has been retained to provide TASP with legislative monitoring related to legislative activi-

ties important in education and mental health. The goal of increasing the Executive Board's awareness of legislative issues that impact our association is now being met. The Board has also expanded its meeting times due to the expanded agendas. To help facilitate assimilating and acting upon the increasing amounts of information, board meetings are more often held over two days with transition training for new board members a top priority. As mentioned earlier, the first extended summer board workshop is being planned for July, 1998.

I am happy to report that TASP has been asked to be a major stakeholder for the Texas Education Agency (TEA) Implementation Plan for Developing State Board of Education/Commissioner Rules reflecting IDEA revisions. TASP will be participating in ongoing workgroups in developing state guidelines related to special education. TASP members are urged to provide their regional representatives with input regarding these related issues, or better yet, to volunteer for participation in one or more of these workgroups. TASP has also been asked to be a member of the TEA stakeholder's group on The Accountability and Monitoring System. This group will help in the design of the special education accountability and monitoring system reflecting IDEA revisions as well as providing input on procedures for conducting on site accountability evaluations. We are delighted to be a part of these important undertakings.

Many other exciting developments have occurred over the past year that are too numerous to mention in this column. However, the Fifth Annual TASP Professional Development Conference, to be held in Houston on February 26th through the 28th, will provide a wonderful opportunity for us to continue our dialogue regarding TASP future initiatives. I urge all of you to join us in Houston for what appears to be our best program yet and to share and enjoy the fellowship which is the heart of our organization.

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Editor: William G. Masten
School Psychology Program
Texas A&M University-Commerce
Commerce, Texas 75429
(903) 886-5596 or 886-5594
Fax: (903) 886-5510
E-mail: william_masten@tamuc.edu

Co-Editor: Nancy Schill
2703 Jorwoods Dr.
Austin, Texas 78745
(512) 448-9664
(210) 945-3429

Assistant Editors:

Sally H. Swisher
Linda McMacken
Johnnie Chatman
Will Heath
Cindi DeLeon

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Research Report: The Effect of Intrafamilial and Extrafamilial Sexual Abuse on Family Adaptability and Cohesion, Trauma and Maternal Support in Children

by: Ilene R. Berson, Ph.D., NCSP

This brief research report highlights the results of a study which was partially funded through a Tindall Research Award. Actual data collection began in 1996 and concluded in 1997. The purpose of this study was to assess mediating variables in families in which to assess mediating variables in families in which to extrafamilial or intrafamilial sexual abuse has occurred and to relate these variables to psychological symptom formation in the child victim. Specifically, this investigation addressed the issue of maternal support and its differential impact on girls who experience intrafamilial versus extrafamilial abuse.

Other family factors which may mediate the effects of sexual maltreatment also were addressed, including family adaptability and family cohesion.

A review of relevant literature revealed that differences in psychological functioning exist between victims of intrafamilial and extrafamilial abuse. Studies of the long-term effects of child abuse have found that the identity of the perpetrator contributed to key experiential differences which resulted in distinguishable psychological impairment. Intrafamilial cases were more likely accompanied by pathological family relational dynamics, while extrafamilial cases were associated with intensification of fear and anxiety of the perpetrator who may be less well known to the child.

Moreover, some researchers have indicated that up to 40 percent of children who have been abused do not present with concomitant abuse-related problems. Based on these findings, it appears that certain mediating factors may contribute to the intensification or diminution of the abuse experience. Studies examining differences in psychological functioning have found that maternal support was significantly related to post-traumatic symptomatology. Additionally, the psychosocial pathology of victimized children may be exacerbated by family dysfunction which often is intensified following the crisis of an abuse disclosure. Whereas extrafamilial cases have been associated with a chaotic family organization and parental unavailability, intrafamilial abuse often occurs within a context of familial enmeshment, low cohesion and limited adaptability.

In this study, thirty-two girls ages eight to fourteen who were victims of intrafamilial or extrafamilial abuse and who were evaluated at a child abuse center responded to the Trauma Symptom Checklist for Children in order to gain a measure of their post-traumatic distress following disclosure of sexual abuse. Concurrently, the girls' mothers completed the Family Adaptability, Cohesion and Environment Scale II to yield data on family functioning, and the treating clinician reported on the level of maternal support for the child and parental reaction to the abuse disclosure.

As a group, children who experienced intrafamilial and extrafamilial sexual abuse did not self-report clinically significant levels of distress on symptom checklist measures of anxiety, depression, post-traumatic stress, dissociation or sexual concerns. This finding may be a testament to the resiliency of children; however, relatively low levels of post-traumatic symptomatology may be attributable to the recency of the abuse disclosure. Several researchers suggest that clinical problems associated with intrafamilial and extrafamilial sexual abuse are not self-reported during the immediate aftermath of the disclosure. Clinical problems often appear to develop over time and typically are not discernible upon initial screening. Prior studies have found that sexually abused children who were initially least symptomatic had more problems at 18 months than did their initially more symptomatic peers.

In this study, there was no difference in the degree or type of symptoms between victims of intrafamilial and extrafamilial abuse. However, it is important to note that the girls in this study were abused by relatives or non-relatives with whom they had prior interaction. Therefore, the degree of prior interaction between the child and the offender may be more salient than the categorization of cases as intrafamilial and extrafamilial.

Significant results were found for the level of cohesion reported by mothers in intrafamilial versus extrafamilial cases. Mothers in intrafamilial cases tended to report less cohesion in their family systems. This finding appears to conflict with traditional conceptualizations of incest families as highly enmeshed, over involved and socially isolated. Nonetheless, during the immediate period after the abuse disclosure, the crisis that ensues may contribute to tension and anxiety within the family. These factors may increase the likelihood that mothers would perceive their families as less cohesive. It is not clear from the study results whether the level of reported cohesion preceded the abuse or resulted as a reaction to the disclosure of abuse. Increasing attention should be given to whether family dynamics evolve from the family's protective response to assist the child after disclosure of sexual abuse or whether a more long-standing family dysfunction is present. It is possible that the disclosure also may relieve some of the strain and tension in the family system as family members realize that the family can survive following the disclosure. Conversely, continued secrecy may lead to more pervasive internalized problems in the form of anger and depression.

Additionally, family cohesion was associated with psychological symptomatology in the intrafamilial group. There was a positive relationship between family cohesion and anxiety, depression, post-traumatic stress and sexual concerns among the intrafamilial cases. This phenomenon may be explained by the typical patterns of interaction which are associated with greater degrees of enmeshment in the family. The more over involved family members are in each other's emotional lives, the greater the likelihood that the family has socially isolated itself from other social support. The child may be highly invested in protecting the family system, and the skewed family

dynamics may contribute to relatively higher levels of anxiety, depression, post-traumatic stress and sexual concerns for the child.

Inconsistent with previous findings, there was no relationship between maternal support and symptomatic behavior in either abused group. Overall, the mean maternal support scores fell in the supportive range with no significant discrepancy between extrafamilial and intrafamilial cases.

This is not surprising since most parents do believe their child and attempt some sort of protective action. It also should be noted that since the families were seen within a clinical context, it is possible that the supportive therapeutic environment assisted in attenuating mothers' negative reactions to the abuse disclosure. Additionally, since all participants had verbally disclosed abuse, it is more likely that the subjects perceived their mothers or another significant adult to be capable of emotionally supporting them, and therefore, the participating mothers may have represented a more supportive contingency of parents. In contrast maternal support may be less available to children who have not yet disclosed abuse, and the expectation that a disclosure will be met with disbelief may inhibit the child from telling.

A review of the children's and parents' responses to the interview items revealed several common themes which inhibited or enhanced a mother's belief and support of her child. Many mothers indicated initial shock and / or anger when confronted with the child's disclosure. When the initial disclosure was from a source other than the child (i.e., hospital, child protective services, sibling), mothers tended to be less likely to believe and more inclined to direct their negative emotions toward the child as opposed to the alleged offender. Statements included: "I can't believe that she (the child) would do this to the family."; "She's always been a liar."; "I threw her out, and DSS (Department of Social Services) can have her." Upon finding out about the abuse from the child, several parents confronted the alleged offender who universally denied the abuse. Some mothers maintained a child-centered focus, such as concern over accessing treatment for the child, providing emotional and physical safety and maintaining custody of the child. Conversely, other mothers focused on themselves or the perpetrator: "Where will he go?"; "What will happen to me?"; "I can't believe he did this"; "I am afraid that people are going to say bad things about my family, like I'm a bad mom"; or "How can I just stop loving him?" Of the statements made by mothers, the source of the disclosure and level of dependency on the alleged offender were most often reported as factors that influenced their initial belief in the child's disclosure of abuse and level of support for the child.

By considering a family's level of functioning, clinicians may more adequately identify treatment needs specific to the family dynamics. This process necessitates the incorporation of family-level assessment and intervention. Family intervention may ultimately assist the family system in accessing social and emotional support systems within the community and in the family.

Family assessment may be valuable to evaluating the resource support networks by examining the mental health status of the parents, the quality of the marital/partner relationship, and the family's isolation or access to other supportive individuals such as relatives, neighbors and friends.

Lowcountry Children's Center

This research was conducted at The Lowcountry Children's Center (LCC). LCC is a community-based program which coordinates and integrates a full range of services for abused children and their families in the low country of South Carolina. The center also provides training and consultation, and promotes the cooperation of local and state wide agencies and professionals.

The mission of LCC is to reduce the incidence of child abuse and its impact on the child, family and community by providing a forum for concerned agencies and individuals to identify needs and respond through the development, coordination, and delivery of quality services. The objective is to design an intervention plan that best meets the needs of the child within the family and protects the child from further trauma. Among the services offered by the center are: forensic/psychological assessment, individual treatment, family treatment, parent education/ support, victim group treatment, case coordination staffings, computer tracking program and training.

Child victims are referred to the center by Child Protective Services (DSS); law enforcement jurisdictions; medical, school and mental health professionals; the Solicitor's Office; or by any agency or individual in the community. Trained mental health therapists interview the child and family members to assess what has occurred and to provide recommendations on protection and treatment. Since the center opened in March of 1991, over 4600 child victims and their families from twenty-three counties in South Carolina have been seen for assessments and follow-up therapy. The agency currently focuses on servicing families in Berkeley, Dorchester and Charleston Counties. At the time of initial allegation of abuse, 87 percent of the cases involved sexual abuse, 7 percent involved physical abuse and 6 percent were other forms of child maltreatment. Of the clients served, 63 percent identified themselves as Caucasian, 35 percent were African American and 2 percent were coded as other. Males comprised 35 percent of the referred children and females accounted for 62 percent of the clients.

On a local level, the LCC has had the opportunity to expand its role more formally to address the tremendous gap which exists between the training of mandated reporters and the increasing demand for support for victimized children. Funding from a 1996 Community Foundation Open Grant enabled our agency to pilot a program for educators. The training program for educators has received national and international recognition at symposiums conducted throughout the United States. In conjunction with the training, LCC has created a resource and information manual for educators regarding their role as mandated reporters, and we are in the production stages of a video

to be used with all professionals who serve in the capacity of mandated reporters. LCC also has coordinated training modules for other professionals-in-training (i.e., physicians, clergy, dentists, mental health professionals, etc.) who have the responsibility as mandated reporters.

Current prevalence estimates suggest that 1 out of every 4 girls is a victim of abuse and 1 out of every 6 boys has been victimized. As a focal point in the community for the coordination and delivery of services to child victims, the LCC serves not only as an assessment site but also as an educational site. Because of professional leadership and expertise, the LCC has become an important training site for students from the University of South Carolina (USC), the Medical University of South Carolina (MUSC), The Citadel and various other colleges and universities in the southeast. The LCC is committed to training in order to augment the expertise in the community as well as the delivery of direct services to children.

It is our desire to expand our efforts to offer training to a wide range of professionals throughout the community. The LCC has developed a model in which professionals who interact with a child during and following their victimization should:

- (a) serve as informed resources by being knowledgeable about child sexual abuse;
- (b) respond appropriately to the disclosure of sexual abuse, including accessing crisis intervention for the child;
- (c) react appropriately to emotional and behavioral indicators of sexual abuse in the community setting; and
- (d) report suspected abuse to the proper authorities as required by mandated reporting laws.

Should you be interested in further information on identifying, reporting and responding to child abuse, please contact Ilene Berson, Ph.D., Coordinator of Research, Lowcountry Children's Center, P.O. Box 20579, Charleston, S.C. 29413; phone: 803-723-3600; e-mail: LCCC@Charleston.net.

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Best Practices on Contractual Services

(See related cover story)

The Texas State Board of Examiners of Psychologists (TSBEP) released a memorandum dated September 26, 1997. The purpose of the memorandum was to clarify issues concerning the independent contracting of Licensed Specialists in School Psychology (LSSPs). The memorandum identified who can and cannot provide contractual services to the public schools.

Contracting Permitted by Board Rules

Any qualified doctoral or masters level LSSP who meets the (TSBEP) Board's criteria to provide services without su-

per vision (see Board rule 465.38(3)) may contract independently with a public school district to provide school psychological services on behalf of the district or cooperative. The contract must ensure that the LSSP will provide all services in compliance with the Psychologists Licensing Act, the rules and regulations of the Board, and all applicable state and federal law. This policy is consistent with the Guidelines for Engaging in the Contractual Provision of Psychological Services in Schools (APA, 1995) as developed by the APA/NASP Inter-organizational Committee.

Contracting Not Permitted

An LSSP may not contract with a private entity or person to provide services of any kind under his/her LSSP license. Trainees, interns, and LSSPs required to practice under supervision, as defined by Board rules, may not enter into an independent contract to provide school psychological services in a public school district. An LSSP who contracts with a school district may not permit an individual who does not hold a valid LSSP to perform any of the contracted services.

Best Practices Concerning Contractual Services

The recent TSBEP ruling that LSSPs may contract with public school districts is a fundamentally sound decision. Allowing LSSPs to provide contractual services will give school districts greater flexibility in hiring LSSPs to provide school psychological services. If the TSBEP Board would not allow such contracting in the agency (public schools) in which the license (LSSP) makes one eligible to work, that would seem to be a clear example a restraint of trade problem. A caution is warranted though, in that, the preferred delivery model of school psychological services is by a salaried, full-time LSSP who is a member of the staff. Contractual employees do not always have the freedom to develop the same depth in their working relationships with other school staff members and community resources because they are not in the school district setting full-time. Also, caution needs to be extended to the LSSPs who provide contractual services to the public schools. Often contractual services are often part-time and may be restricted to only those services the district is legally required to provide (e.g., re-evaluations). LSSPs contracting with the public schools should advocate to be hired as a professional who delivers a full range of services and avoid having their profession practice narrowly defined.

To obtain a copy of the TSBEP memorandum concerning independent contractual arrangements by LSSPs or if you have questions, please contact the TSBEP at 333 Guadalupe, Suite 2-450, Austin, Texas 78701 512-305-7700.

Daniel C. Miller, Ph.D., N.C.S.P., L.S.S.P.
NASP State Delegate
Director, School Psychology Graduate Training Programs, Texas Woman's University

Survey Results: The School Psychologist In Texas

One hundred twenty five surveys were returned out of the three hundred three sent to TASP members in the Spring of 1997. In the group of respondents, females outnumber males by almost four to one. One-third of those responding are between the ages of 40 and 49, while the remaining individuals are fairly evenly represented among the 21 to 29, 31 to 39 and 50 to 59 year-old groups. This group of respondents is predominantly Caucasian, with two percent representing Mexican American, two percent representing African American, and less than two percent representing Asian American and other ethnic groups. Of the respondents, eighty percent are monolingual, while thirteen percent speak Spanish and six percent speak other languages.

The following table shows credentials, training, and professional affiliations of the respondents: Highest level of training:

Specialist degree (or equivalent) = 39 percent
Master's degree = 32 percent
Doctoral degree = 25 percent

Area of Specialization:

School Psychology = 72 percent
Clinical Psychology = 13 percent
General Psychology = 5 percent
Education = 5 percent
Counseling = 3 percent

Licensure and Credentialing:

Licensed Specialist in School Psychology = 71 percent
Nationally Certified School Psychologist = 50 percent
Licensed Psychological Associates = 26 percent
Licensed Psychologists = 19 percent
Licensed Professional Counselors = 18 percent
TEA Certified Teacher = 36 percent
TEA Certified Educational Diagnostician = 11 percent
TEA Certified Counselor = 11 percent

Professional Affiliations:

TASP = 94 percent
NASP = 66 percent
TPA = 18 percent
Regional School Psychology Association = 18 percent
APA = 15 percent
TAPA = 14 percent
TPA School Psychology Division = 12 percent
TPA Psychological Associates Division = 6 percent

Two-thirds of the respondents are employed full time. Most of the individuals who work part-time are students or in-

terns (forty-six percent), while twelve percent describe themselves as retired. The remaining forty-two percent are engaged in other part-time work arrangements. When asked to identify the type of agency or system in which they are primarily employed, ten percent of the respondents identified universities, two percent identified private schools, and two percent identified private practice settings. The largest percentage of respondents (seventy-six percent) are employed by independent school districts and are fairly evenly distributed among urban, suburban and rural areas. Thirty-five percent of respondents are employed in districts with over 15,000 students, fifteen percent are employed in districts with 10,000 to 14,000 students, twenty-five percent are employed in districts with 5,000 to 9,999, and twenty-four percent are employed in districts with fewer than 4,999 students. Over one-third of school-based school psychologists serve six or more schools, another one-third serve only one or two schools, while the rest serve three to five schools. Most school districts (75 percent) use independent contractors for at least some school psychology services; only fourteen percent of the respondents identified themselves as providers of contractual services.

Another series of questions asked respondents working in school settings to identify the amount of time spent performing specific activities with general and special education populations. These activities include administration, assessment, classroom management, consultation, counseling, parent education and staff development. Most school psychologists in this survey spend little time working in general education settings, and what time they do spend in general education settings is usually spent engaging in consultative functions; thirty-seven percent spend some of their time engaging in consultation, while fourteen to twenty percent of respondents spend some of their time in schools performing each of the following: administrative, assessment, classroom management, counseling, parent education and staff development functions in general education settings.

The vast majority of school psychologists (95 percent) engage in special education assessments: one-third spend less than 25 percent of their time, one-third spend 25 to 50 percent of their time, and another one-third spend more than 50 percent of their time conducting special education assessments. Almost ninety percent of the respondents spend some amount of time engaging in consultation, and more than fifty percent of respondents spend some amount of their time in classroom management, counseling, and staff development within special education settings. Almost forty percent spend time in parent education and thirty percent spend time in special education administrative functions.

Most of the respondents (eighty percent) indicate that they have yearly performance evaluations, but these performance evaluations are completed by school psychologist only twenty-two percent of the time. Most of the time (forty-three percent) these performance evaluations are completed by special education/pupil personnel directors. Only thirty percent of these performance evaluations are conducted using an evalua-

tion system specifically for school psychologists; twenty-six percent of performance evaluations are completed using administrator evaluation systems and ten percent are completed using teacher appraisal systems. Another ten percent of performance evaluations are conducted use faculty evaluation systems (note-ten percent of respondents are employed in university settings).

Respondents were also asked to identify the top five issues facing the profession of school psychology today. The following were identified as the top five issues:

1. Principal funding of school psychologists through special education
2. Licensing and credentialing issues
3. Need for retraining to fill role beyond that of assessor
4. Impact of linguistically diverse students on traditional services
5. Demands of 504 legislation

Results of the remaining portion of the survey, the Job Satisfaction Survey, will be summarized in the next issue of the newsletter.

Jean Tanous, Past President of TASP

Government and Professional Relations Committee Report

By Jean Tanous, GPR Chair

TSBEP:

In August, the TSBEP approved several changes to the Rules of Practice, none of which pertained to the practice of school psychology within public school settings. At that same board meeting, the TSBEP proposed several other changes which do pertain to school psychology and which were published in the Texas Register (9/25/97). These changes are summarized below: Section 461.11 Continuing Education - continues to stipulate that all licensees must complete 12 hours of continuing education (CE) hours per year, but no longer makes a distinction between Category 1 and II credits. CE hours may be obtained by participating in one or more of activities (graduate level studies in psychology, formal continuing education activities, workshop presentations, publications). CE hours may be obtained from universities, psychological associations, and other Board recognized providers. CE hours must be related directly to the practice of psychology, and the Board will make the determination as to whether the activities claimed are directly related. Submitted credits must have been received no earlier than 12 months prior to the renewal period. Semester hours equal 4 CE hours and must be documented by transcript (for courses taken) or documentation (for courses taught). For

other workshops and programs, certificates of completion are required from participants and program announcements with program content are required from presenters. Credits will also be available for publishing books.

Section 463.6 Supervised Experience Required for Licensure as a Psychologist - Internship agencies must have staff psychologists licensed by the licensing board of the jurisdiction in which the internship takes place. Field-based supervisors must have a credential to provide psychology in public schools. Also stipulates that a psychologist who becomes subject to an Agreed Board Order or Board Order may not provide supervised experience for licensure purposes, and shall inform supervisees and assist them in finding alternative supervision.

Section 463.32 LSSP Requirements for Licensure - stipulates that all 60 hours do not have to be obtained prior to conferral of the graduate degree. It also removes the stipulation for a "minimum of one course" in each area of coursework, and instead stipulates that the coursework must include each area of coursework. It stipulates that during internship periods, individuals must be designated as "interns." Furthermore, it stipulates that internship must include "direct intern application" of assessment, intervention, behavior management, and consultation, for children representing a range of ages, populations, and needs.

IDEA Reauthorization:

The DOE has announced the dates and locations for seven regional public meetings to obtain public comment on the IDEA '97 proposed regulations (NPRM for 34CFR) Parts 300, 301, and 303 to implement PL 105-17. The DOE has published a Notice of Proposed Rule Making (NPRM) and the purpose of the public meeting is to make comments on the NPRM. NASP believes is critical that each state use its resources to send representatives to this meeting to testify on behalf of their school psychologists. Jean Tanous represented TASP in public comments made at the October 28 meeting in Dallas.

IDEA '97 is available for down-loading at the following website:

<http://www.ed.gov/offices/OSERS/IDEA>

The proposed changes (NPRM) as they appear in the Federal Register can be down-loaded from the following web site:
http://www.access.gpo.gov/su_docs.

These addresses are case sensitive and must be entered exactly as they appear above. To order a copy by mail, call (1-800-USA-LEARN) and request a copy. To order through the Government Printing Office, send \$8.00 to:

Superintendent of Documents
P.O. Box 37195-7954
Pittsburgh, PA 15250

Individuals wishing to make a statement are invited to send written comments directed to Thomas Irvin, Office of Special Education and Rehabilitative Services, U.S. Department of Education, Room 4607, MES Building, 330 C. Street SW, Washington, D.C. 20202, or FAX comments to (202) 260-0416. Comments should specifically reference the section/sections of the NPRM being referred to and must be received no later than 90 days after publication of the NPRM in the Federal Register (published October 22, 1997).

Funding of IDEA '97:

Gorton Amendment - Senator Slade Gorton's (R-WA) amendment to the Senate Education Funding Bill would block grants many federal education programs including Title I and Drug Free Schools. This amendment has been very controversial. Senators Kay Bailey Hutchison and Phil Gramm have voiced support. As of October 3, Senator Gorton had agreed to reduce the block grant from \$13 billion to \$11 billion and exempted Indian education, vocational education state grants, and vocational rehabilitation services. Still, this amendment faces major opposition from House leaders and the President. The National Governor's Association (NGA) sent a letter to the House-Senate conferees expressing concern that the Gorton amendment would impede state education agency activities as money goes directly to the districts. Without these funds the capacity of state agencies to provide technical assistance on state and local education efforts would be greatly diminished.

Riggs Amendment - Senator Riggs amendment would amend IDEA and deny special education services to young adults in prisons. There is also significant opposition for this amendment and it is expected to be defeated.

Children's Health Care:

A number of states are moving quickly to implement the new State Child Health Insurance Program, issuing \$4 billion in annual federal funding that became available October 1. This program gives states grants to provide health insurance for uninsured children in working families. Schools are likely to play some part in state plans, particularly in the area of Medicaid expansion. For most states, the additional funding represents a 30 percent increase in federal money paid for Medicaid. Texas has established a task force/advisory group to recommend approaches or describe options for implementing the federal legislation for uninsured children in families with incomes above the existing Medicaid levels. For more information on Children's Health Initiative go to www.hcfa.gov/init/children.html

Editor's Note: On February 27, 1998 at 3:30 p.m. at the Texas Association of School Psychologists' Conference, Houston Area Teen Coalition for Homosexuality (H.A.T.C.H.) will speak about some of the issues discussed in the following article.

Sexual Identity and Teens: Psychologists Can Help With Solutions

Research tells us that 22% of gay males and 29% of gay females have been physically hurt by another student because of their sexual orientation. Eighty percent of gay and lesbian youth have been verbally insulted, and 44% have received threats of attack. These students are unfortunately mistreated in a variety of other ways, also. Seventeen percent have been punched, hit, kicked, or beaten; 22% have had sexual assaults perpetrated upon them, 13% have been spat upon, and 10% have been assaulted with a weapon.

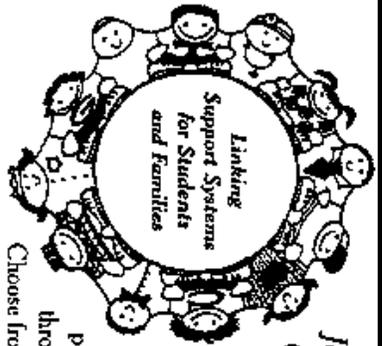
To add to these malicious acts by others, gay, lesbian, and bisexual youth suffer in even more hidden ways. Such youth are two to three times more likely to attempt suicide than other young people, and about thirty percent of completed teenage suicides are by young people dealing with sexual orientation issues.

This all adds up to a problem that the school mental health community has yet to deal with effectively. And the problem of assisting gay and lesbian youth with difficulties is exacerbated by legislative attempts to keep sexual orientation from being considered acceptable in the community at large.

Nevertheless, the American Medical Association, the American Academy of Pediatrics, the National Association of Social Workers, and the American School Health Association, among other associations, have all adopted policy statements that support the provision of health and mental health services for these adolescents.

A position statement adopted by the National Association of School Psychologists in February, 1993, and by the American Psychological Association the following month recognized the difficulties faced by gay and lesbian youth; the resolution commits both associations to "a leadership role in promoting societal and familial attitudes and behaviors that affirm the dignity and rights, within educational environments," of all these young people. At the same time, both organizations affirm their intentions to provide "a safe and secure educational atmosphere in which all youths, including lesbian, gay and bisexual youths, may obtain an education free from discrimination, harassment, violence, and abuse, and which promotes an understanding and acceptance of self."

Reprinted from: *OSPA Bulletin*. Newsletter of the Oregon School Psychologists Association. Volume 20. No.1. Fall 1997. p. 1.



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- **MS Destinations**
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1998 TASP Conference Keynote Speaker: State Representative Scott Hochberg

Scott Hochberg is serving his third term as State Representative to the Texas Legislature from District 132 in southwest Houston. The district includes the Texas Medical Center, Rice University, the Astrodome, and neighborhoods that include Southhampton, Southgate, Hiram Clarke, Meyerland, Maplewood, and Fondren Southwest. Mr. Hochberg is married to Kathryn Elek, who currently works as an issues specialist in the office of Houston City Council Member Annise Parker.

Mr. Hochberg was recently recognized as one of the best legislators by Texas Monthly and by the Dallas Morning News. He serves on the House standing committees on Public Education and Appropriations, and the House Select Committee on Revenue and School Finance, making him one of the busiest members of the House.

His work on the education committee led to the establishment of a parents bill of rights, improved accountability for special education programs, a safe schools provision to move juvenile offenders off public school campuses, and the state's first program to fund school building construction and renovation. He was recently honored as Legislator of the Year by the Texas Council of Administrators of Special Education, and the Texas PTA recognized his efforts by naming him their Outstanding Texas Legislator in 1996.

In addition to his work in education, his legislative accomplishments include strengthening prosecution of skinhead groups and others who commit hate crimes and improving the safety of personal care homes. An advocate of open government, he is one of several legislators who successfully worked to make all legislative actions and state agency rules accessible on the Internet. Mr. Hochberg was appointed by Governor Bush and Speaker Laney to serve on the board of the Texas Department of Information Resources, and he also represents Texas on the education panels of the National Conference of State Legislatures and the Southern Legislative Conference.

Mr. Hochberg is a Houston native. After earning his Masters degree in Electrical Engineering from Rice University, he co-founded an electronic manufacturing firm that he headed for 12 years before selling his interest. He now operates a consulting practice specializing in software design. He serves on the Community Relations Committee of the Jewish Federation of Houston and as a board member to the local chapter of the American Jewish Committee. He is the alumni representative to the KTRU-FM advisory head at Rice University, and he has served as president of the board of Houston Taping for the Blind and as trustee of the Citizens' environmental Coalition. He is also a graduate of Leadership Houston.

He has been honored by the American Cancer Society for his fight against tobacco-lobby sponsored legislation. The Women's Political Caucus of Houston named him as the re-

ipient of their 1993-94 Good Guy Award and the Harris County Democrats honored him with their 1993 Frankie Award for Education. Rice University has recognized Mr. Hochberg's volunteer efforts by naming its radio broadcasting tower in his honor.

NASP West Central Regional Meeting

Dr. Dan Miller, NASP state delegate and Dr. Ed Scholwinski, TASP President, attended the NASP West Central Regional Meeting in New Orleans on Nov. 22nd and 23rd., 1997. This year part of the regional meeting was devoted to the issue of tolerance and how it impacts our schools and communities. The issues of prejudice and bias, violence, etc. were discussed. TASP has initiated The Tolerance-in-Action Campaign and Curriculum. In collaboration with a number of other national associations to focus on the areas of discrimination tolerance and education. This curriculum will include a primary prevention implementation process involving school psychologists and other pupil personnel specialists nationwide. The goals are (1.) to increase the levels of positive and supportive interactions among the diverse individuals living in our communities as a result of this curriculum and implementation process and campaign, and (2.) to increase the sensitivity and skills levels of the students targeted relative to positive prosocial, and pro-tolerance behaviors and interactions.

Other NASP goals and issues were discussed at the regional meeting. It was noted that NASP is approaching twenty-one thousand in membership; and that Texas has five hundred and eighty five members. NASP is launching a campaign for minority scholarships, development of regional workshops, development of a technology plan for field based school psychology, and the continued development of the NASP web page.

This meeting was the last for Texas in the West Central Region. NASP Regional realignment places Texas, Louisiana, and Arkansas (former West Central Region members) into the Southeast Region. The long-standing working relationship with the other West Central states will be missed, but new opportunities to interact with other states is welcomed. The states representing the West Central region provided excellent examples of resources and state activities by which Texas can model. For example, the state of Oklahoma has the specialist degree designation that accompanies NCSP recognition. This is a Texas goal as well and we can learn much from Oklahoma's experiences. It is interesting to note that Texas Association of School Psychologists (TASP) is the youngest state organization of the region. Nebraska, Kansas, and Minnesota have had state school psychology organizations for over thirty years. Texas has enjoyed participating in the West Central region and will continue to collaborate with its members.

Best Practices Hotline

This column is designed to present current issues regarding the practice of school psychology. Questions should be directed to: *Ginger E. Gates, Ph.D., 7145 W. Tidwell, Houston, TX 77092*

Question: I know that the regulations regarding reevaluations have changed in the recent reauthorization of the Individuals with Disabilities Education Act (IDEA). However, I am confused about some of the wording, especially regarding consent and how much new testing has to be done. Can you help clarify some of these issues?

Response: Unfortunately, there still remain some unanswered questions due to unclear wording of the law and proposed regulations. However, let's review what we know. Remember that the regulations are only proposed at this point and won't be adopted until later in the spring. The following explanation will be based on the regulations as currently proposed (1/98).

A reevaluation of a child with a disability must still be done at least every three years. If a parent or teacher requests, or if conditions warrant, a reevaluation would be initiated whether or not the three year anniversary date is due. In addition, before determining that the student no longer qualifies for special education and related services a reevaluation would be conducted.

These regulations are similar to the "old IDEA". The primary difference is that now an IEP Team determines the extent of the reevaluation (Section 300.533). The scope of the assessment may vary from limited (collection of existing data) to a full assessment. If you read the notes in the proposed regulations it becomes evident that Congress is aware that conducting reevaluations is a highly paperwork intensive process. Often the focus is on reestablishing the disability even when the disability has remained present and stable for years. Congress is attempting to mandate only data collection that is necessary to verify the disability and to provide information for appropriate programming.

You will notice as you read IDEA that it states that the determination of the extent of the reevaluation is made by "a team that includes the individuals required by Sec. 300.344, and other qualified professionals, as appropriate." Section 300.344 outlines the members of the IEP Team (that's the ARD committee members to us Texans). The regulations only state that a team consisting of these members makes the decision. It does not indicate that the determination of data needed for the reevaluation has to be done at an ARD meeting. My interpretation of this is that as long as the required individuals are gathered together, discussing this issue, documenting the decisions, then it can be done outside of an official ARD meeting. The reevaluation (regardless of the scope) would still need to be accepted by an ARD committee, however.

The IEP Team must review at minimum the following existing evaluation data:

- 1) Evaluations and information provided by the parents of the child;
- 2) Current classroom-based assessments and observations; and
- 3) Observations by teachers and related services providers

Based on that review and input from the child's parents, the IEP Team is to identify what additional data, if any are needed to determine the following critical issues:

- 1) Whether the child continues to have a particular category of disability as described in Section 300.7;
- 2.) The present levels of performance and educational needs of the child;
- 3) Whether the child continues to need special education and related services;
- 4) Whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out in the IEP of the child and to participate, as appropriate, in the general curriculum.

It is obvious that Congress' intent is that additional activities should focus on collecting information that is useful in the educational programming for the child if the eligibility is not in question. If the four issues listed above can be adequately addressed, then the IEP Team may determine that **no additional data are needed** for the reevaluation. The existing data should be documented thoroughly so as to be useful in developing/modifying the IEP.

If it is determined that **additional data are needed**, the parents must be notified:

- 1) Of that determination and the reasons for it; and
- 2) Of the right of the parents to request an assessment to determine whether the child continues to be a child with a disability.
- 3) Of the proposed evaluation procedures

Additional data collected may range from a full assessment to determine appropriate eligibility, to simply the collection of informal and curriculum-based measures to assist with IEP development/modification.

Section 300.505(a)(1)(iii) states that in the case of a reevaluation, **parental consent** must be obtained before conducting any "new test". We are not given any definition of what a "new test" would encompass. A safe interpretation would certainly be that before any instrument/technique was administered individually to the child that parental consent be obtained.

If parents **fails to respond** to the request for consent the district can continue with the reevaluation if it can demonstrate that it took "reasonable steps" to obtain consent and the parents failed to respond (Section 300.505(c)). If the parent **refuses consent** the district may pursue the matter through

mediation or a due process hearing (Section 300.505(b)). Also notice that Section 300.534(a)(2) states that parents now must receive a copy of the evaluation report and documentation of the eligibility determination. The regulations do not say when the parents must receive a copy of the report, but common sense would dictate that it would certainly be before the ARD committee meeting where it would be discussed and the parents would be expected to participate to develop/modify the IEP.

In summary, the IDEA Amendments of 1997 and the proposed regulations focus reevaluations on the collection of functional information which will be useful in developing and implementing the educational program. It is paramount that as the team reviews the existing information to determine the extent of the reevaluation, that the past evaluations and special education records be examined carefully. We must be comfortable of the thoroughness and accurateness of any past evaluation or data before we would decide not to gather additional information regarding eligibility or programming. It seems that additional data/assessment would be needed in many cases. A few such cases could be when there is a question regarding the student's eligibility condition, when there is a possibility that the eligibility may change or that another condition would be added, when the background information indicates that several disabilities or conditions have been given to this student over the years, when intellectual and achievement measures have not been stable/consistent across time, and when progress has not been adequate. It would be a grave disservice to base future decisions on an inadequate evaluation. Assessment is the foundation upon which educational programming is built. It is incumbent upon us to make sound decisions that still contribute to a comprehensive view of the student and not decisions that are made for convenience.

Answer provided by: Ginger E. Gates, Ph.D., NCSP, LSSP

EVALUATING AN ELIGIBILITY REPORT FOR EMOTIONAL DISTURBANCE

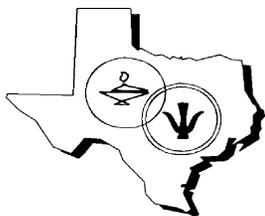
Gail M. Ceramic, Ph.D., NCSP, LSSP

Since 1996 with the changes in the Commissioner's Rules, the actual format of the E.D. report has more flexibility. Gone are the forced headings (i.e., Behaviors Within and Out of School that are Reflected by Subsequent Diagnosis; Behaviors that are a Direct Result of the Handicapping Condition) that we had disliked, but grown accustomed to. The E.D. report still has to establish the presence of a condition and make recommendations for behavior management, but the report can have differing formats. Many districts have not adopted a new format and the report looks different depending on who does it, while other districts are still using the old headings. While this is acceptable, I recommend the format which follows after this article. Many of you have seen this format in workshops that I have conducted. I believe the format is flexible enough to accommodate differing styles, and it still retains the type of information that we did put in our reports before. For example, there is not a section titled Functional Implications of the Disability for Instruction, but this is actually included in 3 places: Type of Emotional Disturbance (here you are to identify the essential features of the condition and state how such features impact educational performance); Strengths and Weaknesses (here you are identifying areas in need of intervention, which are those characteristics and behaviors that directly interfere with success in the educational setting); and Recommendations (here you are specifically identifying placement and instructional considerations, target behaviors and recommending interventions). Of course, if you like the old heading, this format is flexible enough to just stick it in after the section on Type of Emotional Disturbance. Notice that I have changed the title of the report by adding Social/Emotional in parentheses after the term Psychological, and there is a section called Social, Emotional, and Behavioral Characteristics in the body of the report. The reason for this is to be consistent with IDEA. We have a misconception in this state that a psychological report exists separately from a Comprehensive Individual Assessment (CIA). In the proposed IDEA Regulation (Section 300.532), "the child is assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities." This is the same as what is currently in place. Since the term psychological is not used here, but we often separate out the psychological portion of the CIA, I have decided to identify the psychological evaluation as the Social and Emotional component. Thus, there should be no ambiguity or confusion that this psychological evaluation is an evaluation of social and emotional status consistent with the terminology in federal regulations.

Eligibility Report continued on page 14

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Eligibility Report continued from page 12

The proposed format obviously refers to a psychological report that is done separate from the body of the CIA. Some of you incorporate this in the body of the CIA, especially if you are doing the entire assessment. Thus, this format simply needs to be modified to suit your purposes. Also, the use of the full title which includes "and Disability Determination: Emotional Disturbance" is optional, especially if you will be attaching the TEA E.D. eligibility form to the report. The term "determination of disability" is one I'm sure you recognize from the CIA title we use. Again, I put it in for consistency.

Before you adopt any format, please check your district's regulations. Most districts simply adopt the Commissioner's Rules and do not specify the areas to be covered apart from those in the CIA. Thus the format I have suggested would be acceptable. However, I have heard of districts that put a format in their own policies. Be careful that you follow their format for monitoring purposes, or that you involve yourself in changing it to allow for more flexibility if it still has the "old" sections identified in the pre-1996 SBOE Rules.

Regardless of the actual format of the report, we must be sure that the information contained in it is adequate for the purposes of establishing eligibility and making behavior management recommendations. While many of us have been writing E.D. eligibility reports for quite some time, we may not have been in the position to supervise the report of a colleague.

Now many LSSPs are doing that. Also, many of us have been conditioned to believe that the report will simply be placed in a file and no one will read it. Now, a copy of the report must be given to the parents. It is highly likely that our reports will come under more scrutiny. Thus we must evaluate their adequacy. The following questions are designed to assist in this process. These questions can be used by supervisors to review E.D. reports, by the LSSP in self-evaluation of his/her report, and by administrative personnel (special education directors, psychological services coordinators) to judge the adequacy of a report generated by district personnel or an external professional. I'm sure I haven't covered every question one could ask, but hopefully this is a start.

1. *Does the report follow a "Best Practices" model of assessment?* This includes a minimum of 5 components: (a) Interviews with Parent, Teacher, and Student; (b) Standardized Rating Scales administered to the Parent and Teacher; (c) Standardized Self-Report Measures administered to the Student (this may not be done if the child is too young, but please say that it was not done due to age in your report); (d) Observations of the Student; and (e) Review of the Student's History (developmental, medical, social, behavioral, educational, etc.).

2. *Does the report explain what characteristics the student displays in social/interpersonal, emotional/affective, behavioral, coping, and self-control areas?*

3. *Does the report explain how the student's characteristics in the above-mentioned areas impact and interact with the student's performance in the classroom and the school environment?*

4. *Does the report explain the determination of emotional disturbance and why the student is or is not E.D.? If one or more of the 5 E.D. characteristics is checked, what are the essential features being manifested that result in the student meeting the criterion identified? I also believe it is important to explain why the student does not meet E.D. eligibility. This may be due to not having any of the 5 characteristics to a marked degree, or that there is no adverse impact on educational performance. It could also be that the student does not manifest a characteristic (i.e., although the student has difficulty in interpersonal relationships, he/she has established friendships commensurate with developmental level, thus the characteristic of "inability to build or maintain interpersonal relationships..." is not met). In general, the evaluator should have an explanation of why the student is E.D. or why he/she is not. Emotional Disturbance is a vague term and many differing opinions exist out there. Make sure your decision is sound and defensible.*

5. *Is educational need addressed directly?* There should be statements in the report to show how the student's E.D. condition adversely impacts his educational performance. There should also be direct evidence of the need for special education. I think this is what the section of Functional Implications was supposed to do in the old format. You may wish to add such a section, titling it Educational Need. Sometimes this is repetitious with what is already in the report, but adding a specific section on Educational Need may be easier than discerning this from the other sections. Such a section would probably be helpful when supervising interns and first year LSSPs since it gears their thinking to how the student's social, emotional, and behavioral characteristics adversely affect the student's "education" and what special education services are needed to facilitate the student's success.

6. *Do the recommendations address the following: (a) Behavior Management* (list target behaviors to be decreased, replacement behaviors to be increased, identify antecedents and setting events, and describe appropriate interventions). *(b) Placement considerations* (class size, amount of structure or supervision, instructional needs); *and (c) Related Services* (will counseling or psychological consultation be needed and why). Try to use functional analysis of behavior terminology when writing recommendations for behavior management. Instead of simply saying: "J. is likely to become aggressive in unstructured settings such as the cafeteria and playground", say or add, "The setting environmental factors for J.'s pushing other children are the cafeteria and playground, with the immediate antecedent identified as being teased by peers." Now we have a direct link to intervention and replacement behaviors, because we can teach J. a replacement behavior for pushing when he is teased and provide more supervision during unstructured settings to prevent the inappropriate behavior from happening.

Thus we have a direct link to the Behavior Intervention Plan and/or Behavioral IEP. Remember, Related Services are recommended when they are needed for a student to benefit from instruction. If you recommend counseling, try to identify a major goal and specific objectives for counseling to address. This will then directly link to the IEP. You don't have to identify every goal, objective, or target behavior, but you should select those which are most outstanding regarding the need for change/intervention. Regarding recommendations about placement, I am not proposing that you be so specific as to state numbers and the exact classroom location or program, but if you say a student needs a structured setting, what does this look like? If we can identify the components of a placement/program, then the ARD can make an informed decision about programming options. For example, the student may become frustrated and refuse to do work in the classroom only when assigned worksheets for independent activities. At these times, access to Content Mastery would be an appropriate consideration. Another student may be so aggressive or emotionally labile that he cannot remain in the regular classroom. Remember, placement and programming are based on a student's needs, not on his label.

The assessment of E.D. is a very time consuming and complex process. We must not forget that it is the ARD committee that determines eligibility and that our reports are presented as members of this committee to document evidence of a condition and educational need, and to assist with determining interventions. Actually, the majority of people at the ARD should have contributed to the data in the report (i.e., parent, teacher, other school personnel as appropriate), so the decisions reached are usually consistent with those recommended by the evaluator. But we all know of cases where this did not occur. I highly recommend a meeting with the parent prior to the ARD so that you can go over your report and give the parent a copy. I also recommend a staffing with school personnel if there is anticipated difficulty regarding placement and programming recommendations. If all parties are knowledgeable they can be more effective participants, and the ARD can accomplish what it is supposed to - designing the educational plan that will maximize the student's opportunity for success.

Suggested Format for ED Eligibility Report

Gail M. Ceramic, Ph.D.

PSYCHOLOGICAL (SOCIAL/EMOTIONAL) EVALUATION AND DISABILITY DETERMINATION: Emotional Disturbance

Reason for Referral

Procedures/Tests Used

(list all procedures and instruments used: tests, observations, interviews, review of records, etc.)

Background Information/ History

(developmental, educational, medical, social, and family history; review prior evaluations; previous interventions or treatments attempted; review most current psychoeducational data)

Behaviors Exhibited Within and Out-of-School

(current behaviors reported by teacher and parent; strengths and weaknesses as perceived by teacher and parent; current discipline record; direct observations of student in educational environment; rating scales/school checklists completed in referral process)

Social, Emotional, and Behavioral Characteristics

(report of standardized rating scales completed by parent and teacher, standardized self-report measures, and projective techniques if used; describe social, affective, behavioral, self-concept, self-control and coping characteristics)

Type of Emotional Disturbance (This Section would be titled Conclusions if you are determining that the student does not manifest E.D.)

(identify one or more of the 5 ED characteristics and explain how this represents an emotional condition by describing the essential features of the condition; when deciding on whether or not the child manifests a characteristic consider how long have the behaviors been present, to what degree do the characteristics adversely affect educational performance, and how atypical or deviant is the child's characteristics compared to average peers of the same age; use the concepts of frequency, duration, and intensity to determine if the child truly meets one of the 5 characteristics; DSM IV diagnosis is optional and you really need to consider the implications of giving a diagnosis)

Strengths and Weaknesses

(list the child's assets or behaviors which are appropriate; list behaviors in need of intervention - these will likely become some of the objectives on the behavioral IEP/management plan)

Recommendations for Behavior Management

(what types of proactive services will be needed - social skills, aggression replacement; what type of classroom setting and instructional strategies will be needed; what type of plan of rewards and consequences will be needed; identify and prioritize behaviors in need of intervention and then identify replacement behaviors which are incompatible with those targeted for reduction or elimination; identify the conditions under which appropriate and inappropriate behavior occurs).

Alternative Service Delivery Systems: Case Studies in Behavioral Consultation

by John M Hirtze, Lynn Dee Galey, Deirdre J Passarello, and Melissa M. Root
University of Connecticut

Consultation is viewed as a significant component of all school psychological service delivery systems and has become one of the major professional functions for school psychologists (Reynolds, Elliott, Gutkin, & Witt, 1984). While specific outcome expectations vary from case to case, three general goals guide the overall consultative process: (a) to help make responsive educational and psychological services available to all children, (b) to engage individuals (e.g., teachers) who interact with children in the service delivery process, and (c) to facilitate effective problem-solving among the individuals (e.g., teachers, school psychologists, social workers, instructional support team members, etc.) involved in working with children (Henning-Stout. 1993).

Behavioral Consultation (Kratochwill & Bergan, 1990) is a model of consultation predicated on the application of behavioral and social learning theory principles toward the amelioration of problem behavior. Behavioral consultation possesses several distinct features that makes it particularly useful for school-based practitioners. First, behavioral consultation involves *indirect service delivery* whereby a consultant (e.g., school psychologist) works with a consultee (e.g., teacher) who in turn provides direct services to a client (e.g., child/student). Second, behavioral consultation uses a *problem-solving approach* wherein an emphasis is placed on determining functional aspects that serve to maintain problematic behavior. By paying particular attention to the ecology in which problematic behavior occurs, interventions can be developed which have a higher probability of being successful.

METHOD

PARTICIPANTS

Three doctoral level school psychology students enrolled in a graduate level behavioral consultation course and related practice served as consultants. Each consultant worked in a public school for a minimum of two days a week (one consultant was a certified school psychologist and was employed by a public school full time). As part of their everyday duties, each consultant entered into a voluntary collaborative arrangement with a teacher (i.e., consultee) aimed at improving some aspect of a child's behavior in a primary preventative manner.

PROCEDURES

Four fundamental steps in problem-solving behavioral consultation were conducted. The first step involved *problem identification*. In this stage, the consultant interviewed the consultee to elicit an operationally defined clear definition of the problem that the child was exhibiting. For example, if a teacher reported that Johnny was "off the wall," the consultant

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might have asked, "What sort of things does he do when you say that he is 'off the wall'?" "Well, he runs around the room a lot and is rarely if ever in his seat." It is during this stage that the consultant needs to clarify the nature of the behavior denoted as "off the wall" and arrive at an operational definition of the problematic behavior that is mutually agreed upon by both parties. The validity of this first stage has been supported by Bergan and Tombari (1976) who found that accurately defining the problem behavior was the best predictor of being successful in problem solution. Conversely, if the problem is not accurately defined, there is little hope in ever solving the presented problem.

Once the problem is clearly defined, the second step or *problem analysis* began. The problem analysis stage involved systematic direct observation of the behavior by the teacher and the collection of baseline data on the frequency, intensity, and/or duration of the behavior. Once the data was collected, a second interview was conducted in which the data was jointly analyzed by the consultant and the teacher. At this time, the consultant and consultee generated hypotheses regarding the function of the target behavior and developed strategies and tactics to be used during subsequent intervention. The interview ended when a detailed intervention plan was formulated and agreed upon by both parties.

During the third step intervention plans were implemented and monitored on an *on-going* basis. That is, the teacher continued to collect data on the student's behavior and met periodically with the consultant to *evaluate* whether the intervention was having any impact. The final step was characterized by a formal evaluation of the intervention program and an assessment regarding needed modifications of the intervention plan. If improvement in the problem behavior was not observed, changes in the intervention program were made and monitored as they were in step three. If the interventions program was deemed successful, formal consultation was ended and recommendations for maintenance and generalization developed.

RESULTS

Case Example 1. Mary was a 10-year old female who was enrolled in a general education fifth grade classroom. During the problem identification interview, it was determined that Mary's problematic behavior consisted of frequent visits to the school nurse. These visits resulted in missed instructional and task engaged time. It was hypothesized that Mary's behavior was maintained by social attention she received from the school nurse and an escape/avoidance function from academic tasks. During the problem analysis interview it was agreed that in order to decrease Mary's visits to the school nurse, a combination of extinction and response-cost would be implemented. For each visit to the school nurse that did not meet health room criteria (e.g. temperature > 100 degrees, no signs of injury or vomiting), Mary was instructed to immediately return to her class, thus restricting access to social attention (i.e., extinction). In addition, for each minute that she spent away from her class

going to and from the nurse, Mary had to make up missed assignments during class free time or recess (i.e., response-cost). The number of instructional minutes missed decreased from 43 minutes per week during baseline to approximately eight minutes per week during intervention.

Case Example 2. Frank was an 8-year old African-American male who was enrolled in a general education second grade classroom. During the problem identification interview, it was determined that Frank's problematic behavior consisted of non-compliance with teacher verbal directives. Topographically, Frank's behavior consisted of putting his fingers in his ears, pulling his shirt up in front of his face, or turning his body from the teacher upon presentation of a verbal directive. It was hypothesized that Frank's behavior was maintained by escape/avoidance from task demands and social attention gained from the teacher's resultant bartering to get him to comply. During the problem analysis interview it was agreed that in order to increase Frank's compliance to verbal directive, a combination of stimulus control consisting of precision requests (Jenson, Rhode, & Reavis, 1993), extinction, and differential reinforcement of incompatible behavior would be implemented. Verbal directives were presented as precision requests (e.g., stimulus control) and were repeated until compliance was secured (e.g. extinction). Furthermore, Frank received positive reinforcement in the form of verbal praise for each instance of compliance and only for compliance (e.g., differential reinforcement of incompatible behavior). All other behaviors were ignored. Results indicate that Frank's noncompliant acts decreased from an average of 4.3 per day during baseline to an average of 1.6 per day during intervention.

Case Example 3. Jim was a 7-year old Hispanic male who was enrolled in a general education first grade classroom. During the problem identification interview, it was determined that Jim's problematic behavior consisted of inattention during teacher led instruction when students were seated on the "circle time rug." It was hypothesized that Jim's behavior was maintained by escape/avoidance from academic tasks. During the problem analysis interview it was agreed that in order to increase Jim's attention during "rug time" instruction, positive reinforcement would be delivered contingent upon each 15-minute period that he remained attentive (there were two "rug time" lessons per day, one lasting 45 minutes and the other 30 minutes).

At the end of each instruction period, Jim was allowed to choose a sticker for each 15-minute period of time that he remained attentive and place it on a specifically designed recording sheet. Social praise was also delivered at this time. During the third step of the consultative process it was decided to alter the intervention and allow access to a preferred activity (drawing at the end of the day), contingent upon three out of five 15-minute blocks having earned stickers from the day's "rug time" instruction. Results indicate that Jim's attending behavior increased from an average of 1.8 15-minute blocks during baseline to an average of 2.3 and 4.1 one-minute blocks during phases I and II of intervention respectively.

CONCLUSIONS

These three case examples provide supporting evidence for the behavioral consultation model as an efficacious model of indirect service delivery. In each instance, consultation between a consultant and consultee set the stage for significant behavioral change in a socially valid nature. Through the application of applied behavior analytic principles and social learning theory, consultants were able to effectively help consultees in designing interventions of a primary or secondary preventative nature with minimal support from other pupil assistance members. Behavioral consultation in these instances proved to be a time effective and efficient manner of problem solving.

References

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Reprinted from: *School Psychology in Illinois*. Official publication of the Illinois School Psychologists Association. Volume 18. No. 5. October 1997. p. 8-11.

TASP NOW ON-LINE

<http://web2.airmail.net/tasp>

Here is a brief description of what you will find on the TASP Internet site:



News Flash

- Important Updates for TASP members and other Texas school psychologists.

What is TASP?

- The mission statement of TASP is included to let people new to TASP know what we are about.

Executive Board Members

- Names, addresses, phones, and e-mail addresses for current board members and committee chairs are listed.

Membership Information

- TASP membership classifications and criteria are defined.
- Potential members or members renewing may print a copy of the membership application and send it in.
- A change of address form may be printed and sent in to the membership chair as needed.

Calendar of Events

- A 12 month calendar of professional development activities and meetings will be posted on the web site.

Legislative Updates

- Keep up-to-date by reading and responding to legislative updates from TASP and NASP.
- Current information about LSSP requirements and deadlines.
- Links to the Texas legislature to monitor bills and find out who you legislators are.

Newsletter Information

- Calls for articles and submissions
- Advertising policies
- Highlights of past and future newsletters.

Public Information

- School Psychology Week activities
- PR resources for promoting school psychology in Texas.

Awards and Honors

- Criteria for TASP annual awards
- Listing of previous awardees

Texas Trainers of School Psychologists

- List of school psychology training programs in Texas.
- Information for Texas trainers.

Job Openings

- A list of current job opening across the state.
- Potential employers may e-mail in announcements.

TASP Archives

- History of TASP
- TASP Constitution and by-laws
- List of TASP Charter Members
- Membership and Conference stats
- TASP Milestones

Related Web Pages

- Links to other professional organizations
- Links to other school psychology resources

The TASP Home Page is a designed as a resource for it's members and future members. The continued quality of the Home page depends on the members. Encourage your employers to use the Job Listing service. Send in dates for the calendar. Pass on the addresses of other Internet sites that you find useful in your practice as a school psychologist.

TASP On-Line continued on page 26

**Texas Association of School Psychologists
Professional Development Conference**

February 26-28, 1998

Marriott West Loop by the Galleria • Houston, Texas

Thursday, February 26, 1998

12:30 p.m. - 4:45 p.m.

**Manifestation Determination and Developing
Appropriate behavior Intervention Plans**

Eric Hartwig, Ph.D.

Friday, February 27, 1998

8:30 a.m. - 11:45 a.m.

**Assessment of Emotional Disturbance:
Differential Diagnostic Issues**

Randy Kamphaus, Ph.D.

WAIS-III: Focus on Interpretation

David Tulskey, Ph.D.

Bilingual Verbal Ability Test

Criselda Alvarado, M.Ed.

Mary Ruef, B.A.

Ana Muñoz-Sandoval, Ed.D.

3:30 p.m. - 5:00 p.m.

Communication-Based Consultation Strategies

Andrea Ogonosky, Ph.D.

Update: Texas State Board of Examiners of Psychologists

Emily Sutter, Ph.D.

**Houston Area Teen Coalition for
Homosexuality (H.A.T.C.H.)**

Robert McLaughlin, Ph.D. and Teen Group

The Lovaas Controversy

Frank Gresham, Ph.D.

Saturday, February 28, 1998

8:30 a.m. - 11:45 a.m.

Social Skills Assessment and Intervention

Frank Gresham, Ph.D.

Experiential Techniques for Group Counseling

Michael Dixon, Ph.D.

**Behavioral Interventions with Autistic
and Severely Involved Students**

Beverly Braman, Ph.D.

NASP Update



Do you like to plan ahead? Well let me help you plan some travel plans in the next century. NASP has scheduled the annual national conventions for the next five years. Mark your calendars now and plan on attending.

April 14-18, 1998 - Buena Vista Palace, Orlando, Florida

April 6-10, 1999 - Bally's Hotel and Resort, Las Vegas, NV

March 28-April 1, 2000 - Sheraton New Orleans Hotel, New Orleans, LA.

April 17-21, 2001 - Sheraton Washington Hotel, Washington, D.C.

March 5-9, 2002 - Hyatt Regency Chicago, Chicago, IL.

Are you a member of NASP? Many of the TASP members and non-TASP members are not yet members of NASP. If you are an LSSP or a graduate student in a school psychology training program you are eligible to join NASP. NASP has over 19,000 members of the estimated 25,000 school psychologists in the country. At the TASP 5th Annual Professional Conference in Houston in February, I will have membership applications for NASP and special incentives to join. Bring an extra check and plan on becoming a new member of NASP.

In the next newsletter, I will update you on the discussions held at the NASP's West Central Regional leadership conference. Ed Scholwinski, TASP president, and I will be attending that meeting.

Have a happy and safe holiday season. See you at the TASP conference!

*Daniel C. Miller, Ph.D., N.C.S.P., L.S.S.P.
NASP State Delegate*

**Just What Can I
Call Myself
Anyway?**



By the close of the LSSP grandparenting period on September 1, 1997, over 1500 professionals had been grandparented. These LSSPs and other school personnel are still getting used to the new terms associated with the newly licensed service providers. The Texas State Board of Examiners (TSBEP) recently released a chart which specifies who are the providers of school psychological services in the public school districts.

To obtain an official copy of this handout or if you have questions, please contact the TSBEP at 333 Guadalupe, Suite 2-450, Austin, Texas 78701 512-305-7700.

See the chart on page the next two pages

The Texas School Psychologist

Texas State Board of Examiners of Psychologists
333 Guadalupe, Suite 2-450
Austin, Texas 78701
(512) 305-7700

PROVIDERS OF SCHOOL PSYCHOLOGICAL SERVICES IN THE PUBLIC SCHOOL DISTRICTS

TYPE (Permitted Titles)	DEFINITION	SUPERVISION REQUIRED
LSSP, Grandparented		
“Licensed Specialist in School Psychology” or “LSSP.”	Meets requirements of Board rule 463.32(f). Grandparenting applications not accepted after September 1, 1997	None required.
LSSP, Regular		
“Licensed Specialist in School Psychology” or “LSSP.”	Meets requirements of Board rule 463.32(a) through (d).	With more than one year’s experience, none required. During first year of practice as a licensee, must practice under qualified supervision. See Board rule 46S.38(4)(iii). Supervision must be sufficient, given the supervisee’s level of competency and experience, to ensure quality of care.
“Trainee”		
Must be clearly designated at all times as “LSSP Trainee.” May not be called “psychologist” at anytime.	Individuals who have applied for licensure as a regular LSSP and have received notification from Board that they have met all training requirements	May provide school psychological services on behalf of public school district to public school students under qualified supervision for up to one year while they take and pass the required examinations. After one year, if they have not acquired the LSSP, or if at any time during the year the application is voided, ability to practice ends immediately. Patients/clients are the actual patients/clients of the supervisor. The supervisor is directly responsible for all services and actions of the trainee. Trainee status does not qualify trainee to provide psychological services of any other kind.

TYPE (Permitted Titles)

DEFINITION

SUPERVISION REQUIRED

Intern: “LSSP Intern.”

Must be clearly designated as an “intern” at all times and may not be referred to or listed as a “psychologist.”

Individuals fulfilling internship requirement of Board rule 465.32 (b).

Must be under direct supervision of qualified supervisor at all times that school psychological services are being provided to a public school student. If internship not pursuant to a recognized training program at regionally accredited university or college, supervisor is individually responsible for ensuring that internship meets all requirements enumerated in Board rule 463 .32 (b).

Intern, student, or trainee not pursuing LSSP.

Must be clearly designated as a “psychological intern”, “psychological trainee” or “psychological student” at all times and may not be referred to or listed as a “psychologist.”

Individuals pursuing a course of study in preparation for the practice of psychology in a recognized training institution, pursuant to Section 22 of Act, excluding individuals fulfilling an LSSP internship pursuant to Board rule 465.32(b); or individuals doing postdoctoral internship pursuant to Section 21 (a)(2).

May only practice school psychology in a public school district under direct supervision of LSSP qualified to supervise and only to extent the intern is qualified by virtue of experience and training. Once the course ends, the intern may not offer services of any kind. Patients/clients receiving services are the patients/clients of the supervisor. The supervisor is directly responsible for all services and actions performed in the course of the intern’s delivery of school psychological services to a public school student.

Qualified Supervisor: Supervision of delivery of all school psychological services on behalf of a public school district to a public school student must be provided by an LSSP, either “regular” or “grand parented,” with at least three years of experience providing psychological services in a public school district. See Board rule 465.38(4).

SEPTEMBER 26, 1997

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MEMBERSHIP REPORT

The TASP Executive Board approved the following new members at the Board meeting on October 18, 1997.

Regular Members:

Sheila Allison
Jeralyn Barta
Debra Bell-Babb
Nancy Breunig
Lin Brown
Jeanne Burns-Sloan
Michael Campbell
Stacy Carnahan
Evealynd Chandler
Kimbra Crawford
Randay Crittenden
Debra Day
Larry Gilbert

Donna Goodrich
Wayne Gressett
Rhonda Gross
Gary Halgunseth
Arthur Hernandez
Gina Hoffman
Bruce Jennings
Patricia Kistler
Barbara Lavender
Deborah Lawrence
Victor Loos
Suzan Makins
Bradley Mason
Barbara Moore
Viola Oualline
Karen Peer
Suzi Phelps
Patricia Prewitt

Willette Rasure
Cynthia Riccio
Julie Rigby
Helen Risch
Floyd Robertson
Christine Shoults-Fortman
W.T. Smith
Heather Spurgin
Della Thomas
Nell Thomas
Diane Van Cleave
Sandra Vandaveer
Vikki Vernon
Janice Wiggins
Helen Williams

Affiliate Members:

Dawane McDougall
Adisa Minka

Student Members:

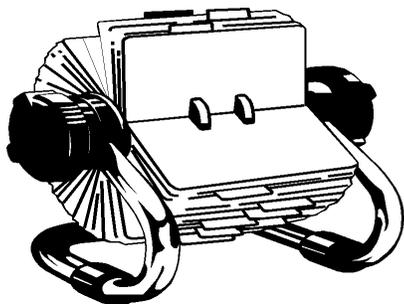
Marisol Balli
Leah Cook
Bety Connell
Lynda Curry
Patricia Deane
Diane Day
Michael Ford
Monica Freeman
Debra Gomez
Penny Hampton
Stephanie Hataway

William Heath
Megan Hudson
Lorraine Huffaker
Thomas Kaler
Lucia Khurana
Jodi Lowther
Lisa Maierhofer
Gina Marriott
Claire McKay
Michael Olds
Janet Panter
Rebecca Price
Maria Querodo
Judy Rayburg
Diane Ridgway
Dalia Rosenberg
Laura Segura
Phyllis Terry
Lisa Warren
Tracy Watts
Diana Williams
Johanna Wong
Melissa Youngblood

Thank you to all of you who have renewed your memberships. Please send in your membership renewal as soon as possible if you have not yet done so. We need your continued support so TASP can effectively represent its members,

*Melanie A. Belcher, M.A., NCSP, LSSP
Membership Committee Chair*

Are you moving?



Please send a change of address to
TASP C/O Your Third Hand
11811 Cedar Valley Cove
Austin TX 78753-2207
(512) 836-1890
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so that you will continue to receive
the Newsletter and other important mailings.

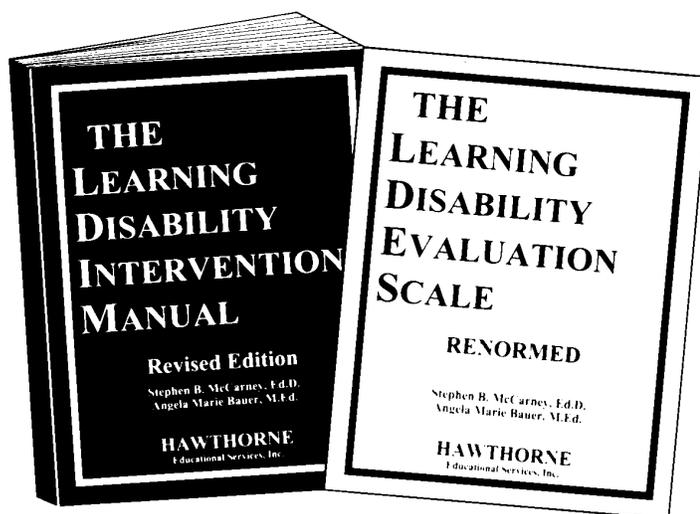
Learning Disability Evaluation Scale

RENORMED 1996

by *Stephen B. McCarney, Ed.D.*

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- The LDES includes 88 items representing the most commonly identified characteristics of learning disabled students in the areas of: *Listening, Thinking, Speaking, Reading, Writing, Spelling, and Mathematical Calculations.*
- The LDES was standardized on a total of 6,160 students from 19 states and 71 school districts.
- The scale can be easily completed by instructional personnel in approximately 20 minutes.
- The Learning Disability Intervention Manual contains a comprehensive guide to goals and objectives for the student's IEP, as well as a complete set of interventions/instructional strategies for the learning problems identified by the LDES.



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Graduate Student Representative Report

As the new Graduate Student Representative for TASP, I have spent the first few months getting settled into the position, learning the ropes, and seeing first-hand just exactly "what happens" in TASP board meetings. Embarking on this new role has felt a little like a "sensation-seeking" hiking trip through unmarked territory. In addition to all this fun and adventure, however, I have been working on the goals I set forth in the beginning. The first of which, is to create an award for the Outstanding Graduate Student. This award, will be presented at the conference in February and includes assistance in getting to the conference! At the conference this year, we will again have time scheduled Thursday evening so that graduate students can get together as a group. I look forward to seeing you all there! Lastly, I would like say that I am very proud to have been given this opportunity to serve as the TASP 1997-1998 Graduate Student Representative.

Please contact me with your suggestions or feedback.

Thank you,

Nancy Schill, B.A. (working on M.A. and LSSP)

Texas Woman's University School Psychology Graduate Programs

TWU offers a Doctoral and Master's graduate programs in school psychology. Both programs are accredited by the National Association of School Psychologists (NASP). The doctorate in school psychology leads to licensure as a Psychologist or a Licensed Specialist in School Psychology (LSSP) and certification as a Nationally Certified School Psychologist (NCSP). The Master's in school psychology leads to licensure as a LSSP and certification as an NCSP. TWU also has a Respecialization program intended for those professionals who have a previous Master's degree in a related field and want to get the national NCSP and the Texas LSSP.

Apply now for starting in the Summer or Fall of 1998!

For more information contact:

Daniel C. Miller, Ph.D.
Director, School Psychology Graduate Programs
Texas Woman's University
P.O. Box 425470
Denton, Texas 76204
(940) 898-2303 (Department Phone)
(940) 898-2301 (Departmental Fax)

Visit our new Web Page at:
WWW.TWU.EDU/AS/PSYPHIL/SPPC/

If you would like to discuss the TWU Doctorial Training Program, track down Dr. Miller, Dr Palomares or Dr. Graham at the TASP Conference!



Treasure's Report - First Quarter 1997-98



A sound financial 1996-97 year and the wonderful response to TASP's membership initiative have helped keep our treasury in very good shape. We carried over approximately \$21,000 from last fiscal year. We have again added to our reserve fund (savings account), bringing its total to a little over \$15,000. Total inflow for the first quarter of this fiscal year has totaled about \$10,000 (not including carry over money), with expenses totaling about \$9,300 (not including \$5,000 from carry over money deposited in the reserve fund). The largest single expenditure so far this year, \$5000, has been to again secure the services of Brad Shields, our "eyes and ears" in Austin (for legislative issues). Otherwise, general operational expenses for the organization have accounted for the rest of the expenditures. We are looking forward to continued membership growth during the second quarter and to a successful annual conference during the third quarter. As always, a full accounting of TASP's financial accounts are available to anyone upon request.

See you in 1998 in Houston at TASP's 5th Annual Conference!

Respectfully submitted,
Phyllis Hamilton

Region II Report



Region II continues to be concerned about membership. This year the far West Texas region hopes to greatly increase the professional and affiliate members who deliver psychological services in the schools. To facilitate this effort a regional conference will be held in El Paso on January 23rd and 24th, 1998. Dr. Gail Cherie, Past President of TASP, University of Houston-Clear Lake, and Dr. Ginger Gates, President Elect of TASP now with Region IV Education Service Center, have agreed to serve as presenters. Topics covered will be timely and will include IDEA regulation updates, manifestation and state-of-the-art assessment practices. It is also hoped that the conference will be a vehicle to promote the TASP Annual Professional Development Conference in Houston, February 26-28, 1998. For Information about this conference, contact me at (915) 747-5572 or e-mail:

Tom Wood

EMPLOYMENT NOTICE:

Position for LSSP/Diagnostician in School Appraisal, Crosby Independent School District. Crosby is located in the Houston metropolitan area. Contact:

Margaret Thibodeaux, Director of Special Education
Crosby ISD
P.O. Box 2009
Crosby, TX 77532
(281) 328-9311

Angleton ISD - Notice of Vacancies (December 9, 1997)

Title: (1) - Educational Diagnostician or Licensed Specialist in School Psychology
(1) - Speech Language Pathologist

Qualifications: Master's Degree or higher for Educational Diagnostician
Valid Educational Diagnostician Certificate or LSSP Licensure
Speech Language Pathology Licensure

Terms of Employment: 193 days - Speech Language Pathologist
200 days - Diagnostician/LSSP

Compensation Range: Diagnostician - \$33,284 - \$50,032
LSSP - \$34,283 - \$ 51,533
Speech Language Pathologist - \$29,529 - \$44,010

Contact: Don West - Personnel Director
Angleton ISD
1900 N. Downing
Angleton, Texas 77515
(409) 848-8368

Advertisement in the Texas School Psychologist

The publication of any advertisement by the Texas School Psychologist: Newsletter of the Texas Association of School Psychologists is neither an endorsement of the advertiser, nor of the products or services advertised. TASP is not responsible for any claims made in an advertisement. Advertisers may not, without prior written consent, incorporate in a subsequent advertisement or promotional piece the fact that a product or service has been advertised in the TASP Newsletter. The TASP Newsletter is published to enhance communication among School Psychologists in a manner that advances the general purpose of the Texas Association of School Psychologists.

The acceptability of an ad for publication is based upon legal, social, professional, and ethical considerations. All advertising must be in keeping with the generally scholarly, and/or professional nature of the publication. Thus, TASP reserves the rights to unilaterally reject, omit, or cancel advertising which it deems not to be in the best interest of the scholarly and professional objectives of the Association, and/or not in keeping with appropriate professional tone, content, or appearance. In addition, the Association reserves the right to refuse advertising submitted for the purpose of airing either side of controversial social or professional issues.

Classified Rates

There is no charge for Employment Notices. The rate for any other advertising is \$2.00 per line. The minimum order is four lines and each line contains about 60 characters. The charge for a full-page ad is \$100.00. All advertising must be pre paid. No frequency or agency discounts apply. To submit copy, and/or for other classify/display advertising rates and information, contact: William G. Masten, Ph.D., Director, School Psychology Program, Texas A&M University-Commerce, Commerce, Texas 75429; Phone: (903) 886-5596 or 886-5594, FAX (903) 886-5510, E-mail: william_masten@tamu-commerce.edu

Deadline:

Camera-ready artwork or Employment Notices copy must be received by the first of the month prior to desired publication. All camera-ready artwork and notices must be on 8 1/2 by 11-inch paper. Readers receive the Newsletter three times per year. It is recommended that response deadlines in advertisements be no earlier than the 15th of the month following the month of publication.

Newsletter Policy

The Texas School Psychologist: Newsletter of the Texas Association of School Psychologists is a non-profit newsletter wholly owned, operated, and published by the Texas Association of School Psychologists. Although it is an official publication of the Association, the contents of this Newsletter and the opinions expressed in it do not necessarily reflect the opinions or policy of the Texas Association of School Psychologist, or the elected, or appointed officials of the Association.

TASP On-Line continued from page 18

Anything to be posted on the TASP Home page should be forwarded to the Webmaster at "TASP@airmail.net" We look forward to your comments about the TASP Home Page and your continued usage.

TASP Home Page Address:

<http://web2.airmail.net/tasp>

Webmaster e-mail Address:

tasp@airmail.net

Texas now joins the ranks of only a few states who have developed web pages for their state professional organizations.

1997-1998 TASP Executive Board

President

Ed Scholwinski
Dept. of Ed. Adm. & Psych. Serv.
Southwest Texas State Univ.
San Marcos, TX 78666
(512) 392-2214 (Home)
(512) 245-3093 (Work)
(512) 353-3725 (Fax)

Treasurer

Phyllis Hamilton
425 Padre Lane
Victoria, TX 77905
(512) 578-0927 (Home)
(512) 573-0731 (Work)
(512) 576-4804 (Fax)

Region II Representative

Thomas A. Wood
5337 Country Oaks Dr.
El Paso, TX 79932
(915) 581-4261 (Home)
(915) 747-5572 (Work)
(915) 747-5755 (Fax)

Region V Representative

Arthur Hernandez
Division of Education
UT at San Antonio
6900 N. Loop 1604 West
San Antonio, TX. 78249-0654
(210) 458-5430 (Work)
(210) 458-5848 (Fax)

Newsletter Editor

William G. Masten
2829 Windy Drive
Commerce, TX 75428
(903) 886-5596 (Work)
(903) 886-6028 (Home)
(903) 886-5510 (Fax)

Membership Committee Chair

Melanie Belcher
2508 Enfield Rd. #19
Austin, TX 78703
(512) 414-3309 (Work)
(512) 499-0898 (Home)

Awards and Honors Chair

Mae Fjelsted
9707 Berryville
San Antonio, TX 78245-1903
(210) 225-2406 (Work)
(210) 674-5994 (Home)
(210) 225-2842 (Fax)

President-Elect

Ginger Gates
7145 W. Tidwell
Houston, TX 77092
(713) 528-3062 (Home)
(713) 744-6303 (Work)
(713) 744-0646 (Fax)

Secretary

Kaye Cummings
150 Oak Hollow Court
Buda, TX 78610
(512) 414-3352 (Work)
(512) 312-1098 (Home)

Region III Representative

William J. Ingram
490 Osage Road
Victoria, TX 77905
(512) 788-9549 (Work)
(512) 576-1295 (Home)

Region VI Representative

Robb Matthews
2819 Featherston
Wichita Falls, TX 76308
(940) 696-0627 (Home)
(940) 564-5614 (Work)
(940) 564-2287 (Fax)

Graduate Student Representative

Nancy Schill
2703 Jorwoods Dr.
Austin, TX 78745
(512) 448-9664 (Home)
(210) 945-3429 (Work)

NASP State Delegate

Dan Miller
825 Sandpiper St.
Denton, TX 76205
(940) 898-2251 (Work)
(940) 381-9140 (Home)
(940) 898-0533 (Fax)

Government and Professional Relations

Jean Tanous
P. O. Box 92622
Austin, TX 78709
(512) 414-3532 (Work)
(512) 327-9808 (Home)
(512) 478-8975 (Fax)

Past President

Gail Cheramie
University of Houston-Clearlake
2700 Bay Area Blvd.
Houston, TX 77058
(713) 528-3062 (Home)
(281) 283-3392 (Work)
(281) 283-3405 (Fax)

Professional Development

Ron Palomares
2900 Westminster
Dallas, TX 75205
(940) 898-2309 (Work)
(940) 898-2301 (Fax)

Region I Representative

William G. Masten
2829 Windy Drive
Commerce, TX 75428
(903) 886-5596 (Work)
(903) 886-6028 (Home)
(903) 886-5510 (Fax)

Region IV Representative

Janice Opella
Rt. 3 Box 23
Cedar Creek, TX 78612
(512) 321-4488 (Work)
(512) 321-3709 (Home)

School Psychology Trainers

Alicia Paredes Scribner
Dept. of Ed. Adm. & Psych. Serv.
Southwest Texas State Univ.
San Marcos, TX 78666
(512) 477-8349 (Home)
(512) 245-8345 (Fax)
(512) 245-8682 (Office)

Public Information & Relations

Andrea B. Ogonosky
7222 Oak Walk Dr.
Humble, TX 77346
(281) 281-5085 (Work)
(281) 852-0398 (Home)



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William G. Masten, Editor
School Psychology Program
Texas A&M University-Commerce
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