

Making Related Service Decisions for Students with Severe Disabilities: Roles, Criteria, and Authority

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Effective delivery of related services requires a shared framework for decision making among educators, related service personnel, and families. This framework may be characterized by (a) the roles of related service professionals, (b) the criteria used to make related service decisions, and (c) the authority for making decisions. Differences among team members regarding roles, cri-

such cross-disciplinary relationships represented both a solution and a problem. Although *related services* (EHCA, §1401 [17], 1975) were designed to enhance appropriate educational programming, the involvement of many disciplines (e.g., occupational therapy, physical therapy, speech/language pathology) also has resulted in problems associated with coordination and decision-

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severe disabilities or part time in the case of itinerant related service personnel.

Statements on the survey regarding criteria were asked with directionality based on opinions reflected in the literature. Subjects responded to the statements about the provision of related

Post hoc analyses were conducted using the Scheffé test of multiple comparisons. In addition to its conservative nature, the Scheffé procedure was selected because it can be used to compare groups of unequal numbers

physical therapists in reference to both variables (i.e., favorable history and prognosis for remediation, higher level of intelligence). Special education teachers differed from communication specialists on both variables (i.e.,

Table 1
 Rankings of Related Service Roles Used for Students with Severe Disabilities

	Overall* N = 312	Parents n = 58	Special educators n = 100	Occupational therapists n = 46	Physical therapists n = 37	Communication specialists n = 71
Rank	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)
			Adaptation	Adaptation	Adaptation	Adaptation

Table 2
ANOVA and Post Hoc Results Regarding Criteria Used to
Make Related Service Decisions
Criteria: Favorable History and Prognosis for Remediation

the groups in achieving team functioning. It will be difficult for a group of individuals representing diverse disciplines to reach a consensus if they approach decision-making processes using criteria that may be based on competing assumptions.

Table 3

Rankings of Criteria Used to Make Referral Decisions

Rank	Overall* N = 312 M (SD)	Parents n = 58 M (SD)	Special educators n = 100 M (SD)	Occupational therapists n = 46 M (SD)	Physical therapists n = 37 M (SD)	Communication specialists n = 71 M (SD)
1	Educational program 8.57 (1.95)	Educational program 8.95 (2.11)	Educational program 8.61 (1.89)	Student age 8.78 (1.52)	Educational program 8.59 (1.89)	Absence of overlap 8.37 (1.66)
2	Absence of overlap 8.34 (1.94)	Absence of overlap 8.59 (2.04)	Absence of overlap 8.27 (2.10)	Educational program 8.52 (1.85)	Student age 8.49 (1.71)	Student age 8.21 (2.06)
3	Student age 8.05 (2.32)	Severity of impairment 7.48 (3.34)	Student age 7.57 (2.87)	Absence of overlap 8.48 (1.85)	History & prognosis 7.97 (1.76)	Educational program 8.18 (2.00)
4	Severity of impairment 6.87 (2.61)	Student age 7.22 (3.42)	Severity of impairment 7.44 (2.65)	History & prognosis 7.17 (2.73)	Absence of overlap 7.97 (2.06)	History & prognosis 7.92 (2.24)
5	History & prognosis 6.87 (2.61)	History & prognosis 7.22 (3.42)	History & prognosis 7.44 (2.65)	Severity of impairment 7.17 (2.73)	Severity of impairment 7.97 (2.06)	Severity of impairment 7.92 (2.24)

Table 4
ANOVA and Post Hoc Results Regarding Decision Making
Authority Perceptions Held by Related Service Providers,
Parents, and Educators

democratic (one vote one person) approach to decision making can be problematic for both parents and professionals. Either form of decision making may encourage

By rating this criterion so highly, they lend support to the notion that decisions made in relative isolation are potentially inappropriate or incomplete. Yet, the responses of professionals regarding the criterion of overlap and the retention of authority appear to be internally inconsistent. Simply sharing isolated decisions does not preclude the possibility that professionals will agree to pursue separate, disjointed, and potentially conflicting approaches. Only through exploring the existence or

is not described fully here and although promising, has undergone only limited field-testing.

As the nature of service delivery changes to include more students with severe disabilities in regular schools and regular classes, issues regarding the delivery of related services in these less restrictive environments will undoubtedly surface with increasing frequency (Giangreco, York, & Rainforth, 1989). In an effort to address those related service issues, future research

Bray, N. M., Coleman, J. M., & Gotts, E. A. (1981). The *Nursing approach* . . .

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