

Reaching Consensus About Educationally Necessary Support Services: A Qualitative Evaluation of VISTA

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ABSTRACT. This article describes a qualitative evaluation of VISTA (Vermont Interdependent Services Team Approach) based on extensive observations and interviews. A description of VISTA is provided followed by data pertaining to how teams functioned prior to VISTA use and three primary evaluation questions: (a) Does VIS-

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TA do what it purports to do? (b) What impact does VISTA have on team members' practices and interactions? and (c) What are the limitations of VISTA and potential improvements from a consumer-based perspective? The data and discussion offer the reader insights into VISTA use and offer suggestions for future research. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: getinfo@haworthpressinc.com]

When a student has severe or multiple disabilities, often he or she receives services from a variety of professionals representing various disciplines such as speech/language pathology, physical therapy, occupational therapy, and psychology (Dunn, 1991). Recent studies of students with multiple disabilities indicate that educational teams serving such students averaged 11 members and ranged as large as 21 members (Giangreco, Dennis, Edelman & Cloninger, 1994; Giangreco, Edelman, Dennis & Cloninger, 1995). Although each discipline has unique contributions to make, the combined impact of their numbers, an historical tendency to operate in relative isolation from each other, and their differing professional perspectives, increases the likelihood that services will be disjointed and fragmented. These services may not necessarily "... be required to assist a student with disabilities to benefit from special education" as stipulated in the *Individuals with Disabilities Education Act* (1990). Given the overlapping functions that exist among the disciplines (e.g., physical and occupational therapy), it is a challenge for many teams to reach consensus about how to best utilize specialized skills of support service personnel in ways that result in services that are both educationally relevant and necessary.

By purposefully exploring the interrelationships among the disciplines in a coordinated manner, teams can minimize or avoid unnecessary support service gaps, overlaps, and contradictions that may be detrimental to a student's educational experience. VISTA (Vermont Interdependent Services Team Approach) (Giangreco, 1996) is a support service decision-making process designed to address some of the problems historically associated with related service decision-making and provision in schools. Two earlier investigations of VISTA (Giangreco, 1994; Giangreco, Edelman, Luiselli & MacFarland, 1996) were quantitative, quasi-experimental studies that explored changes in respondents immediately before and after VISTA use. This current investigation extended those earlier studies

by: (a) describing qualitative aspects of VISTA use, (b) exploring VISTA's impact during the school year, and (c) identifying practical limitations of VISTA and potential improvements. The current investigation posed three evaluation questions related to the use and impact of VISTA:

1. Does VISTA do what it purports to do?
2. What impact does VISTA have on team members' practices and interactions?
3. What are the limitations of VISTA and potential improvements from a consumer-based perspective?

DESCRIPTION OF VISTA

VISTA reflects a team process for determining: (a) what services are needed to support specific components of a student's educational program, (b) the educational relevance and necessity of services, (c) function(s) of services, (d) the frequency, and mode (e.g., consult, direct) of services, and (e) location of service provision.

VISTA is based on ten guidelines:

1. Establish and maintain a collaborative team
2. Define components of the educational program
3. Understand the interaction between program, placement & services
4. Use a value system to guide decision-making: "Only-as-special-as-necessary"
5. Determine functions of service providers and their interrelatedness
6. Apply essential criteria when making service recommendations: Educational relevance and necessity
7. Determine who has authority for decision-making: Consensus
8. Match the mode and frequency of service provision to the function served
9. Determine the least restrictive location and strategies for service provision
10. Engage in ongoing implementation and evaluation of support services

VISTA includes four sets of activities: (a) *general preparation* (e.g., forming a team, learning about team members' skills, getting

to know the student), (b) *getting ready for the VISTA Meeting* (e.g., determining the components of the student's educational program), (c) *having the VISTA meeting* (e.g., considering interrelationships among services, establishing educational relevance and necessity, reaching consensus), and (d) *next steps after the VISTA meeting* (e.g., refined planning by subgroups, implementing team decisions, evaluating the impact of support services).

Teams using VISTA include parents, general education teachers, special educators, and related services providers who work with a student. Teams work toward developing a shared framework, in part, by determining the components of a student's educational program. In doing so, they agree to use family-selected priorities and reach consensus on additional learning outcomes and general supports. Unlike many educational programs where team members each offer a set of goals from their respective disciplinary orientations, learning outcomes in VISTA are "discipline-free." This means that learning outcomes are based on the educational needs of the student to assist him or her in pursuing valued life outcomes rather than the orientation of the various disciplines. The educational program, which is determined prior to the VISTA meeting, provides a shared focal point for support service decision-making by team members. At the VISTA meeting, a designated team member facilitates a discussion about each educational program component by asking group members a series of questions about who will be responsible for teaching the student, what types of supports members believe are needed, and what functions (e.g., making adaptations) they should serve. The VISTA process provides each team member with opportunities to offer their opinion in a divergent format before the facilitator guides the team to analyze their collective input by: (a) considering the potential interrelationships among disciplinary recommendations, (b) actively exploring for gaps, overlaps and contradictions among recommendations, and (c) considering the educational relevance and necessity of proposed services. The facilitator then guides the team through convergent steps to determine what support services are needed, the mode and frequency of the services, where the services should be provided, and when the service provision should be reevaluated. In doing so, the team is encouraged to recommend services that are "only as special

as necessary," by considering natural supports, rather than automatically assigning a specialist. Guiding a team through a VISTA meeting requires a working knowledge of VISTA's principles and competent group facilitation skills.

METHODS

Research Sites and Study Participants

Throughout the 1994-95 and 1995-96 school years, observational data were collected in 11 public school sites in four states (i.e., Connecticut, Massachusetts, Utah, Vermont). The observed students with disabilities were included in a variety of general education grade levels including preschool, kindergarten, and grades 1, 2, 3, 5, and 11 (grade 11 was primarily education within integrated community and vocational settings).

All of the seven female and four male students were deaf-blind, ranging in age from 4 through 20 years. All of these students also were reported to have multiple and significant developmental delays (e.g., cognitive delays, orthopedic impairments, health impairments, behavioral impairments).

A total of 134 educational team members participated in this study, including 123 females (92%) and 11 males (8%). This number does not include the many special area teachers (e.g., physical education, music, art, library) and other school personnel encountered in the course of our observations. Thirty-four of the respondents were related services providers, including 14 speech/language pathologists, 13 physical therapists, 8 nurses, 7 occupational therapists, 6 itinerant teachers of the blind and visually impaired, 4 itinerant teachers of the deaf and hearing impaired, 2 deaf-blind specialists, 1 orientation and mobility specialist, 1 employment specialist, and 1 family support consultant. The remaining respondents included 20 special educators, 15 parents (11 mothers, 4 fathers), 17 paraprofessionals, 16 general education teachers, and 9 school administrators.

Design

The design of this study was a multisite qualitative evaluation (Bogdan & Biklen, 1992; Patton, 1990). Research sites were pur-

posely selected based on three primary criteria: (a) the site served a student with multiple disabilities who had educational support service needs; (b) the student was educated in settings with peers who did not have disabilities; and (c) parental and school permission was obtained to participate in field-testing of VISTA.

Data Collection

During the winter of 1995 each team member was provided with prepublication copy of the VISTA manual (Giangreco, 1996) for individual self-study. In the spring of 1995, each team participated in a 2 to 4 hour, group self-study of VISTA. The team then proceeded to use the instructions in VISTA to prepare for and use VISTA to make educational support service decisions in the late spring in preparation for the 1995-1996 school year. VISTA meetings were facilitated by a member of each team—all were first time users of VISTA. Basic fidelity of the VISTA process was ensured by: (a) establishing participants' knowledge of VISTA guidelines prior to use, (b) verifying that the components of the educational program met prescribed criteria (e.g., family selected priorities, discipline-free learning outcomes) prior to use, and (c) having a member of the research team present at the VISTA meeting to supply technical assistance on an "as needed" basis (Giangreco, Edelman, Luiselli & MacFarland, 1996).

Observations ($n = 110$) of the students with disabilities and their teams, averaging 2 to 3 hours each, were made throughout the 1994-1995 and 1995-1996 school years. Since observations were conducted both before and after VISTA self-study and the VISTA meetings, it allowed the research team to study the impact of VISTA use. Observations consisted of typical school day activities such as large group, small group, individual, and community-based instruction, lunch, recess, class transitions, individual therapy sessions, and team meetings. Observations included interactions with peers who did not have disabilities. Most fieldnotes were collected using laptop computers by the five-person research team.

From May through September 1995, after the self-study and use of VISTA, the research team conducted 40 semi-structured interviews with a subset of team members from each team, including: related services providers ($n = 14$), special educators ($n = 9$), par-

ents ($n = 8$), classroom teachers ($n = 4$), instructional assistants ($n = 3$), and administrators ($n = 2$). Interviews typically lasted between 45 and 75 minutes, they were audio taped and later transcribed. Each interviewer asked questions pertaining to: (a) how support service decisions were made prior to VISTA; (b) the interactions among classroom staff providing and receiving support (e.g., classroom teacher, instructional assistant, special educator, related services providers); (c) effectiveness of VISTA, its process, outcomes, and impact; (d) strengths and weaknesses of VISTA; and (e) potential improvements in VISTA.

Data Analysis

The observational and interview data were analyzed by the first author inductively using categorical coding (Bogdan & Biklen, 1992). This analysis was reviewed by the other research team members in an attempt to clarify the data presentation and ensure accuracy. The first author ensured his familiarity with the data by participating in data collection (i.e., 31 observations, 17 interviews), reviewing all transcripts of observations and interviews conducted by other research team members, maintaining ongoing contact with research team members, and being involved with research sites over an extended period of time.

First, transcripts of observations and interviews were read and marked by hand with over 150 separate codes using words or phrases descriptive of text content (e.g., scrutiny, fringe, defer); particularly descriptive passages were highlighted and separate notes were maintained on emerging themes. Each observation and interview transcript was imported from a word processing program to *HyperQual2* (Padilla, 1992), a text-sorting program designed to assist in qualitative analysis. Each observation and interview was reread and codes were rearranged and collapsed into 25 categories using *HyperQual2* to generate 25 code-specific reports. Inductive analysis (Patton, 1990) was applied to the code-specific reports to assist in the identification of themes; the evaluation questions posed in this investigation served as an overarching framework to organize identified themes.

Triangulation is a series of techniques that can "... contribute to verification and validation of qualitative analysis" (Patton, 1990,

p. 464). Credibility of the findings in this study were supported using *methods triangulation*, to explore the consistency of findings generated by different methods. In this case, extensive observations and interviews allowed for comparison of what was actually observed with what people reported in their interviews. *Triangulation of sources* was also used to explore the consistency of different data sources using the same method. For example, because teams were studied, it provided a unique opportunity to explore the nature of participant responses to the same issues queried during interviews.

FINDINGS AND DISCUSSION

This section is divided into three major parts. First, data are provided regarding problems that existed prior to team members learning and using VISTA; this is meant to provide a baseline and context for what the settings were like before VISTA use so that they may be contrasted with findings after VISTA use. Second, data are presented about the impact of VISTA use which includes data pertaining to evaluation questions #1 and #2. Third, data are presented pertaining to evaluation question #3 about the limitations of VISTA and potential solutions. Each set of findings incorporates both data and points of discussion.

PROBLEMS EXISTING BEFORE VISTA USE

The reader is cautioned that multisite studies, such as this one, invariably present a wide range of characteristics among participants and sites. In presenting these findings, we have attempted to describe phenomena that were observed across all the sites to some extent and that we believed could be positively influenced by the use of VISTA. These schools should be commended for providing opportunities for students with such complex needs, such as deaf-blindness, to be educated in general education classrooms. They represent a small, but growing set of schools that are attempting to meet the educational challenges presented by students' multiple disabilities.

Groups Assigned to a Student Had Difficulty Functioning as a Team

At each site where we observed, a group of people (5-12 members) who were assigned to the same student identified themselves as a "team" and engaged in a variety of behaviors associated with that label: They shared a common focus on the same student, they held scheduled meetings with all or part of the group; and they exchanged information and ideas. But merely meeting together was not enough, as a special educator explained, "we've been faithfully meeting for four years . . . but there is no cohesive web or overall picture of how everything fits in." As a teacher of the deaf and hearing impaired recognized, each profession may have a "different language" that they use to describe the same things, further complicating team communication. She summed up her frustration with group functioning by saying, "I think that people are very bog-downable."

Despite certain exemplary efforts and good intentions, each of these groups experienced varying levels of difficulty operationalizing teamwork tenets for a variety of reasons. As one mother stated, "I think that everyone sincerely had Alan's best interest at heart. But everyone brings their own unique perspective to what is best for Alan. That would sometimes conflict with what really was best for Alan as a *total* child. . . ." Even when the team planned a sound educational program, problems with team functioning interfered with it yielding positive results. As this mother went on to say, "We had an excellent program in place, we had a great IEP. But the people who were providing the services didn't have the interaction with each other that was essential. It was a total failure in spite of having a wonderful program (IEP)." Several team members recognized that they had no "formalized process" to make decisions and no guiding principles shared by all team members.

The problematic nature of team interactions was a persistent theme as reflected in the following concerns expressed by team members. Case managers often were the gatekeepers to information from a variety of sources, leaving some members perpetually uninformed. Even when team meeting agendas were developed, they were not regularly completed, in part because some team members lacked group facilitation skills, "people ramble on and then you

don't get done." Additionally, team interactions were not always perceived as equitable, but rather as "one-sided" where "one person on the team dominated the whole team and made decisions."

Team members expressed concerns that their extremely busy job schedules caused them to function in primarily a reactive manner. "I think we tend to be reactive or crisis interventionists and I'd like to try to be a little more proactive" (SLP). In other cases, support service decision-making was rooted in power plays and territorialism between team members. For example, in one case the conflict was between a speech/language pathologist and a mother. On one side, the parent was advocating for more services. The professional responded that she "didn't feel the parent had the right to get what she wanted whenever she wanted it" complaining that "these kids (with severe disabilities) require too much time and I can't meet with the other kids who need it." Such conflicts often highlighted deep differences in attitudes among team members about important topics such as the appropriateness of the student's educational placement and student's capacity for learning. When these issues are not addressed the needs of the student are in danger of becoming secondary to the needs of the adults.

Role confusion was another dominant pre-VISTA theme. A special educator explained, "I really didn't have a whole lot of ideas as to what their (related service providers) role really was, and when they should or shouldn't be used." Team members recognized that related services providers were "involved when it wasn't necessary and in other cases maybe they should have been involved when we didn't involve them." As disconcerting as this was for the special educator, it was equally as problematic for support service staff, particularly for itinerant staff. As a physical therapist shared, "... they still weren't sure how to use my skills; which was very frustrating." This role confusion led to inefficiency and "... a lot of overlap" exemplified by scenarios where sometimes "we have a specialist focus on one tiny area" and at other times "we have everyone involved in everything." Teamwork problems were complicated by staff turnover which sometimes included almost entirely new team members from year to year. Although team members almost universally espoused views about the importance of teamwork, basic team functioning clearly continues to be a persistent

problem in many schools, posing a barrier to effective education for children with disabilities.

Support Service Decisions Were Made by Specialists in Relative Isolation

A second major pre-VISTA theme indicated that in many situations educational support service decisions were made by specialists (e.g., physical therapist, occupational therapist, speech/language pathologist) in relative isolation. As a team member explained, "Each of the specialists came in with their own reports and with their own goals and their own determination of time." A speech/language pathologist explained, "People tend to go off and do their own thing. I'm a speech pathologist; I do the speech thing." An occupational therapist offered a similar view when she said, "I think it (support service decisions and implementation) was all pretty isolated. I would see each person independently of anybody else. I didn't ever meet with the team in one room. We sort of knew what the other people were doing but we never openly discussed that as a group or discussed Annie's needs. It was kind of piecemeal as a way of describing it and coming up with the program." Various team members across sites offered further verification of this phenomena. "Oh well, my background is this, so I am going to provide this." "We have always tried to use a team process in making decisions, but a lot of times people had the tendency to make their decision themselves and then go into the meeting . . . not wanting to hear other people's input because they had already set their mind to it." "People individually look at the hand (OT), the leg (PT), the mouth (SLP), etc., but they (the team) seldom have the opportunity to pull all the information together to view the child as a whole." One team member described support service decisions recommended by specialists as "just a complete rubber stamp." This may occur because professionals offer what they know and what they are comfortable with both professionally or personally. Regardless of the reason, isolated decision-making contributed to team members not sharing the same expectations for the student, "it was pretty unclear as to what the expectations for James were."

The individual educational programs (IEPs) developed in an isolated manner were often distinguishable because separate goals

were written for each discipline. "They (service providers) would come up with their own set of goals and present them." When each professional generated his or her own set of discipline-based goals, many team members felt that the IEPs were "huge" and "unusable."

On some teams, the specialists' authority over support service decision-making was not at all domineering. Sometimes service recommendations were simply "inherited" from the previous team. "We just accepted it as a given." At other times team members were simply deferential. In fact, the specialists' decisions were actively sought out by educators and parents. As one support service provider explained, "As we were developing the IEP, when we got to the service page, Karen (case manager) would turn to me or whoever and say, 'How often are you going to see Sarah?' " Many team members said things like, "We obviously deferred to the individuals' judgment because we really didn't have that expertise." A hearing specialist offered her perspective about deferential behavior by explaining, "People say 'Yes' to just about anything, but the decisions never get in-depth. It's a false or uninformed consensus. We don't know how or are just afraid to say 'No.' "

Ironically, while many team members had the perception that related service providers were "autonomous" and had "expertise," several support service providers acknowledged that their decisions were not always rooted in expertise. "I don't want to say it (frequency and mode of service provision) was arbitrary, but I don't know where I came up with the figures; but she comes to the speech room three times a week." A special educator said, "I don't really know how anyone knows how many times a week somebody needs the service." Others who recognized the inherent problems with isolated decision-making simply persisted because they found it easier. "I knew I was doing it. It was just the path of least resistance. Bringing the whole group along? I had tried for years and wasn't meeting much success."

When decisions about educational support services were made in isolation a wide variety of intra-team differences in attitudes and practices became apparent. These differences resulted in barriers to providing appropriately individualized and coordinated education for students served by these teams. Many of the difficulties sur-

rounding these issues were related to a breakdown in communication among team members and shared expectations.

Team Practices Did Not Facilitate Family Participation in Educational and Support Service Planning

Many parents in this study were involved on a regular and ongoing basis in attending team meetings and some felt that their input was valued and acted upon. Other parents in this sample felt differently. As one parent bluntly stated, "I had basically no input." Parents indicated that once professional recommendations had been presented to them, they found it ". . . difficult to get things changed." Being informed about support service decisions after-the-fact left some parents feeling that they were in an adversarial relationship with school personnel. These parents said they felt they had to "push for things" or "fight for services." A special educator acknowledged that parents often wanted "more" related services, but questioned whether there was a logical rationale for that advocacy, saying that people think they need more specialists and are concerned about losing specialist time, but "I don't think they have ever identified why they think they need more specialists."

As an occupational therapist explained, "So many times we leave parents out of it and they get presented with this document that professionals have written. Even some articulate parents are like, 'You guys are the professionals. Yeah, that must be right. I'm signing it!'" Some parents said they were "overwhelmed" by large numbers of professionals, who they perceived as more highly educated than themselves. While most parents said they were ardent advocates for their child, some parents were still hesitant to advocate strongly for their child for fear of being branded as a "complainer" or with other negative descriptors that they feared would adversely affect the services their child received at school. It is unfortunate that a parent would feel so disenfranchised from the team that he or she would display such hesitancy to avoid perceived reprisals. Involving families in educational planning and decision-making for their children remains an area in need of improvement, even in sites where considerable progress has already been established.

General Educators Were on the Fringe of Educational Planning

Prior to using VISTA, a small subset of the general education teachers in this sample tried diligently to include their students with disabilities in typical class activities. These hardworking teachers sometimes felt they were being taken advantage of because of their positive attitudes toward students with disabilities. As one third-grade teacher said, "Teachers who are pro-inclusion get a lot of challenging kids." Parents were thankful to have teachers who welcomed their child into the classroom, but were anxious about the fragility of the situation, "... who knows what a teacher in another year would feel like." This was particularly of concern in small schools where there is only one teacher per grade level.

Though some of these general class settings were positive for the teacher, the student with disabilities, and classmates, general education teachers commonly had limited substantive involvement with the student with disabilities. Some of these teachers were resistant to being identified as the "teacher" for the student with disabilities, preferring that designation be assigned to the special education teacher or instructional assistant. In these situations, no expectation for teacher involvement was beyond being a host. Tacit approval for minimal involvement by classroom teachers was prevalent. As one team member said, the "... teacher is given permission to not have responsibility for the learning of the student." At a team meeting when this issue of general class teacher involvement was raised, discomfort about the topic was so high and divisions within the team were so strong, that the team agreed to "table" the issue until another time. Nearly nine months later, the issue had not been openly discussed at a team meeting. As one teacher said, "She's here, but she is not my responsibility. I'm not accountable. I don't have to mark her report card." "Oh, she's special ed., we don't have to work with her." A parent from a different team reported the same phenomena saying, "She (classroom teacher) doesn't work with Daniel on a regular basis." In these situations, the student with disabilities is placed in a general education classroom, yet the data indicates the student may not be included as a member of the class as evidenced by physical isolation within the classroom, minimal acknowledgment of the student by the classroom teacher, participa-

tion in different activities than the rest of the class directed by an instructional assistant, use of a different schedule of activities, and/or use of a different locker space.

In justifying their minimal involvement with students with disabilities, some general education teachers questioned their role and wondered why they were asked to work with a child who was so significantly below grade level. "I haven't seen anything from Carly that indicates she does 2nd grade work." Another teacher echoed, "Why is he in 4th grade when he can't do 4th grade work?" Such questions, while rather common, demonstrate a lack of understanding of the child's program or how students with disabilities can be successfully educated in general education classes using adaptations (Udvari-Solner, 1996; Downing, 1996), multi-level instruction, and curriculum overlapping (Giangreco & Putnam, 1991). Merely placing a student with disabilities in a general education class does not constitute "inclusive education." This observation tends to lead people in two distinctly opposite directions of action. One set of people site the aforementioned observations as evidence of inclusive education's limitations. Another set believes that when it comes to inclusive education, "Doing it wrong doesn't make it wrong" (Michael Hock, personal communication December 13, 1995). They believe that actions need to occur so that the classroom becomes a learning community that can accommodate students with diverse characteristics while maintaining high standards for all.

A speech/language pathologist said that she believed some general education teachers are afraid to work with students with disabilities because they feel untrained and underqualified. This was verified by an Art teacher who said, "I can't do this (teach a child with significant disabilities). It scares me to death!" Some special area general educators (e.g., PE, Art, Music, Library) said they felt they were "out of the loop" in terms of team communication, planning, and support. Other general education teachers simply do not consider teaching children with disabilities as part of their role; they indicated feeling "resentful" of the intrusion on their time created by being asked to participate in teamwork related to the student with disabilities.

Interestingly, although all the general education teachers were

college-educated and certified teachers, they were willing to hand over most day-to-day instructional and curricular decisions to typically less trained instructional assistants. A physical education teacher exemplified this scenario when the student with disabilities was in her class saying, "I'm not sure how Helena is going to be involved in this activity—that's her aide's job." It is our belief that classroom success, both academically and socially, for students with disabilities requires substantive and ongoing involvement by a qualified general education teacher who receives necessary supports.

IMPACT OF VISTA USE

Throughout the following sections, we have described some of the observed and reported impact of VISTA use. In presenting these findings, we are not suggesting that all study participants experienced all of the types of changes that we documented; clearly the type and level of impact varied. More than one of the study participants said that they believed the amount of impact was relative to the current functioning level of the team. Teams that were already engaged in many positive teamwork, communication, and coordination activities experienced relatively less impact than those who were not. As one mother explained,

I think we were already on the right track, but this (VISTA) fine-tuned things. It helped every team member reach consensus. If the team was having a lot of difficulty working together to begin with, then I think the model (VISTA) would have had huge results. The fact the team was already working well together meant that there was not as much room for gain, but there was still gain.

Although VISTA was the common new learning approach for all the team members in this study, one mother pointed out the obvious importance of people when she said, "No matter how good the program is, it comes down to the people who are involved. If you have people who really are very good at what they do, and believe in what they're doing, that would be the difference between overwhelming success and overwhelming failure." The reader is cau-

tioned not to overgeneralize the findings reported in this current investigation. The positive impact of VISTA that was reported and observed across all the teams is not meant to infer that VISTA was favorably received by every team member who used it. Like most innovations, use of VISTA has supporters, those who could take it or leave it, and those who likely would not choose to use VISTA in the future. Our purpose here is to offer a range of examples that typified the kinds of impact that were experienced across the research sites to assist potential consumers in determining if VISTA may be useful in their own efforts to make and coordinate support services for their students with disabilities.

Evaluation Question #1: Does VISTA Do What It Purports to Do?

The following sections describe six areas where study participants indicated that VISTA did what it purported to do.

VISTA Provided a Team Process for Support Service Decision-Making Based On a Shared Educational Program

In contrast to pre-VISTA comments highlighting the absence of a process, VISTA “gives us much more of a definitive process of how to coordinate and integrate different areas” (speech/language pathologist). “It’s got an order to it. There is a system and there are specific questions that people have to stop and think about” (special educator). Participants reported that VISTA provided a forum for “lots of good discussion,” opportunities for people to “listen to each other,” and consider opinions different from their own. An occupational therapist indicated, “It was helpful because you got to hear everybody’s perspective of the child versus that one little area that you looked at. You saw more of the total child which hasn’t been happening when you treat in isolation and write goals in isolation. You forget that you have this great kid with many aspects.” Many team members commented that VISTA helped provide a “focus” and “clarified roles.” A speech/language pathologist said she liked that, as a group, people were saying, “Let’s talk about this child and let’s figure out who is going to be responsible for what.”

VISTA Was Effective in Determining Child-Focused Services that Were Educationally Relevant and Necessary

Use of VISTA caused teams to more closely scrutinize their support service recommendations and practices for educational relevance and necessity in ways that were “very child oriented” and addressed issues that team members described as “nitty-gritty.” “It brought everybody together in terms of knowing and sharing goals” (occupational therapist). A special educator added that VISTA was “effective in making appropriate support service decisions. I think the services that we are providing will meet his needs and help him reach his learning outcomes.” Another team member said, “we are providing what the team has decided is needed instead of what we are comfortable providing.”

The concept of *only as special as necessary* provided some families with an alternative way to think about what they wanted for their child. A parent concurred saying, “only as special as necessary, I agree with that. I wouldn’t want to do overwhelming stuff. But then there is stuff that needs to get done and stuff that she needs to have happen in order for her to learn.” In one site a specialist in deaf-blindness was reluctant to adopt the only as special as necessary concepts in VISTA. After she saw the program in action she said, “actually services have been reduced and everything is going well. If it weren’t for VISTA, the team would have been alarmed to lose hearing services. But now the team says ‘No, we think we’ve got it covered.’ ”

VISTA Helped Avoid Support Service Gaps, Overlaps, and Contradictions

Team members reported that VISTA helped them create a program that was “more cohesive” by identifying gaps, overlaps, and contradictions. An occupational therapist said that when you use VISTA, “there may be some disagreements or contradictions that it allows you to talk about . . . hopefully objectively, . . . come to consensus, and go from there.” Although the impact of VISTA use regarding contradictions and gaps were noted, service overlap was most prevalent. As one team member explained, VISTA helped team members “realize how much overkill we were doing with

different programs.” Sometimes the number of extra people involved doing things that were already being done seemed startling, as typified by the observation that “the rest of the class is going about their business, with no apparent notice of the gang of adults in the back of the room. Seven specialists and others were working with Maryann” at the same time. Exposing unnecessary overlaps helped reduce redundancy, “bring down waste,” and assisted team members to “. . . understand better who was going to be involved with what.” When overlap did occur based on VISTA, it was a conscious decision, that was “purposeful.” As one specialist said, “We’re getting more at exactly what we need rather than just throwing services at them.”

VISTA Helped Reduce Unnecessary Conflicts Among Team Members

VISTA’s process helped team members discuss their differences rationally and respectfully, leading to a better quality outcome, “This allowed some stuff to come out, but work itself out, without being rude or disrespectful” (speech/language pathologist). “There was a lot less conflict and arguing. It made the whole IEP plan go a lot smoother.” A mother explained that when the team used VISTA, “we respected differences of opinion and had a discussion about it. It wasn’t confrontational.” Another had similar comments, “We got into some really heated arguments before because I wanted certain things for Mary and they didn’t want them for her. But all of this was avoided because the outline was already written up as to how much time we’d need for speech.” A special educator noticed that the team process was furthered by the documentation. “Putting it down (in writing) and being really clear about it and making sure that people really are agreeing rather than just, ‘We think they are agreeing to what they haven’t said yet.’ ”

VISTA Increased Parental and Classroom Teacher Involvement in Support Service Decision-Making

For several of the parents, participating in VISTA “. . . elevated the parent to part of the team.” As an occupational therapist said,

“... a real strength is the way that it draws in the parent . . . I think she really got to know her child’s team members and the people that spend so much time with her.” Using VISTA helped some families be involved in the process rather than in an adversarial relationship with school personnel. Having parents closely involved in decision-making was a practice the parents in this study knew was important all along. As one mother said, “You will never convince me that a specialist knows what her needs are better than I do. They may be the professional, but I have lived with her.”

In reference to the VISTA worksheets, one mother said, “they were exciting because that is when you got to fill it out your own kid and see what this meant for you.” Although participation in VISTA helped some parents assume a more prominent role within the team, this remains an area in need of ongoing attention. For example, in one case where the parents historically were closely involved in their child’s program, a school administrator who was not involved in VISTA told the parent at a team meeting that she should consider herself a “spectator.” This highlights the need to extend VISTA concepts to other school personnel who may not be closely involved in day-to-day planning, but who play a significant role in school-wide planning.

In some cases the use of VISTA established general education teachers as important decision-making team members for the first time. A classroom teacher explained, “I need to be able to manage anything that happens in my space.” A special educator shared a similar perspective saying, “Teachers need to be the ones who make the decisions a lot because she is working with the student.” Other team members said they benefited by hearing the perspectives of the classroom teacher. An occupational therapist said, “I enjoyed listening to the teacher when she took some ownership and I think the VISTA process was bringing that out.” VISTA gave the general education teacher an opportunity to assume ownership and responsibilities for teaching the student with disabilities. As one primary grade teacher said, “I can do that. I’m doing that with all the other students anyway.”

VISTA also provided opportunities for classroom teachers to explain where they felt they needed support to be successful. These teachers demonstrated a basic optimism about their work, “I really

don't think people believe in the basic premise that everyone can learn. If you believe in that, then you believe that anything can happen in your classroom" (general educator). Additionally, these teachers saw themselves as learners, "In a general sense you usually start out by finding out how much you don't know and you begin and you feel like there is so much more that you need to know. And that has been my experience with VISTA" (general educator). The teachers who became more involved in VISTA planning demonstrated affirming dispositions toward their students with disabilities that were often modeled by classmates. In response to some class work being done by Mark (student with severe disabilities), his first-grade teacher commented to herself, "He is so smart!" A peer without disabilities overheard the comment and concurred, "Mark really is smart." Although increased involvement by the classroom teacher was observed, it did not occur in all situations as some teachers retained a limited involvement with the student with disabilities.

VISTA Increased Team Members' Satisfaction with Their Support Service Decision-Making

It is worth noting that while team members reported high levels of satisfaction with VISTA using quantitative measures (Giangreco, Edelman, Luiselli & MacFarland, 1996), there were still ambivalent reactions within the sample from a qualitative perspective. For example, while several team members reported that VISTA was, "very straightforward," "very easy reading, very helpful, and made things very clear," others found it difficult to read and felt it had too much professional jargon. While some found the VISTA process easy to follow, others found it difficult and cumbersome.

One cannot talk to people who work in schools and avoid hearing about the constraints on their time. In reference to time trade-offs, a parent summarized the perspective of several study participants when she said that VISTA was, "time consuming, but worth it." Those who felt similarly recognized the value of taking time to coordinate their services. As one case coordinator stated, "You spend *more* time when everybody is off in different directions with their own ideas, trying to get people to connect to straighten things out that you don't think are right." This front-end expenditure of

time and effort was perceived as saving time in the long run. "I feel positively about the process (VISTA) and I feel that it has enabled our team to work cooperatively together and also to get more work done in a shorter amount of time" (Vision Specialist). Team members generally discovered that they learned VISTA quickly. As a special educator said, "VISTA and associated teamwork is a developmental process based on communication trust building and developing a shared framework. With practice we'll go faster. We filled it out really quickly at the end, . . . once we got going it was suddenly really clear, and the light went on!"

Other team members commented favorably about both the process and outcomes of VISTA. For example, several of the parents commented that they liked how explicitly decisions were listed on the VISTA Team Summary. Others commented on the process itself. An occupational therapist said, "I think it is very clear and concise and sequential, . . . it brings everyone together." A special educator added, "It's a very safe process as long as people keep it just open like I felt our group was." This was reiterated by other team members who commented that using VISTA "brought some of us closer. I think there was a new level of respect. I got to know my co-workers better and I got to know their roles more."

Some team members noticed the impact of VISTA once their decisions were instituted. A parent explained how "it was the second or third week of school (before the impact was noticed). It went a lot smoother this year because the VISTA outline was right there." A deaf-blind specialist concurred, "I'm obviously very optimistic about it at this point. I think it has worked wonderfully." The bottom line for another parent was, "I think the result has been a better program for Adam."

Evaluation Question #2: What Impact Does VISTA Have on Team Members' Practices and Interactions?

Although the type and extent of impact varied among teams and individuals, some level of impact was observed and reported within every team studied. Although it is a challenging research link to establish, the ultimate goal of processes like VISTA is that the impact on team members' attitudes, practices, and interactions translates into improved learning and valued life outcomes for chil-

dren. Some of those positive student changes may be partially attributable to VISTA, but certainly are a result of team members engaging a wide variety of effective educational practices—VISTA was just one piece of a larger puzzle. The following sections describe: (a) impact on students, and (b) impact on professional practices and interactions.

Impact on Students

In at least two of the eleven sites, the use of VISTA was reported to be influential in retaining a student in general education or providing them with that opportunity for the first time. As one mother said, "If it wasn't for VISTA I wasn't quite sure I would even think about bringing Maureen back." For a student who was in general education for the first time, his father reported that his son had, "made more progress this year than the seven years before." One of the key features was the student's access to natural supports such as a welcoming and competent classroom teacher and peers without disabilities. The school principal relayed a scene he recently observed where "Mark responds to peers to follow classroom routines better than he sometimes does for adults. One of his classmates got him to stand up and walk with him to lunch." This seemingly minor event was evidence of significant gains for this particular child. Earlier in the year, the professional staff had attempted to get Mark to wear a hearing aide in an effort to get a better sense of his hearing abilities; Mark refused. Months later, Mark was next to a boy who was listening to music using headphones. When the boy took the headphones off and laid them on the table, Mark put them on, and began moving in synch with the beat. Again, this seemingly benign scene was cause for major celebration among a team. The irony of this success is that it was the site with the fewest financial and support service resources and the only site where an instructional assistant was not assigned. In its remote location, this team relied on itinerant services of specialists, local administrative support, ongoing assistance from school-based special educators, and most of all, the highly competent efforts of a general education teacher who saw it as part of her job to teach Mark as she taught the other children in her class. Such scenarios while uncomplicated are nevertheless uncommon, with many lessons to teach us. Since the focus of this study was the impact on team

members, the need to further explore the impact of VISTA on students remains an ongoing need.

Impact on Professional Practices and Interactions of Team Members

Team members reported a variety of changes in their practices and interactions based on their use of VISTA. Several team members said VISTA use prompted them to reflect on their own practices. "It reinforced a lot of my thoughts and had me reflect back on things that I sometimes get into habits of doing." A specialist said, "I realized that I was making those decisions based on my own agenda."

VISTA also had a positive impact on team communication and interactions. A special educator captured the sentiment of several team members in saying, "intra-team communication and functioning has improved, in part, because of VISTA." VISTA reportedly helped equalized intra-team power. As a special educator explained, "everybody comes in on a level playing field and that is made very clear (in VISTA)." Some members described how VISTA helped provide a sense of group security in decision-making. As one special educator explained, "I was not out on a limb by myself." For other team members, participation in VISTA assisted in group cohesion by validating the importance of team members' contributions. "It made everyone see the value in what everyone else was doing." This seemed especially relevant to a number of instructional assistants. As one instructional assistant said, "I appreciate it (VISTA) because it made me feel better about myself and the job that I do with Helena."

In a small number of cases, use of VISTA exposed the lack of discipline-based competencies among team members necessary to appropriately support a student with particularly complex combinations of disabilities. Some team members came to recognize that having a title (e.g., speech pathologist, occupational therapist) does not necessarily mean that a professional has all the skills needed to appropriately support all types of students. VISTA prompted these teams to go beyond the boundaries of what typically had been available to them to pursue support service personnel with the more highly specialized skills they sought.

Within some teams, VISTA reportedly established more "owner-

ship and accountability” among team members for the education of the student. This resulted in more general education involvement and distribution of teaching responsibilities. As a mother shared, “All the teachers now take responsibility in some form for teaching her. Even if she can’t do the regular third grade work itself, Mrs. Thomas has special papers on the same subject that she is able to give her . . .” This parent observed, that there was more “. . . cooperation now between teachers and more evenness of her learning; there’s no wasted time in the classroom now. Mrs. Thomas is really trying to work with Laura (special educator).”

VISTA also helped some school staff become better consumers of related services, as evidenced by preparing and asking more focused questions of itinerant specialists. As a Special Educator explained, “Now there is a focus to their (specialists’) visits that we direct.” The physical therapist from same site agreed that the school staff was more prepared for her visits, making them more fruitful. In some cases, the impact of VISTA extended beyond the targeted students who were the focus of this study. For example, as a result of learning VISTA, a case coordinator explained, “I’ve approached transition planning differently. I’ve involved people more, parents and staff.” In one of the sites, experiences using VISTA and including a student with multiple disabilities in the general education classroom prompted school personnel to expand their schoolwide service provision to include all students with disabilities in general education classrooms with necessary supports.

Evaluation Question #3: What Are the Limitations of VISTA and Potential Improvements from a Consumer-Based Perspective?

This section presents four of the limitations identified by team members when using VISTA and potential solutions for its improvement that will be incorporated into future versions of VISTA. This section culminates with a series of additional suggestions for potential improvement of VISTA.

Problem 1: Getting Everyone Together

The directions in VISTA call for the VISTA Meeting to include a family member (e.g., parent), the general educator, special educator,

and *all* the support service specialists (e.g., speech/language pathologist, physical therapist, orientation and mobility specialist) involved with the student at least once per year. A special educator's comment typified those of many by stating, "One of the weaknesses was the logistical time factor of getting everybody together." It was particularly challenging when: (a) there were many support service providers, (b) support service providers were itinerants with large case loads, and (c) support personnel worked for nonschool agencies or were private contractors.

Potential Solution 1: Get Input from Specialists in Alternate Ways

Revised versions of VISTA may include alternative ways of including input from support service personnel without necessitating the physical presence of all support service providers. Current field-testing includes an option for getting highly specific types of information from support services providers in writing for consideration by the rest of the team. Not having all team members present involves trade-offs, therefore each team should decide individually which support personnel need to be physically present and which can be present through the proxy of another team member and/or in written form. In cases where certain support service personnel are not present for the VISTA Meeting it is imperative that: (a) all the team members be aware of the principles of VISTA; (b) all the major consumers of support services (e.g., general education, special education, family) are present at the meeting; and (c) follow-up is conducted to ensure that the entire team shares the same understandings about who is doing what to whom and why.

Problem 2: Team Process Was Compromised by Confusion Over Who Will Teach the Student

The first question on the VISTA Worksheet used to facilitate group discussion at the VISTA Meeting is: "Who will be responsible for ongoing implementation (of the student's various educational program components)?" Responding to this question in reference to each of the student's educational program components consumed a disproportionate amount of time at the VISTA Meetings. Our observations indicated that this occurred because many team mem-

bers did not share a similar understanding of who was responsible to teach the student with disabilities. The primary divisions were between those who believed that more responsibility should be assumed by the classroom teacher and those who believed that the special educators and/or instructional assistants should assume primary responsibility. As one person said who facilitated a VISTA Meeting,

We spent a whole hour talking about, 'OK, who is going to make sure that this service is delivered on a daily basis?' And we got really bogged down on whether it was going to be the IA (Instructional Assistant) or the classroom teacher. . . .

Observations of the VISTA Meetings often highlighted significant attitudinal differences that were verified during interviews with team members about their support for general class placement of students with disabilities, their beliefs about the educability of students, and their beliefs about team members' roles. Deep divisions on these topics were rarely resolved at the VISTA Meetings, but rather were "tabled" and rarely dealt with afterwards. Clarifying who is responsible for ongoing implementation continues to be a crucial issue because it establishes who may need support services to educate the student.

Potential Solution 2: Determine Shared Framework as Part of Preparation

Although the introduction to VISTA already discusses the importance of establishing a shared framework among team members, this study clearly showed that more needs to be done in this area. Revised versions of VISTA encourage team members to explicitly discuss a series of important issues prior to beginning the VISTA Meeting as part of their preparation. Updates include a set of statements about the most common differences expressed by team members so that they can be explicitly addressed. Additionally, updated versions of VISTA set a "default" whereby the classroom teacher, as the only certified professional likely to have ongoing interactions with the student is considered to have the primary responsibility for teaching the child—even if part of that teaching includes the use of

an instructional assistant who is working under the direction and supervision of a certified and qualified teacher. As a "default," this provides a starting point from which teams may chose to vary, but at the same time squarely confronts the dilemma that too much responsibility has been inappropriately heaped onto often undereducated, untrained, and unsupervised instructional assistants.

Problem 3: Limited Involvement of Some Parents and Classroom Teachers

Some parents and classroom teachers were observed to be noticeably less involved at the VISTA Meeting than they typically were at regular team meetings. As one mother said after sitting rather quietly through a VISTA Meeting, "I felt that I was just swept along." This same parent was observed participating more extensively in regularly scheduled team meetings. Some parents reported that having the entire team of professionals present was "intimidating" for them.

Additionally, the nature of the questions asked by the facilitator in the VISTA Meeting were directed to the related service providers first and then consumers (e.g., classroom teachers, parents) were asked to respond to their ideas regarding what was needed. This sequence (related services speaking first) worked well in cases where a strong basis of communication, trust, and equity among team members had already been established. In cases where that communication, trust, and equity were not as strong, it increased the likelihood that: (a) consumers would not have a strong a voice in decision-making, (b) professionals could more easily pursue their own status quo, (c) team members would revert to the deferential behaviors observed and reported prior to VISTA use, or (d) team members would reach false consensus. In such cases team members described themselves as, "overly polite," admitting that they, "... don't really talk about or confront issues," and never got beyond a "superficial" level of discussion. A Speech/Language Pathologist explained, "Coming to consensus is difficult. But I think we fell into one of the traps mentioned in the (VISTA) manual, coming to false consensus. So that in the meeting everything was peachy keen. But in fact, we hadn't resolved the underlying concerns. At the time (when you are tired and trying to finish and go home) it seemed like

not a critical step. It's only after you move down the path you realize how critical it really was."

Potential Solution 3: Rearrange Question-Asking Order

We are currently field-testing variations to the question-asking sequence within the VISTA Meeting to ensure that the needs of consumers are more consistently considered using an updated version of the VISTA Worksheet. For example, in reference to a priority learning outcome (e.g., makes choices when presented with options), the discussion would begin by asking the classroom staff if they felt they could teach to this priority without additional support. If they believed they could do without additional support, this would be verified with the rest of the team and the team would consider the next item in the student's educational program that might need support. A Special Educator said VISTA encouraged team members to be honest, "Don't be afraid to say 'No' to some services. We can do this without hurting people's feelings." If the team agreed that the classroom staff did need additional support, questions would be asked to determine what kind of supports were needed and who could provide them. This rearrangement of question-asking allows those who spend the most time with the student to communicate what they need rather than responding to what others think they need. Updated versions also will offer the team members additional reminders to be on the lookout for deferential behavior and false consensus.

Problem 4: Some Teams Did Not Follow-Up After VISTA

The teams in this study used VISTA in the late Spring in preparation for the following school year. Some teams used their work the previous Spring as a springboard to a successful school year. In other cases, despite all the time and effort the team had put into determining the educational program and making decisions about support service provision, they did not adequately follow-up with VISTA use in the fall, thus limiting its potential impact. Some team members perceived the completion of the VISTA Meeting as the culmination of the VISTA process, although some recognized that the completion of the meeting was not the end of the process. As

one mother said, "See, this is what I worry about. We've done our meetings, but for some reason I don't feel like we've completed [sic]. This same mother followed up on these concerns with her child's special educator saying, "I asked Katie about whether we were going to have another meeting about VISTA and she said, 'Oh no, we are all done until next year.' " This mother recognized that the culmination of the VISTA Meeting leads to more refined and ongoing planning, implementation, and evaluation. Lack of follow-through was evidenced by acts of omission such as: (a) not sharing the student-specific VISTA information with new team members (e.g., program-at-a-glance, VISTA Summary); (b) not meeting in subgroups as individually specified on the VISTA Summary; (c) not orienting new team members to the principles of VISTA; and (d) not evaluating the impact of support services on learning outcomes or valued life outcomes as outlined in VISTA "To Do" List #5 (What Comes After the VISTA Meeting).

Potential Solution 4: Highlight the Importance of Follow-Up After the VISTA Meeting

Getting people to follow through on what they start is always a challenge. At this point in time, the revisions of VISTA will address this issue by highlighting its importance. All the constructive planning done by team members is of limited value unless it is adequately applied in a thoughtful manner and regularly adjusted based on evaluative feedback. The importance of follow through after the VISTA Meeting cannot be overstated—it is a beginning rather than an ending.

Additional Suggestions for Improvement

Team members involved in this study suggested additional potential improvements to VISTA. Potential improvements included: (a) simplification of forms, (b) reduction of jargon, (c) exploration of ways to involve students in self-advocating regarding their support service needs, (d) extended preparation to ensure the establishment of a shared framework among team members, and (e) use of videotaped examples to provide models for those learning VISTA.

Undoubtedly, as VISTA is used more extensively, additional ideas will come to light that may improve its utility and impact.

CONCLUSION

VISTA provides teams facing service coordination challenges for students with disabilities a practical, field-tested alternative to making educationally relevant and necessary support service decisions. While the qualitative data presented in this study offer real life examples of the positive attributes of the process and its potential for positive impact, its limitations highlight the need for ongoing development to increase the likelihood of positive outcomes for more teams and students. Future research on VISTA should: (a) extend to additional populations of students with disabilities, (b) continue to investigate ways of making it more responsive to consumer needs, and (c) further explore the relationship between the impact VISTA has on team members' practices with its impact on learning and valued life outcomes for students.

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