Policy Forum

Specific Learning Disability Classification in the New Individuals with Disabilities Education Act: The Danger of Good Ideas

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Abstract

The recently revised IDEA guidelines indicate that a Specific Learning Disability (SLD) can be identified if a child has a disorder in the basic psychological processes. The criteria in the new guidelines for identifying SLD state that: a) a severe discrepancy between achievement and intellectual ability *shall not be required*; and b) a response to intervention (RTI) *may be considered*. These criteria are ambiguous regarding how the traditional ability-achievement discrepancy approach should be applied, and they are equally ambiguous about the recently adopted failure to RTI model. Absent from these criteria is any mention that a child with SLD must have a psychological processing disorder, despite that this is a mandatory requirement according to the current and previous IDEA SLD definitions. Although comprehensive, multiple-method evaluations are still required for SLD determination, those who use a RTI model without standardized instruments must rely on inferences regarding the basic psychological processes, rather than objective measurement of these constructs. In light of recent national test results indicating deficient reading and math scores for a majority of children of color, low socioeconomic level, limited English proficiency, and special education status, removing objective individual measurement of cognitive processes may increase the likelihood of classification error, as poor academic achievement is likely related to multiple causes, not just a SLD. Regardless of arguments put forth by advocates and opponents of the discrepancy and RTI models, we strongly believe that practitioners must use standardized intellectual, cognitive, and neuropsychological assessment measures to identify process deficits as well as integrities. Identifying a child's unique pattern of performance on standardized measures not only assures compliance with the new IDEA guidelines, but also allows for recognition of individual cognitive strengths and needs, one of the prerequisites for intervention efficacy.

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The National Assessment of Educational Progress (NAEP) recently released the nationwide results of reading and math scores for children in fourth and eighth grades. Averaging across all students, no gains were made in reading scores from the last evaluation, but math scores reportedly improved, especially among children of color. The data were released at state, rather than local levels, yet they were encouraging. At a news conference on the NAEP release day, Education Secretary Rod Paige suggested that these results reflected a "turning point in American educational history," as test scores were narrowing between children of color and Caucasian students (Dobbs, 2003, p. 2). Paige claimed, "We have proof that all children can indeed learn, no matter the color of their skin or their ethnic heritage" (Hildebrand, 2003, p. 2). Obviously, the high standards-high accountability model is working, according to Mr. Paige, and once this model is embraced throughout the nation, all will have equal educational opportunity and progress for all children.

So how do these group data pertain to the revised Individuals with Disabilities Education Act (IDEA) and specific learning disability (SLD) determination? At the same time that "high stakes" group testing has become essential for determining state and even local school competency, some

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individuals seek to use a failure to "respond to intervention" (RTI) model to identify children with SLD. With high stakes testing in place, all children will be provided with a free, *appropriate*, public education with high standards in each state, and all will purportedly succeed. It is accountability that results in successful outcomes, and, according to Paige, the NAEP results suggest that if teachers are held accountable, all children can learn and achieve. This is the underlying premise behind the Bush Administration's *No Child Left Behind* educational reform measures: provide the *appropriate* curriculum, environment, and contingencies, and each child will thrive.

Before discussing the implications of the NAEP data, we want to make it clear that we support high standards and accountability, and we applaud efforts to level the "playing field" among children within and between their schools. We enthusiastically support the development of better training, better curricula, better instructional methods, and better evaluation tools. We believe that if all children are provided with a free, *appropriate*, public education, most will learn and thrive within their environments. That being said, what concerns us is this issue of *appropriate* education. Is appropriate in one school the same as another? Is the teacher in one classroom trained as well as in others? Do teachers have comparable instructional methods and classroom management techniques? Do they have the same curricular materials and school supplies? What about a child's home environment, ethnic and cultural background, and socioeconomic status (SES)? Are these variables comparable from child to child? What about the individual child's medical status, physical and cognitive development, and psychosocial history? How can we ensure their equivalence among children? Finally, can we say with conviction that the functional determinants of learning will be equated on a daily basis and over time for each child? These are complex questions whose answers require systematic examination and change at multiple levels. But in this high stakes world, if a child fails under the new IDEA provisions, he or she could be classified as SLD, regardless of the multiple possible causes. Intuitively, the failure to RTI model for SLD determination is an idea that needs to be fully tested before it is implemented.

Before we continue the argument, let us consider how children performed according to the recently released NAEP reading and math results (see U.S. Department of Education, 2003). We will illustrate our points by reporting the 2003 findings for 4th graders, and ignore the "significance" testing in the report. With very large samples, trivial differences can become statistically significant even if these differences are meaningless in a practical sense (see, for example, a special journal issue devoted to this topic; Kaufman, 1998). In addition, it is important to note that the 2003 results include testing accommodations for qualified children. For reading, the national average was 218 for 4th grade reading on a 0-500 scale, representing a 1-point drop from the previous year mean. For math scores, the results were more encouraging, with scores increasing from 226 to 235 in 4th grade. This is a positive trend given our national concerns regarding math and science achievement. As stated previously, however, it is difficult to determine if these changes are meaningful, given the limited information provided; however, another set of statistics helps put these results in perspective, namely student levels of competence as defined by the U.S. Department of Education.

There are several group achievement levels for the NAEP results, but we will focus on those children identified as having *Below Basic* competency as opposed to those who have *Basic*, *Proficient*, *or Advanced* achievement levels. According to these results, 37% of 4th grade children performed in the *Below Basic* level of reading competency set forth by the government. For math, the results revealed that 23% scored at the *Below Basic* level of math competency. Taken together, these findings suggest that many children are *Below Basic* competency in reading, math, or both. While there apparently have been gains in recent years, one could argue that a substantial portion of our nation's children are failing to benefit from the current instruction offered to them in their classrooms. For these children, their current RTI is poor.

Next we turn to several key background variables, namely SES (determined by free school lunch eligibility), ethnicity, special education status, and limited English proficiency (LEP). Not surprisingly, those who are eligible for free school lunches (classified as lower SES) have lower reading and math scores than those who are not eligible. For those eligible for free lunches, a dismal 55% scored at the *Below Basic* level of reading competency. This is contrasted with only 24% at the *Below Basic* level for those not eligible for free school lunches. For 4th

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grade math, the disparity is even greater than that obtained for reading, with 58% *Below Basic* for those eligible versus 12% *Below Basic* for those not eligible. Even with such a crude measure of SES, the differences between lower and higher SES in terms of reading and math competency are striking.

Consistent with other studies that have used achievement tests to compare ethnic groups (see Roberts et al., 2001), Caucasian 4th graders had better achievement, on average, than African-American and Latino 4th graders. Twenty six percent of Caucasians were categorized as *Below Basic* in reading competence, compared to 61% of African Americans and 57% of Latinos. For 4th grade math achievement, corresponding *Below Basic* levels were 13% for Caucasians, 46% for African Americans, and 38% for Latinos. For special education status, 71% were in the *Below Basic* range for reading, and 50% were so classified in math. For children in regular education, 35% and 21% scored in the *Below Basic* level for reading and math, respectively. Students with LEP classification also had difficulty with reading and math, with 72% and 51%, respectively, falling in the *Below Basic* level. These results are contrasted with those who are not LEP, among whom only 35% were *Below Basic* in reading, and 21% were *Below Basic* in math. It seems clear that experiencing low SES, being a person of color, receiving special education, and having LEP are all associated with a failure to benefit from current instructional practices. These variables are undoubtedly interdependent and share a great deal of variance in predicting achievement outcomes. For example, it is quite likely that ethnic differences are largely due to SES differences among ethnic groups. Unfortunately, data were not provided in the NAEP to permit any analysis of the interactions among various background variables.

To evaluate the generalizability of the relationship of background variables to achievement competence observed in the total sample, we explored differences on these variables based on the student's state or region. Consider, for example, data provided in the NAEP report for students in Connecticut, Iowa, New York, and Virginia (the states in which the four authors of this article are employed). As shown in Table 1, there are remarkable parallels in Northeastern, Southern, and Midwestern states. Regardless of the state examined, being Caucasian, English proficient, in general education, and ineligible for free school lunches appears to be less likely to be associated with a *Below Basic* rating, ranging from 8% (Caucasian and high SES for reading in Connecticut) to 31% (English proficient for reading in New York). For children from low SES backgrounds, children of

Table 1
Children Classified as Below Basic on NAEP Reading and Math Tests Separately for Four States

	SES		Ethnicity			Spec. Educ.		LEP	
	HI	LO	CA	AA	LA	YES	NO	YES	NO
					Reading				
Connecticut	16	50	16	54	51	64	22	66	28
Iowa	22	47	26	66	52	80	25	67	29
New York	15	49	18	56	49	67	29	73	31
Virginia	21	53	23	51	45	57	30	60	30
					Math				
Connecticut	8	40	8	45	36	44	15	54	16
Iowa	11	30	14	50	38	54	11	46	16
New York	9	34	9	42	38	49	18	61	19
Virginia	10	32	10	34	25	41	15	32	16

Note. SES = socioeconomic status; Spec. Educ. = special education status; LEP = limited English Proficient status; CA = Caucasian; AA = African American; LA = Latino. *Source:* U.S. Department of Education (2003). *National assessment of educational progress.* The nation's report card. Washington, D.C.: Institute of Education Sciences (NCES 2004-451/452).

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color (African American and Latino), students of special education status, and those who are LEP, the *Below Basic* percents rose dramatically, ranging from 25% (Latinos for math in Virginia) to 80% (special education students for reading in Iowa). Even in the best case scenario, approximately 10% of the population failed to meet the basic levels of academic competence, and for the worse case scenario, 4/5 of the population "failed to benefit" from their current academic instruction. Their RTI does not even result in these students performing at the basic level of academic competency, as defined by the government. It is interesting to note that the number of children in the *Below Basic* range is quite high in all these states, despite differences in geographic region and population density. In addition, Iowa seems to be struggling with the same patterns of achievement competency as other states across the country, even though the Iowa service delivery approach (see Reschly & Grimes, 1991) is often touted by reform advocates on Capital Hill as an exemplar of the RTI model.

Returning to our discussion on identification of children with SLD, we present the above data as convincing evidence that there are many children who are failing to RTI, many more than are currently being served in the special education system. Although it seems clear that these large numbers of children need additional instructional support, including remediation and/or compensatory interventions within the classroom, and system-level interventions in the community, it is unclear whether they require special education services and should be identified as having a SLD. We might conclude that some of these children have disabilities and others are low achieving, but discriminating between the two would be difficult without objective individual measurement.

Some have argued vociferously that there is no substantial difference between SLD and low-achieving populations (e.g., Siegel, 1992; also see Kaufman & Kaufman, 2001a for discussion), but should ALL of these low-achieving *Below Basic* children be labeled as SLD? Under the "new" IDEA model, SLD criteria indicate what the local educational agency "*shall not be required*" to do (i.e., take into consideration whether there is an ability-achievement discrepancy), and what the agency "may" do (i.e., determine if the child responds to scientific, research-based intervention). These guidelines are ambiguous regarding the criteria for diagnosing SLD, and they do not even address a methodology for identifying the mandatory "*disorder in the basic psychological processes*" that each child diagnosed with SLD must display, according to the IDEA SLD definition. Establishing a disorder in the basic psychological processes is essential for determining SLD, as neither of these two approaches specifically mentioned (discrepancy and RTI) have adequate discriminant validity; the approaches will not allow us to accurately distinguish between low-achieving and SLD groups. We want to be clear in stating that we are neither supporting nor opposing use of the discrepancy and RTI models for identification of children with SLD. Instead, we are arguing that neither of these criteria is sufficient for determining SLD classification.

The problem-solving RTI method is one that makes a great deal of heuristic sense. Eliminate the need for costly, time-consuming evaluations, and instead practitioners can help teachers teach and children learn. If despite the teacher's best efforts the child is still failing, then that child might merit a diagnosis of SLD. Does this model suggest that the thousands of children in the NAEP *Below Basic* range are SLD, or is it that teachers and schools are performing poorly? Without objective measurement of children, these questions will be difficult to answer. One thing to keep in mind is that this RTI model has been in place – at least legally – since PL 94-142 was passed in 1975. It is called prereferral intervention. The goal of prereferral intervention (and the current IDEA RTI identification model) is to provide systematic interventions based on the scientific literature that can be evaluated to determine intervention efficacy. If a child does not improve, then he or she should be referred for a comprehensive evaluation, but the current IDEA regulations suggest the child's failure to RTI may be sufficient enough to warrant a SLD diagnosis, as long as the other safeguards are in place (e.g., multiple measures and team members). A basic problem with the identification process over the past 30 years is that limited attention has been paid to prereferral interventions. Although many academics have advocated for more preventative and consultative models during that time, it is still common to find school psychologists who first learn about a child's learning problems through the testing referral sheet.

We believe that problem-solving consultation and prereferral interventions are best practice for children with learning difficulties. If you provide

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systematic prereferral interventions for children with learning difficulties, a majority will not require comprehensive psychoeducational evaluations or need special education services. Many systemic changes will be needed to make this a reality, but it is a worthwhile endeavor nonetheless. If we put more time, resources, and energy into preventative interventions or primary care, then all will benefit. However, we differ from those who call for the elimination of intellectual and cognitive assessment. We believe that those children who do not respond to "scientifically-valid" and "positive behavior" interventions likely need comprehensive evaluations of intellectual/cognitive, academic, and psychosocial functioning. As Hale and Fiorello (2001) have argued, "we must *intervene to assess*" reducing the number of referrals through prereferral interventions will allow us to provide more thorough and comprehensive assessments for those who truly need them. Without the comprehensive team evaluation, we will have no way of determining who could benefit from instructional accommodations or modifications that are tailored to the child's unique needs.

"If we put more time, resources, and energy into preventative interventions or primary care, then all will benefit."

Nonetheless, questions remain: Are there truly unique needs? Do any children need comprehensive evaluations? Is there any relationship between cognitive functioning and intervention? Many will answer these questions with an unequivocal and resounding "NO". It is interesting to read recent papers written by reform advocates and find that most use citations from studies *conducted over 20 years ago*. Using these old studies for "evidence," these authors often conclude that there is little difference between children who are low achieving and those with SLD, there is a limited relationship between cognitive functioning and classroom achievement, and the assessment tools typically used have little ecological or treatment utility. Unfortunately, these conclusions, based on the early literature, are not well supported by current literature. As Braden and Kratochwill (1997) have discussed, we cannot accept the null hypothesis regarding the relationship between cognitive functioning and intervention; we should instead attempt to understand this relationship with systematic studies at the single-subject level of analysis. In other words, we should capitalize on our understanding of cognitive processes and incorporate cognitive and behavioral methodologies when designing interventions for individual children (Hale & Fiorello, in press; Naglieri, 2003; Naglieri & Pickering, 2003).

Much has changed in our understanding of cognitive and neuropsychological processes since those early studies, yet reform advocates seldom report this more recent evidence. These recent studies show there are meaningful differences between low achieving children and those with SLD (e.g., Kavale, 1995) and there are robust relationships between cognitive processes and individualized interventions (e.g., Naglieri, 2001, 2003). Furthermore, many of the studies cited by those who advocate elimination of standardized cognitive tests from the SLD diagnostic process operate as if the Wechsler scales are the only measures of cognitive processes, and as if *g* theory is the contemporary model of intelligence (Kaufman & Kaufman, 2001a). In fact, there is now an array of well-normed, well-validated, theory-based tests of cognitive processes, and the theories on which they are based advocate multiple processes or abilities, not a global *g* factor (Kaufman & Kaufman, 2001b).

A simple literature review highlights the dramatic changes that have taken place since the 1980s. Putting in the keywords "brain" and "reading" into *PsycINFO*, there have been over 5,026 articles, chapters, or books written about this relationship. This is just a minor sampling of the possible papers written on the relationship between brain functions and academic achievement. Instead of citing papers from over 20 years ago, longitudinal research confirms that the *delay* model is inadequate for explaining the nature of the specific *deficits* found for children with SLD (Francis, Shaywitz, Stuebing, Shaywitz, & Fletcher, 1996). Children with SLD are different from low-achieving children - we just need to get better at identifying the two groups (Sofie & Riccio, 2002). When it comes to psychopathology, we have learned in the last 20 years that many childhood disorders have biological bases. In the early 1990s it was difficult to publish papers that discussed frontal lobe functions and ADHD, as the condition was thought of as a "behavior disorder;" now a plethora of papers point out the relevance of this relationship ("frontal" and "ADHD" = 1378 citations). Twenty years is a long time in science, especially the last 20 years. It is important to acknowledge scientific advances and incorporate this knowledge in our daily practice and teachings.

Given these scientific advances, we believe that both the ability-achievement disrepancy and RTI models are not sufficient for identifying children with SLD. Many have attacked the discrepancy

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approach from multiple positions (see Aaron, 1997). A majority of the arguments against this approach point out the statistical problems associated with discrepancy models (Reynolds, 1992), whereas others point to the limitations of the assessment tools (Reschly & Grimes, 1995), their apparently unfair assessments of minority children (Fish, 2002), or the questionable interpretation of IQs as measures of ability (Fiorello, Hale, McGrath, Kelly, & Quinn, 2001). Another hotly contested area is whether clinicians should interpret global scores (Glutting et al., 1997) or factor/subtest scores when significant profile variability is found (Fiorello et al., 2001; Hale et al., 2001; Kaufman, 1994; Lichtenberger & Kaufman, 2004), with evidence building in support of the latter. It is clear that there is shared variance between ability and achievement measures, each with their associated measurement error, leading most to call for regression-based models for SLD determination (Flanagan, Ortiz, Alfonso, & Mascolo, 2002). In addition to the questionable validity of ability-achievement discrepancies, the problem has been further exacerbated by inconsistent application of discrepancy results in school settings (see Ross, 1992).

The problem-solving RTI approach is not without limitations. First, a major concern has to do with the determination of *the* scientific teaching method for reading and other academic disciplines. As there are many cognitive constructs required for academic achievement (see Hale et al., 2001; Hale, Fiorello, Bertin, & Sherman, 2003; Kaufman & Kaufman, 2001b; Naglieri, 2001), how will teachers ensure that the curriculum addresses or accommodates each? Even if curricular matters are addressed, who will ensure that all teachers are trained to competency and provided with the necessary curriculum and instructional supports? Does this approach suggest that a national testing system for teacher competency will be required? Who will design, develop, and evaluate whether the children are "responding" to the "positive behavior" interventions? Will these tools be uniform and have adequate technical characteristics, such as reliability, stability, and validity?

Even at the single-subject level, many questions remain. During the scientific positive behavior intervention, how many data points below the aimline must the trendline fall before a child is determined to have a SLD? What decision points need to be developed and evaluated for other single-subject designs (e.g., reversal, multiple baseline)? How will we ensure that there was adequate treatment integrity within or across conditions? If you have ever conducted a curriculum-based assessment or a systematic observation, you certainly know that these issues are clearly pertinent in interpreting results. If a child's trendline falls below the aimline, it could be related to the instruction, the child, the length of time required for the intervention, or an interaction among these variables. One week gives you a steep aimline slope, one year a flatter one. Similarly, how do you know whether a target child and a control child have "different" amounts of on-task behavior, and when is this difference significant? Is it significant if the teacher and consultant achieve consensus that the behaviors are different? Is it a significant difference if the target child's behavior interferes with his academic achievement? Finally, it is important to note that the same teacher who refers a child for a problem-solving consultation will likely be the individual who will carry out the intervention that will be used to help determine whether the child has a SLD, and expectancy effects could distort results in either direction.

Frankly, the subjective nature of decision making in this "scientific" "positive behavior" RTI approach to SLD determination causes us great concern, no less than the blind application of ability-achievement discrepancy formulas for determining SLD. The new IDEA guidelines retain an important aspect of the "old" definition of SLD, namely that a child diagnosed with SLD has a disorder in one of the basic psychological processes. Even without the requirement of an ability-achievement discrepancy as part of the formal definition of SLD, the conceptual definition of SLD (based on old and new IDEA guidelines) implies a discrepancy between intact processes and those that are disordered. To measure these areas of integrity and deficit, we strongly believe that well-validated, reliable, stable, and well-normed cognitive tests need to be part of the assessment approach. These concerns brought the authors together in an ad hoc committee to express our views to the U.S. Senate, which culminated in a letter to Senators Gregg and Kennedy (see Appendix 1). In this letter we do not support or oppose either the discrepancy or RTI model for SLD determination. We realize that there are strong opinions on both sides, and merit can be found in both positions. Instead, we hope this discussion will vitalize the long-standing debate about what SLD is, how we should assess it, and

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how best to determine SLD eligibility (Kaufman & Kaufman, 2001b).

Whether a traditional ability-achievement discrepancy model, a cognitive approach as suggested by Hale et al. (2003) and Naglieri (2003), or the RTI model is adopted, we argue that the *definition* of SLD and the *method* used to identify children with SLD should be consistent. For a child to be diagnosed with SLD, the reauthorized IDEA is clear in specifying that the child must have *a disorder in one of the basic psychological processes*, which has remained at the core of SLD classification. Previously, practitioners either ignored or used the discrepancy model to address this core definitional component (Kavale, 2002). In the RTI model, psychological processes may be ignored, and one can only infer that if the child fails to RTI, then a processing deficit is likely. This is, at best, a questionable method for connecting the SLD definition with an assessment approach. Moreover, without thorough cognitive assessment, it is likely that those children who fail to RTI may do so for a myriad of reasons that may not include a processing disorder (e.g., emotional problem, poor treatment integrity), and these children could be inappropriately classified with a SLD.

In our opinion, the only way that practitioners can adhere to the requirements of the law and document deficient *psychological processes* is to administer individual cognitive and/or neuropsychological measures. These measures must be different in content from the academic area of difficulty. That is, the underlying processing disorder cannot be defined on the basis of a failure to achieve some academic criterion (e.g., reading effectively), but by a disorder of the basic psychological processes that underlie the academic failure. In addition, several measures should be used, as IDEA specifies that teams must "not use any single measure" and conduct a "full and individual evaluation" when determining whether a child has a SLD. In addition, the law specifies "use [of] technically sound instruments, [to assess] cognitive and behavioral factors" that are "valid and reliable," and evaluate "all areas of suspected disability." These provisions require collection of reliable and valid information about child cognitive strengths and needs. Only by conducting standardized assessments of the basic cognitive processes after prereferral attempts have failed (e.g., RTI) will the definition of SLD be united with the method for SLD identification.

New approaches to measurement of basic cognitive processes are not the same as earlier ones that were dismissed as ineffective. Today we recognize that changing the focus from the content of test items (e.g., auditory, visual) to the underlying psychological processes (Reynolds, Kamphaus, Rosenthal, & Hiemenz, 1997) may be the key to understanding the true nature of brain-achievement-behavior relationships for individual children. Additionally, now that neuropsychological theory has moved beyond the simple verbal-left hemisphere/nonverbal-right hemisphere dichotomy (see Bryan & Hale, 2001) that permeated the early SLD research (e.g., Johnson & Myklebust, 1971), we can begin to better understand the underlying cognitive processes associated with academic achievement. In addition, a convergence of cognitive and neuropsychological theories has begun, providing researchers and practitioners with the impetus for renewed explorations of brain-behavior relationships in the classroom (Hale & Fiorello, in press).

As for the cultural or racial bias issue, people have argued for some time that intelligence tests have resulted in "mislabeling," "overidentification," and "high dropout rates" for children from different ethnic or linguistic backgrounds. Some have argued that this is just a reality of true intelligence differences among the races (Jensen, 1997), whereas others have suggested that a processing approach to intelligence may show that although the races differ on IQ tests, defining intelligence using processing tests may lead to fairer measures of intellectual functioning that reduce ethnic differences (Fagan, 2002; Naglieri, Rojahn, Aquilino, & Matto, 2003). Even though most test authors painstakingly ensure that their measures are not statistically biased, interpretation errors may result for children of color or linguistic difference (Hale & Fiorello, 2001). There are cognitive processing tools that do yield considerably smaller ethnic group differences than are seen on traditional IQ tests (e.g. Kaufman & Kaufman, 2004; Naglieri & Das, 1997), and interpretation strategies for other measures that minimize erroneous interpretation for children of ethnic, cultural, or linguistic difference (Hale & Fiorello, 2001). It remains to be seen whether the RTI model advocates will adhere to these high standards when developing, administering, and evaluating the technical adequacy of their measures.

Certainly, one could argue that all children who fall into the NAEP *Below Basic* range need "special"

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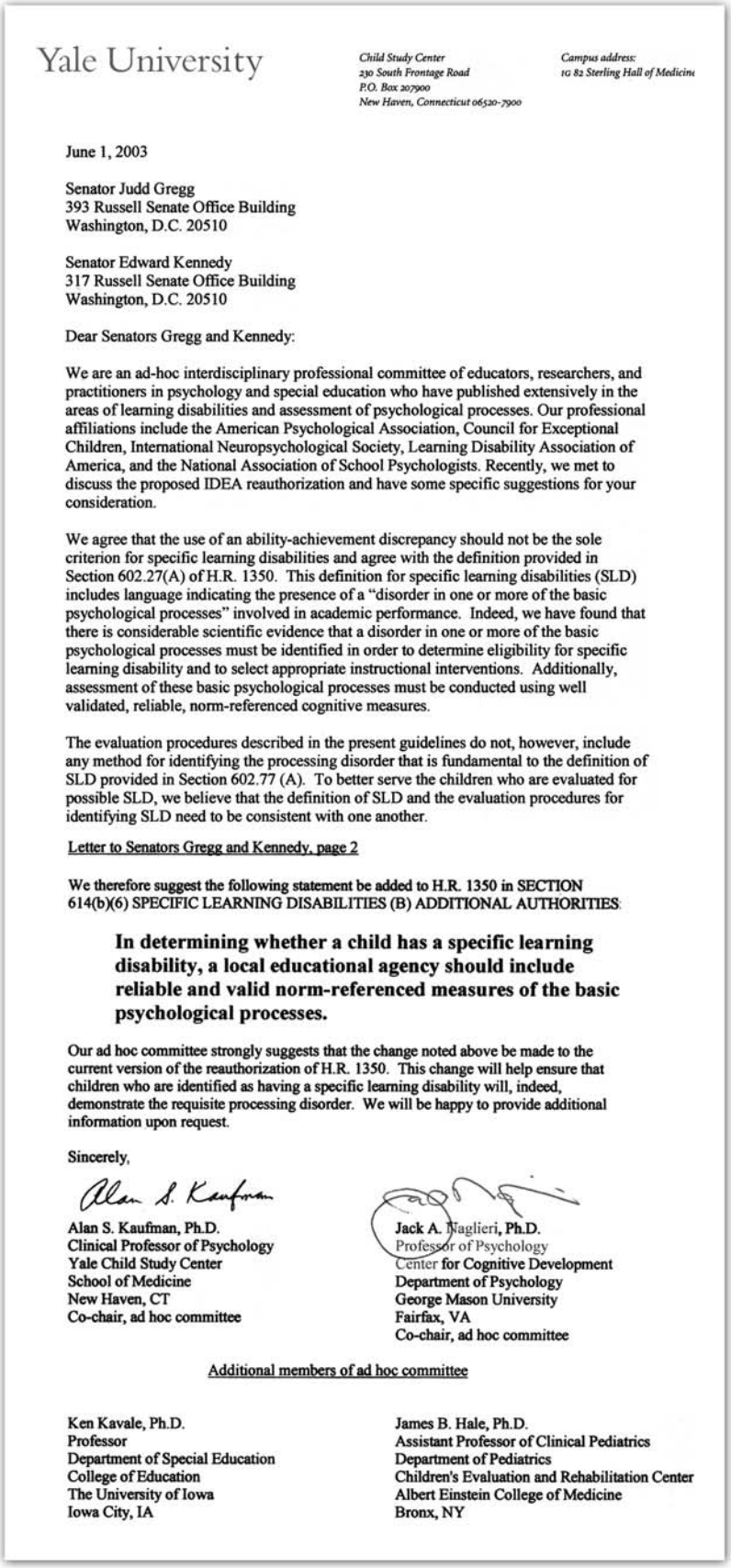

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June 1, 2003

Senator Judd Gregg
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Dear Senators Gregg and Kennedy:

We are an ad-hoc interdisciplinary professional committee of educators, researchers, and practitioners in psychology and special education who have published extensively in the areas of learning disabilities and assessment of psychological processes. Our professional affiliations include the American Psychological Association, Council for Exceptional Children, International Neuropsychological Society, Learning Disability Association of America, and the National Association of School Psychologists. Recently, we met to discuss the proposed IDEA reauthorization and have some specific suggestions for your consideration.

We agree that the use of an ability-achievement discrepancy should not be the sole criterion for specific learning disabilities and agree with the definition provided in Section 602.27(A) of H.R. 1350. This definition for specific learning disabilities (SLD) includes language indicating the presence of a "disorder in one or more of the basic psychological processes" involved in academic performance. Indeed, we have found that there is considerable scientific evidence that a disorder in one or more of the basic psychological processes must be identified in order to determine eligibility for specific learning disability and to select appropriate instructional interventions. Additionally, assessment of these basic psychological processes must be conducted using well validated, reliable, norm-referenced cognitive measures.

The evaluation procedures described in the present guidelines do not, however, include any method for identifying the processing disorder that is fundamental to the definition of SLD provided in Section 602.77 (A). To better serve the children who are evaluated for possible SLD, we believe that the definition of SLD and the evaluation procedures for identifying SLD need to be consistent with one another.

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We therefore suggest the following statement be added to H.R. 1350 in SECTION 614(b)(6) SPECIFIC LEARNING DISABILITIES (B) ADDITIONAL AUTHORITIES.

In determining whether a child has a specific learning disability, a local educational agency should include reliable and valid norm-referenced measures of the basic psychological processes.

Our ad hoc committee strongly suggests that the change noted above be made to the current version of the reauthorization of H.R. 1350. This change will help ensure that children who are identified as having a specific learning disability will, indeed, demonstrate the requisite processing disorder. We will be happy to provide additional information upon request.

Sincerely,

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education, as they are not sufficiently benefiting from their current instruction. Maybe the IDEA provisions for "merit-based performance systems" will provide teachers with the incentives necessary to help these children, consistent with the beliefs of Mr. Paige. However, we hope that this paper has provided arguments that suggest the issues surrounding SLD identification and treatment are far from definitive. We admire advances and changes, but we see the need for the SLD definition to be consistent with the method used to identify these children; furthermore, the method should incorporate modern views of cognitive and neuropsychological processing. It became clear to us as we finished our weekend ad hoc committee meeting that these recommended changes are not just about teachers and children; they are about politicians legislating clinical practice based on the testimony of some well-intentioned individuals. Those individuals have good ideas, but those ideas may lead to dangerous consequences if they are not integrated with the good ideas of professionals who offer a different approach to solving the problem of SLD diagnosis.

Please e-mail all submissions for The Commentary Section to: LReddy2271@aol.com

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