

School-Based Screening to Determine Overreliance on Paraprofessionals

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This article describes the development of and directions for using a 16-item screening tool designed to assist cross-stakeholder school teams in determining the extent to which they may be overreliant on special education paraprofessionals or using them inappropriately. The content of the tool is based on contemporary, descriptive research regarding paraprofessionals in inclusive schools. Additionally, the article describes the field-testing of the screening tool in 27 schools (Grades K–12) in six states. Findings suggest that all 16 screening items represent substantial concerns that interfere with the delivery of high-quality inclusive schooling. Implications for practice are discussed.

Contemporary literature regarding special education paraprofessionals highlights that the number of paraprofessionals employed to support students with disabilities continues to increase at the same time as their roles are becoming more instructional in nature (Ashbaker & Morgan, 2001; Giangreco, Edelman, Broer, & Doyle, 2001; Pickett & Gerlach, 2003). The literature regarding paraprofessionals persistently calls for (a) improving hiring practices, (b) increasing employment standards, (c) clarifying roles to ensure an appropriate match between skills and duties, (d) offering more respect and acknowledgment, (e) improving working conditions (e.g., pay, benefits, career ladders), and (f) providing more and better orientation, training, and supervision (French, 2003; Giangreco, Edelman, & Broer, 2001; Morgan & Ashbaker, 2001; Pickett, Likins, & Wallace, 2003; Riggs & Mueller, 2001; Tillery, Werts, Roark, & Harris, 2003; Wallace, Shin, Bartholomay, & Stahl, 2001).

Implicit in much of the literature is the underlying assumption that the expanding use of special education paraprofessionals is a necessary, desirable, and seemingly inevitable movement, especially given the challenges associated with including increasing numbers of students with more complex needs in general education classes and the federal emphasis on ensuring their access to the general education curriculum. Much of the literature seems to imply that the inclusive edu-

cation challenges facing the field will be addressed if a better job is done of hiring, acknowledging, orienting, training, and supervising the continually expanding paraprofessional workforce.

It is not surprising that many general education teachers consider the use of a paraprofessional to accompany a student with a disability in general education classes an essential support (Wolery, Werts, Caldwell, Snyder, & Liskowski, 1995). Similarly, for a variety of reasons (e.g., behavior support, academic support), some parents favor the use of paraprofessionals to support their children with disabilities when they are placed in general education classes (Werts, Harris, Tillery, & Roark, 2004). As a result, in many situations paraprofessionals have become the only way, rather than one of several possible ways, to support students with disabilities in general education classrooms, especially those students with severe or low-incidence disabilities (e.g., autism, intellectual disabilities, behavior disorders, multiple disabilities).

Undoubtedly, improving working conditions, employment standards, and supports for paraprofessionals are desirable actions. Similarly, the authors recognize that paraprofessional support is provided to students with benevolent intentions. Yet beginning in the late 1990s, literature emerged that explicitly challenged the heavy reliance on paraprofessionals by questioning the wisdom of assigning the least qualified staff to provide primary educational supports to the students with the most complex learning challenges (Brown, Farrington, Ziegler, Knight, & Ross, 1999) and especially the practice of assigning paraprofessionals to work individually with students (Giangreco, Yuan, McKenzie, Cameron, & Fialka, 2005).

At the same time, researchers began to document that the use of paraprofessionals to support students with disabilities could result in a series of unintended detrimental effects, such as interference with general education teacher engagement or peer interactions, decision making by underqualified personnel, the development of unnecessary dependence on the paraprofessionals, limitation of access to instruction from highly qualified personnel, stigmatization, and behavior problems (Downing, Ryndak, & Clark, 2000; Giangreco & Broer, 2005;

Giangreco, Broer, & Edelman, 2001, 2002; Giangreco, Edelman, Luiselli, & MacFarland, 1997; Marks, Schrader, & Levine, 1999). Not only do these unintended effects have potentially serious ramifications for students with disabilities, but they can also expose schools to unnecessary legal risks (Etscheidt, 2005).

These concerns become even more pressing when it is recognized that there is neither a body of research attesting to the efficacy of using special education paraprofessionals as primary instructors nor a conceptual or theoretical model that supports having the least qualified school staff serve in primary instructional roles for students with disabilities. To the contrary, it has been suggested that special education models that rely heavily on paraprofessionals to deliver instruction represent a double standard that would be considered unacceptable were it to be applied to students without disabilities (Giangreco, 2003). Therefore, at the very least, the continuing expansion of paraprofessional use as a primary mechanism to support students with disabilities in general education classrooms warrants closer scrutiny.

Increasingly, contemporary literature acknowledges the benefits of paraprofessional supports when they are well conceived as well as their potential drawbacks when they are unnecessary or ill conceived. An emerging literature base seeks to advance alternatives to overreliance on paraprofessionals (Broer, Doyle, & Giangreco, 2005; Carter, Cushing, Clark, & Kennedy, 2005; Causton-Theoharis & Malmgren, 2005a, 2005b; Devlin, 2005; Giangreco, Halvorsen, Doyle, & Broer, 2004). A balanced framework that accounts for effective use and support of paraprofessionals in combination with alternatives (e.g., resource reallocation, coteaching, peer supports, increased general education teacher capacity, self-determination) creates fertile ground for schools to deploy existing paraprofessional supports more effectively while tapping an array of options to support students with disabilities and their general education teachers.

A constructive step schools can undertake to facilitate appropriate supports for students with disabilities is to assess their current status to determine whether they are overreliant on paraprofessionals or using them inappropriately. The primary purposes of this article are to describe (a) a 16-item screening tool designed to assist schools in this process, (b) the basis of the screening tool's development, and (c) directions for using the screening tool, including links to a more extensive planning process for use in cases where schools determine that they are sufficiently overreliant on paraprofessionals to warrant further action planning. Additionally, the article documents the use of the screening tool in 27 schools in six states, reports initial field-test data about the most frequent indicators and clusters of concern in those schools, and documents the number of schools that decided they had concerns sufficient enough to warrant more in-depth action planning.

This article begins to fill an important gap in the professional literature by providing the first tool for school screening of paraprofessional use. The screening tool has potential

to benefit schools exploring their special education service delivery and supports because (a) it is practical (e.g., easy to use, minimal time investment, no specialized training required), (b) the screening items are grounded in contemporary descriptive research in inclusive schools, (c) the tool has undergone initial field-testing, and (d) it is readily available online for free.

Description, Basis, and Use of the School-Based Screening Tool

Description and Basis

The screening tool described in this article (see Figure 1) provides a mechanism for school teams to begin exploring if they are overreliant on paraprofessionals or are using them inappropriately. It is specifically designed for use where the school is the unit of analysis rather than the district, classroom, or student. For example, given the substantial differences between an elementary school and a high school, application across an entire school district is unlikely to be conducive to meaningful interpretation or subsequent planning.

The screening tool is part of a larger process (Giangreco & Broer, 2003), in which Step 1 is the formation of a team, Step 2 is screening, and Step 3 is ranking problem clusters. The numbers 2 and 3 in the upper left-hand corner of the two leftmost figure boxes refer to steps in the larger process. The screening tool itself consists of two main parts: a list of 16 screening statements to be used in Step 2 and a tool for ranking problem clusters to be used in Step 3.

The 16 screening statements are accompanied by three frequency ratings: (a) *happens frequently/too often*, (b) *happens sometimes or for some*, and (c) *happens never or rarely*. The contents of all 16 statements correspond to the main issues of concern reported in descriptive research published between 1997 and 2002 about the use of special education paraprofessionals in inclusive schools (Downing et al., 2000; Giangreco, Broer, & Edelman, 2001, 2002; Giangreco et al., 2001; Giangreco et al., 1997; Marks et al., 1999; Riggs & Mueller, 2001). This research was identified by searching ERIC, the Web of Science (Social Science Citation Index), content-related Web sites, and tables of contents from special education journals (e.g., *Exceptional Children*, *Remedial and Special Education*) for peer-reviewed research about the use of special education paraprofessionals in inclusive schools published in reputable journals.

Each screening statement starts with the phrase "You know there is a problem when . . .," reflecting the fact that each statement was documented as an indicator of concern in the research. Unlike separate-class models, where paraprofessionals work in close proximity to special educators throughout the school day, some paraprofessional issues have emerged that are unique to inclusive schools where paraprofessionals are typically separated from special educators, whose time is often

2. SCREENING: Is our school overreliant on paraprofessionals or utilizing them inappropriately?

Purpose: This screening tool is designed to assist your team in determining whether your school is overreliant or inappropriately reliant on paraprofessionals.
Directions: For each of the 16 examples below, put a check in the box to the right of the statement that most closely reflects your team's perspective.

<i>You know there is a problem when...</i>	Happens Frequently/ Too Often	Happens Sometimes or for Some	Happens Never or Rarely
1. ... the number of paraprofessionals has increased, in part, because there is a general belief that one of the primary ways to support students with disabilities in general education classes is to assign a paraprofessional.			
2. ... students with disabilities spend most of their time in close proximity to paraprofessionals (e.g., excessively or unnecessarily).			
3. ... students with disabilities are physically separated within the classroom (e.g., back or side of room) to work with a paraprofessional.			
4. ... paraprofessionals or classroom teachers are unfamiliar with the IEP goals and other curriculum content for the students with disabilities in the classroom.			
5. ... students with disabilities receive their primary instruction from paraprofessionals, while special educators do paperwork and manage the activities of paraprofessionals.			
6. ... classroom teachers are minimally or superficially involved with students with disabilities who are placed in their classes.			
7. ... paraprofessionals make curricular or instructional decisions or make adaptations without teacher or special educator oversight.			
8. ... students with disabilities are highly and unnecessarily dependent on paraprofessionals.			

<i>You know there is a problem when...</i>	Happens Frequently/ Too Often	Happens Sometimes or for Some	Happens Never or Rarely
9. ... paraprofessionals have more frequent communication and more developed working relationships with the parents of students with disabilities than teachers or special educators do.			
10. ... the absence of a paraprofessional results in either (a) a "lost day" at school for a student with a disability because others don't know what to do (e.g., instruction, personal care, behavior support), (b) the child's staying home from school, or (c) a parent's being asked to be the substitute paraprofessional.			
11. ... paraprofessionals operate with virtually unrestricted autonomy (e.g., during a teacher-led lesson a paraprofessional removes a student with a disability or changes the activity).			
12. ... students with disabilities spend time with paraprofessionals that typically would be spent with peers (e.g., lunch, playground, free time, hall passing) and/or think of paraprofessionals as their primary "friends" at school.			
13. ... students with disabilities communicate through their language or behavior that they find the support of a paraprofessional stigmatizing or otherwise unwanted.			
14. ... paraprofessionals provide academic support in subjects where they are under- or unskilled.			
15. ... teachers or special educators spend time doing clerical tasks while paraprofessionals are teaching lessons to students with disabilities.			
16. ... at progress-reporting time, teachers or special educators rely on paraprofessionals because they know more about the students.			

DECISION POINT: Do our responses to the screening statements suggest that we should continue to pursue further planning and actions with the *Guide to Selecting Alternatives...*? The more items marked "Happens Sometimes" or "Happens Frequently," the greater the school's need. Circle YES or NO and proceed accordingly.

3. Rank the four problem clusters to help establish the school's local focus.

Directions: Using your team's responses to the 16 screening items, put **one circle** around each number corresponding to the response "Happens Sometimes..." and **two circles** around each number corresponding with "Happens Frequently." Next, rank the clusters from 1 to 4, where 1 is the greatest need.

Excessive Proximity or Isolation within the Classroom

Questionable Resource Allocation or Instructional Role Mismatches

Insufficient Special Educator and/or Teacher Ownership and Engagement

Dependence on Paraprofessionals or Inappropriate Autonomy

FIGURE 1. The school-based screening tool. Note. IEP = Individualized Education Program. From "Working With Paraprofessionals," by M. F. Giangreco, 2003, *Educational Leadership*, 61(2), pp. 50–53. Copyright 2003 by M. F. Giangreco. Reprinted with permission.

distributed across a range of general education teachers and classrooms.

The second part of the tool is a ranking of problem clusters. On the third page of the tool, the 16 statements are divided into four clusters, each consisting of four screening statements: (a) excessive proximity or isolation within the classroom (Statements 2, 3, 12, 13), (b) questionable resource allocation or instructional role mismatch (Statements 1, 5, 14, 15), (c) insufficient special educator and/or (general education) teacher ownership and engagement (Statements 4, 6, 9, 16), and (d) dependence on paraprofessionals or inappropriate autonomy (Statements 7, 8, 10, 11). These clusters were derived conceptually by the authors by grouping similarly themed items together; they have not been validated.

Directions for Using the Screening Tool

The screening tool is designed for use by a cross-stakeholder team in an effort to encourage diverse perspectives related to each screening statement. Recent research has documented

significant differences among parents, general education teachers, special educators, and administrators in the same schools about paraprofessional and related practices. For example, Giangreco and Broer (2005) found statistically significant differences among parents, general education teachers, special educators, and administrators on 13 of 20 variables studied (e.g., whether special educators have adequate working conditions to successfully support their students with disabilities who are placed in general education classrooms; whether families are well informed about how the school defines appropriate and potentially inappropriate roles of paraprofessionals; whether general education teachers have working conditions that facilitate including and instructing students with a full range of disabilities in their classrooms). Therefore, the first step is to establish a screening and planning team that provides opportunities for people of different backgrounds and roles within the school to meet and share perspectives. We recommend that the team consist of at least the following members.

- General education administrator (e.g., principal, assistant principal)
- Special education administrator
- Parent of a child with a disability
- General education classroom teacher
- Special education teacher
- Paraprofessional
- Student with a disability (or recent graduate)
- Critical friend (i.e., a knowledgeable outsider to safely challenge the status quo)

This team should identify a date, time, and place for a 2-hr screening meeting. When scheduling this meeting it is important to build in sufficient time for premeeting preparation, which can follow one of two paths. The shorter path simply involves providing each team member with a copy of the *Guidelines for Selecting Alternatives to Overreliance on Paraprofessionals (Guidelines; Giangreco & Broer, 2003)* and asking members to read and reflect on the first 10 pages of the document before the meeting. The longer path also involves soliciting input from the all of the special education paraprofessionals in the school using a questionnaire that parallels the content of the screening (see Note 1). When employing this optional step, time must be allotted to collect and analyze the responses to be considered by the screening team during their meeting.

At the meeting, a member designated to serve as facilitator reviews the purpose and directions for the screening activity with the group, then facilitates discussion on each of the 16 screening items. This may include review of paraprofessional questionnaire responses, if they are available. After discussion of an item, the group makes a consensus decision about how frequently the issue of concern reflected in the statement happens. By design, interpretation of the items and the scoring options are relative. It is not important whether the team in-

terprets the items and scoring options the same way as the developers or other teams; rather, the items are designed to spur in-depth discussion among team members so that they can assign their own collective meaning to the items and the scoring. Each team makes its own interpretations and determinations within its own context. The facilitator records a check mark in the corresponding box. Even following discussion, it is not uncommon for team members to disagree about which box to check, but a single choice must be made to use the second part of the screening tool (ranking problem clusters). Since items are expressed as statements of concern, the healthiest situations are those when a screening statement happens never or rarely. This process also helps highlight aspects of the service system that are working well and upon which the team may build future efforts.

Once all 16 items have been discussed and scored, the team members reach a decision point where they are asked to consider whether the results thus far present sufficient concern to warrant continued planning to address the identified concerns. The team circles *Yes* or *No* to document its decision.

If the team decides that there is enough concern to continue, it proceeds by exploring whether the screening statements of concern cluster in any of the four categories on the third page of the screening tool. This is accomplished using a simple, visual display method where items are grouped into four categories of concern. By referring to the scoring from the first two pages, the team is asked to (a) draw one circle around numbers corresponding to items that were rated *happens sometimes or for some students*, (b) draw two circles around numbers corresponding to items that were rated *happens frequently/too often* (the highest level of concern), and (c) leave numbers corresponding to items rated *happens never/rarely* (the lowest level of concern) uncircled. The visual display created by this circling of item numbers provides an opportunity for the team to consider whether the areas of concern are clustered predominantly around particular issues or are more evenly distributed.

Based on additional group discussion, the team then ranks the clusters of concern from 1 to 4, where 1 indicates the area of greatest concern. These final two steps (i.e., decision point, cluster ranking) are designed to bring convergence to the earlier fact-finding, which encouraged exploration of practices divergently by considering 16 different items from the perspectives of multiple stakeholders. For teams that have decided that the concerns are sufficient to warrant further planning, they can continue by following the remaining steps (Steps 4–10) of *Guidelines*.

Field-Testing

Although the 16 indicators of concern included in the screening tool were identified in recent descriptive research, due to the nature of data collection in those earlier studies we know

only that the concerns included in the screening tool have been documented to exist. We do not know which indicators of concern are most common and therefore might warrant priority attention for programmatic development or further research. The field-testing of the screening tool provides an initial glimpse into patterns of concern by posing the following two basic questions:

1. Of the 16 paraprofessional indicators of concern, which are most frequently identified by schools as happening (a) frequently/too often, (b) sometimes or for some students, or (c) never or rarely?
2. Do the concerns identified by schools focus on any in particular of the four categories of concern ([a] excessive proximity or isolation within the classroom, [b] questionable resource allocation or instructional role mismatches, [c] insufficient special educator and/or (general education) teacher ownership and engagement, and [d] dependence on paraprofessionals or inappropriate autonomy)?

Method

Settings

Field-testing of the screening tool was conducted in 27 schools in six states: California ($n = 2$), Connecticut ($n = 3$), Kansas ($n = 4$), New Hampshire ($n = 2$), Wisconsin ($n = 4$), and Vermont ($n = 12$). Eleven of the schools identified themselves as primarily rural, eight as suburban, and eight as urban. Fifteen of the schools were elementary or a combination of elementary and middle grades (K–8). The other 12 schools included eight middle schools, two high schools, and two central schools (Grades K–12).

Schools ranged in size from 81 to 2,100 students ($M = 563$, $SD = 409$), with average class sizes of approximately 21 (range = 15–28, $SD = 3$). An average of nearly 18% ($SD = 26\%$) of students were from ethnic or cultural minorities, ranging from 1% in a small, rural school in Vermont to nearly 99% in a larger, urban school in California. An average of nearly 33% (maximum = 94%, $SD = 22\%$) of students in these schools were eligible for free or reduced school lunch (a proxy indicator of economic status).

All of the participating schools volunteered to field-test the screening tool as part of a federally funded model demonstration grant designed to assist schools that expressed concern about their special education service delivery, including concerns about their use of special education paraprofessionals.

Nearly 95% ($SD = 10\%$) of students with disabilities in these schools had their primary placements (i.e., at least 80% of the time) in chronologically age-appropriate, general education classes with supports. Of the 27 schools, 23 had general education inclusion rates of 95% or higher. Only four had general education inclusion rates below 90%, with a range

among those four from 60% to 89%. These inclusion rates situated all of the schools in this field-test above the national average (50% in 2003–2004) of the percentage of students with disabilities with primary placements in general education classes (U.S. Department of Education, 2005).

An average of 14.4% ($SD = 4.2\%$) of the schools' total enrollments were students with disabilities who were on Individualized Education Programs (IEPs), and an average of 2.6% ($SD = 3.0\%$) were on Section 504 plans. On average, an additional 7.3% ($SD = 6.4\%$) of students without disabilities but who were considered "at risk" were served on various schoolwide support team plans. Special education teachers had caseloads of students on IEPs ranging from 6 to 22 ($M = 15$, $SD = 4$).

Given the combined variation in the percentage of students on IEPs and the caseloads of special educators, the range of special educators per total school enrollment varied substantially. The best resourced school had one special educator for every 51 students in the school, whereas the most sparsely resourced school had one special educator for every 224 students ($M = 111$, $SD = 43$).

Among all students with disabilities on IEPs, the use of special education paraprofessionals also varied widely, ranging from a low of one special education paraprofessional for every 17 students to a high of one paraprofessional for every 2 to 3 students ($M = 1:6$, $SD = 4$). But a high paraprofessional-to-student ratio did not always mean a high level of inclusion. For example, the extreme ends of the range all represented schools with inclusion rates of 95% or higher. Conversely, some schools with lower inclusion rates had denser use of paraprofessionals. For example, one school with a 70% inclusion rate used one paraprofessional for every 4 students on IEPs; another school with an 89% inclusion rate used one paraprofessional for every 2 to 3 students on IEPs.

On average, slightly over 42% of all special education paraprofessionals were identified as individual paraprofessionals (i.e., paraprofessionals who served a single student). In one large school there were 48.5 full-time equivalents of individually assigned paraprofessionals. The majority of the schools in this sample reported increases in both their percentage of students identified as in need of special education and the number of special education paraprofessionals hired over the 5 years preceding their involvement with this field-testing.

Participants

Study participants included a total of 244 screening and planning team members associated with the 27 different schools. These individuals included special education teachers ($n = 44$), general education teachers ($n = 40$), general education administrators ($n = 32$), special education administrators ($n = 31$), paraprofessionals ($n = 29$), parents of children with disabilities ($n = 23$), critical friends ($n = 21$), consumers with disabilities (e.g., students; $n = 17$), and others (e.g., school psychologist;

$n = 7$). Team size averaged 9 members, with a range of 6 to 13.

Procedures

Schools initially signed up for participation in the field-testing by responding to a project description that was available online and submitting an application. Schools joined the project in staggered cohorts over 3 academic years: 2002–2003 ($n = 8$, Vermont schools only), 2003–2004 ($n = 12$, schools in all states), and 2004–2005 ($n = 7$, schools in all states except Vermont).

Once school officials had agreed to participate, they submitted demographic data about their school. Next they established cross-stakeholder teams and were sent copies of the *Guidelines* to distribute to team members; this allowed members to read information about the planning process before they convened as a group.

Each team established a 2-hr time block to meet and use the screening tool. Fifty-two percent ($n = 14$) of the schools (those in Vermont and New Hampshire) conducted optional schoolwide surveys of their paraprofessionals that were reviewed by the screening team to inform their process. All teams used the screening tool (Figure 1) at the meeting to record their consensus perspectives and document their decisions about whether the screening information warranted sufficient concern to proceed with more in-depth planning. All teams used the screening tool without any training, guidance, or technical assistance from the developers of the tool.

Data Collection and Analysis

Each school's team sent its list of team members and the completed, three-page screening tool to the authors. The number and percentage of schools answering each question each way was calculated using SAS (SAS Institute, 2001). Rank order indicating the frequency of concern about each question was established by combining the number of team responses in the categories *happens frequently/too often* and *happens sometimes or for some*.

Results

This study provides initial findings from schools that field-tested the screening component of *Guidelines for Selecting Alternatives to Overreliance on Paraprofessionals* (Giangreco & Broer, 2003). Readers are cautioned to consider the limitations of this field-test data. First, this purposeful sample includes schools from six states; it is unknown the extent to which the findings may differ in other states. Second, all of the schools voluntarily participated in the field-testing based on self-expressed concerns about their use of paraprofessionals. Third, as a group these schools tended to include a greater percentage of students with disabilities in general education

classes than the national average and those from a wider range of disability categories and levels of severity. Therefore, these schools are not necessarily representative of schools nationally. It is unknown whether the patterns of responses would differ in schools that do not identify themselves as concerned about their paraprofessional practices or in those with lower levels of general education class placement for students with disabilities. Fourth, the screening data presented are strictly self-reported and were not independently corroborated through direct observation of the screening meetings by research team members. Last, although we suggest that the screening tool has face validity and a sound conceptual basis, it has not undergone formal validation such as expert content validation or social validation by team members using the tool. Despite these limitations, this article offers both a description of a practical tool and initial information on topics where no comparable tools or data are available in the professional literature. Therefore, this initial field-test may provide important information to other schools seeking to explore their own use of special education paraprofessionals.

Team Screening Indicators

As shown in Table 1, all 16 indicators of concern were rated as happening *frequently/too often* or *sometimes or for some students* by at least 9, and as many as 26, of the 27 school teams. Based on written comments provided by the teams (e.g., notes on their submitted forms), the designation of *sometimes or for some students* most frequently referred to a subset of students with more intensive special education support needs, such as those with intellectual disabilities, autism, behavior disorders, and severe or multiple disabilities.

As indicated by the combined results from the *frequently/too often* and *sometimes or for some students* columns, 96% of teams ($n = 26$) reported their perception that the numbers of paraprofessionals had increased, in part, because of a general belief that one of the primary ways to support students with disabilities in general education classes is to assign a paraprofessional. Similarly, 89% of teams ($n = 24$) reported concerns that (a) paraprofessionals provide academic support in subjects where they are under- or unskilled and (b) some students with disabilities spend most of their time in close proximity to paraprofessionals. Approximately 85% of teams ($n = 23$) reported their concerns that some students with disabilities (a) are highly and unnecessarily dependent on paraprofessionals, (b) communicate through their language or behavior that they find the support of a paraprofessional stigmatizing or otherwise unwanted, and (c) are physically separated within the classroom (e.g., placed at the back or side of the room) to work with the paraprofessional. Over 81% of the teams ($n = 22$) reported their concern that general education classroom teachers are minimally or superficially involved with some students with disabilities who are placed in their classes.

The next four most frequently identified concerns were reported by between 59% ($n = 16$) and 78% ($n = 21$) of the

TABLE 1
Ranked List of Screening Items by Frequency of Reported Occurrence

Rank	Abbreviated item (item number) <i>You know there is a problem when . . .</i>	Happens frequently/ too often		Happens sometimes for some		Happens never or rarely	
		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
1	PP numbers have increased; belief they are a primary way to support SWDs. (1)	13	48.15	13	48.15	1	3.70
2	PPs provide academic support in subjects where they are unskilled. (14)	7	25.93	17	62.96	3	11.11
3	SWDs spend most of their time in close proximity to PPs. (2)	6	22.22	18	66.67	3	11.11
4	SWDs are highly and unnecessarily dependent on PPs. (8)	7	25.93	16	59.26	4	14.81
5	SWDs communicate that support of a PP is stigmatizing or unwanted. (13)	3	11.11	20	74.07	4	14.81
6	SWDs are physically separated within the classroom to work with PPs. (3)	1	3.70	22	81.48	4	14.81
7	Teachers are minimally involved with SWDs placed in their classes. (6)	4	14.81	18	66.67	5	18.52
8	PPs or teachers are unfamiliar with IEP goals and curriculum for SWDs. (4)	8	29.63	13	48.15	6	22.22
9	PPs make curricular/instructional decisions without oversight. (7)	3	11.11	18	66.67	6	22.22
10	SWDs receive their primary instruction from PPs. (5)	7	25.93	13	48.15	7	25.93
11	At progress-reporting, PPs know more about SWDs than professionals. (16)	3	11.11	13	48.15	11	40.75
12	PPs operate with virtually unrestricted autonomy. (11)	3	11.11	10	37.04	14	51.65
13	Professionals do clerical tasks while PPs are teaching lessons to SWDs. (15)	1	3.70	12	44.44	14	51.85
14	SWDs spend time with PPs that typically would be spent with peers. (12)	4	14.81	8	29.63	15	55.56
15	PPs have more developed relationships with parents than professionals do. (9)	1	3.70	8	29.63	18	66.67
16	Absence of PP results in "lost day," SWD's staying home, or parent as sub PP. (10)	0	0.00	9	33.30	18	66.67

Note. *N* = 27 schools. IEP = Individualized Education Program; PP = paraprofessional; SWD = student with a disability.

teams. These included team concerns that (a) paraprofessionals or general education classroom teachers are unfamiliar with IEP goals and other curriculum content for students with disabilities, (b) paraprofessionals make curricular or instructional decisions or adaptations without general education teacher or special educator oversight, (c) students with disabilities receive their primary instruction from paraprofessionals, and (d) when it is time to report on students' progress, general education teachers or special educators rely on paraprofessionals because they know more about the students with disabilities.

The five least frequently identified concerns were reported by between 33% (*n* = 9) and 48% (*n* = 13) of teams. These included concerns that in some situations (a) paraprofessionals operate with virtually unrestricted autonomy, (b) professionals do clerical tasks while paraprofessionals are teaching, (c) stu-

dents with disabilities spend time with paraprofessionals that typically would be spent with peers, (d) paraprofessionals have more developed relationships with parents than professionals do, and (e) the absence of the paraprofessional results in a "lost day" because the student with a disability stays home, or his or her parent serves as a substitute paraprofessional.

Team Decisions to Proceed With Action Planning

Twenty-six of the 27 teams circled *Yes*, indicating that they had sufficient levels of concerns to pursue further self-assessment and action planning using the *Guidelines*. Only 1 team circled *No*, denoting that it felt positive enough about its school's status and established direction that it did not need to engage in

the formal planning process. In this one instance, the school team reported that 12 of the 16 indicators of concern happened rarely or never. The remaining four indicators happened sometimes or for some students, and no indicators of concern happened frequently or too often.

Clustering and Ranking Categories of Need

Among the 26 schools that continued using the process, their clustering and ranking of the indicators suggested that overall the greatest category of concern was questionable resource allocation or instructional role mismatches. Seventeen of the schools ranked this category as their greatest ($n = 15$) or second-greatest ($n = 2$) area of need. Insufficient special educator and/or (general education) teacher ownership and engagement was the next most highly rated category of need among these schools, with four schools ranking it as their greatest area of need and nine ranking it second. This was followed closely by excessive proximity or isolation within the classroom, with four schools ranking it as their greatest area of need and eight ranking it second. Even though dependence on paraprofessionals or inappropriate autonomy was the lowest rated among the four categories, 10 teams ranked this category as either their greatest ($n = 3$) or second-greatest ($n = 7$) area of need.

Discussion

Field-testing documented the presence of all of the statements of concern included in the screening tool among a substantial number of teams, suggesting that all of the statements of concern do indeed warrant inclusion in the list of screening items. Given the wide range of school demographic characteristics (e.g., enrollment, location, minority population, special education service delivery) in the sample, it is notable that so many schools had a consistent pattern of multiple concerns.

Though all 16 items were important to schools across the sample, the data show a hierarchy of concerns. Despite this stratification, it is vital to recognize the relationships among the indicators of concern. Taken as a set, the top six concerns (each identified by 85%–96% of the schools) suggest that school teams are concerned about the increasing numbers of paraprofessionals, how they are being used, and the unintended negative impact they have on some students with disabilities.

Given the potentially restrictive outcomes inherent in providing paraprofessional support (e.g., dependence, interference with peer interactions, interference with general education teacher ownership), it is advisable to apply least restrictive environment principles to consideration of support support mechanisms. In this case, assigning a student with disabilities extensive paraprofessional support is one of the most potentially different and restrictive supports that can be offered in school; therefore it should be considered with great caution, rather than being the default option. Though some students

may require intensive paraprofessional support, it is advisable to explore and attempt less restrictive options (e.g., peer supports, general education teacher involvement, coteaching) first.

Concerns about whether paraprofessionals are being asked to provide academic supports in subjects where they are unskilled or underskilled pose obvious instructional access and quality issues for students with disabilities. From a legal perspective these concerns may be interpreted as interfering with the provision of a free appropriate public education (FAPE; Etscheidt, 2005). Concerns about paraprofessionals' academic skills and ability to teach often leads schools to the conclusion that their paraprofessionals need more targeted training. While such training is certainly among an array of partial solutions, another way to think about this concern is as an instructional role mismatch, consistent with the top-ranked problem cluster among the sampled schools.

Taking this as a cue, schools may wish to consider how paraprofessionals are hired and assigned or even which personnel (e.g., paraprofessionals, general education teachers, special educators) should be doing the lion's share of the teaching. For example, some schools, especially high schools, might consider hiring paraprofessionals that already have competencies in certain subjects (e.g., math, foreign language, English) and assigning them to corresponding departments rather than asking paraprofessionals to provide support across multiple subject areas—something not typically asked of high school general education teachers.

Maybe more importantly, concern about the academic preparedness of paraprofessionals might lead schools to explore changes in service delivery, potentially providing more time for general education teachers and special educators to collaborate with each other and work directly with students who have disabilities. The role of paraprofessionals could, for example, be changed in order to provide time for highly qualified general education teachers to work with students. Like students without disabilities, students with disabilities deserve access to instruction from highly qualified, certified educators, namely general education teachers and special educators.

If one examines the next four most prevalent screening statements (ranked 3–6 in Table 1), it is clear that many teams had concerns about the excessive proximity of paraprofessionals to some students with disabilities, their physical separation within the classroom, and the contribution of these factors to student dependence and stigmatization. These findings suggest the need to explore environmental rearrangement in the classroom (e.g., placement of students' desks or workstations), peer supports, and increased general education teacher involvement. These factors affect not only instruction, but social relationships and feelings of belonging that are central to creating a learning community where all students feel welcome and are poised to learn.

The field needs to reexamine how it thinks about and encourages students with disabilities to think about paraprofessionals. A recent study suggested that some students with intellectual disabilities think of the paraprofessionals with whom

they interact as mothers, friends, primary teachers, or protectors (Broer et al., 2005). Considering the perspectives shared by people with disabilities, one is left to wonder whether the currently dominant paraprofessional models are healthy and equitable or whether some aspects of them are unhealthy and represent unacceptable double standards. Maybe most importantly, schools should be encouraged to foster self-determination by including students with disabilities in decisions about their own supports.

Although the next set of concerns (ranked 7–11 in Table 1) were slightly less prevalent, they were still substantial concerns, each identified by between 59% and 81% of the schools. Collectively, these indicators of concern focused on classroom-level curricular and instructional practices. Schools were concerned that for some of their students with disabilities (a) the general education teachers in the classrooms where they were placed were minimally involved, (b) paraprofessionals and general teachers were insufficiently familiar with IEP goals and other curricular components, (c) paraprofessionals were making curricular and/or instructional decisions without professional oversight, (d) paraprofessionals were providing primary instruction, and (e) when it came time to report students' progress, teachers or special educators relied on paraprofessionals because paraprofessionals knew more about the educational status of students with disabilities.

The team responses in this study raise serious questions about the expectations of various personnel and the factors that are leading to the prevalence of these indicators of concern. Do teachers think it is their role to be instructionally engaged with all types of students with disabilities (even those with intensive support needs) who are placed in their classes? Who is supervising the paraprofessionals to ensure that they are actually helping teach students based on professionally prepared and monitored plans that they are adequately trained to implement?

Recent research suggests that teacher expectations of ownership remain a critical issue for the success of inclusive placements (Giangreco, Broer, & Edelman, 2001). One recent study suggested that special educator working conditions (e.g., case-load, number of paraprofessionals to supervise, paperwork load) could be a key reason why special educators spend proportionally less time providing instruction to students with disabilities than do paraprofessionals (Giangreco & Broer, 2005). Leaving paraprofessionals to make pedagogical decisions and provide primary instruction may be a violation of FAPE that results in legal actions and remedies (Etscheidt, 2005).

Even the lowest ranked screening statements (ranked 12–16 in Table 1) still occurred with some regularity and were reported as concerns by between 33% and 48% of the school teams. These screening items offer different examples of the same types of concerns identified in the earlier statements (e.g., paraprofessional autonomy, insufficient professional involvement, role mismatches) and similar implications (e.g., more professional involvement and ownership, supervision, role clarification).

Conclusions

The field-testing described in this article suggests that the screening tool is a practical and effective way for schools to consider whether they are overreliant on paraprofessionals or are using them inappropriately. The tool helps cross-stakeholder team members share their potentially differing perspectives on a variety of issues that have been previously identified in the literature. By taking a relatively small amount of time (2 hr) to engage in screening activities, teams heighten their awareness of important issues and become poised to focus their attention on a set of topics neglected in many schools. Addressing these topics holds the potential to have a substantial positive effect on students with disabilities as well as their teachers, service providers, and classmates. Because the screening tool is linked directly to a more extensive action-planning process, those teams that decide they have sufficient concerns to warrant proceeding are able to make a seamless transition to the exploration of alternatives.

Future Research

Future research should evaluate the impact of subsequent action-planning and its implementation on school practices and student outcomes. Additionally, future research should seek to validate the screening tool to the extent possible. This may include expert validation of the content and social validation by consumers (i.e., all team members who use the process) of the content, process, and outcomes of its use. Validation research could further explore whether the screening tool does what it purports to do (i.e., stimulate discussion and development of shared meaning regarding relevant issues, lead to constructive action planning, identify areas for school improvement). Future research could also be extended to schools with different characteristics (e.g., more typical rates of inclusion of students with disabilities in general education classrooms). Most importantly, future research should seek to understand the link between initial screening and the subsequent impact on school improvement efforts and student outcomes.

In the meantime, schools can begin the process of targeted self-examination and reflection with this short, easy-to-use screening tool. Ultimately, by challenging the field to think beyond the status quo and critically self-evaluate paraprofessional practices, it is hoped the screening tool will assist schools in setting a positive direction for improving school, general education teacher, and special educator practices in ways that will further benefit students with disabilities and their classmates.

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NOTE AND AUTHORS' NOTES

1. The paraprofessional questionnaire is available online at <http://www.uvm.edu/~cdci/evolve/ParaproGQuest.pdf>
2. Partial support for the preparation of this article was provided by the U.S. Department of Education, Office of Special Education Programs, under the funding category Model Demonstration Projects for Children and Youth with Disabilities, CFDA 84.324M (H324M020007), awarded to the Center on Disability and Community Inclusion at the University of Vermont.
3. The contents of this article reflect the ideas and positions of the authors and do not necessarily reflect the ideas or positions of the U.S. Department of Education; therefore, no official endorsement should be inferred.

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