Twelve-year-old Megan was referred in early February for an individual comprehensive assessment by the sixth-grade campus Student Assistance Team (SAT) because of her escalating problematic behaviors, including poor attendance, frequent tardies, withdrawal from peers, and failing grades in all core content subjects.

Megan reports that she “hates” school because she is teased by peers, has no friends, and her teachers are “always mad at her.” She acknowledges that her failure to turn in homework contributes to her low grades but explains that her grades are so low that it no longer matters whether she turns in work or not.

Referral questions include:
1) Why has Megan not responded to a series of behavioral interventions implemented through general education in Tier 2?
2) Is Megan a student with a disability who may require more intensive educational intervention?
3) What needs to change so that Megan can be more successful in school?
Background Information:

Family history

Megan’s mother, Ms. Miller, reports that there were no complications during either her pregnancy or her daughter’s birth. She states that Megan reached developmental milestones at about the same time as her other children although she began talking earlier. Megan experienced no significant health problems prior to starting school. She sees her pediatrician on an annual basis and dietary counseling was provided at a recent visit because of Megan’s weight. According to the school nurse, she passed the vision and hearing screening this fall.

Megan has three younger siblings—a 10-year-old brother and twin brothers, age 8. All four children live with their mother and have had minimal contact with their father since their parents’ divorce. Mr. Miller, who has remarried and has an infant daughter, lives in the former family home and does not exercise his visitation rights. According to Ms. Miller, the divorce was contentious and has had a detrimental effect on all of her children but has been most difficult for Megan.

Further parental observations

Ms. Miller also reports that she depends heavily on her daughter to help with the younger boys. Megan babysits for her brothers every afternoon from the time they arrive home on the bus until her mother gets home from work around 6:00 pm. Ms. Miller describes her daughter as helpful but somewhat resentful of her responsibilities. She explains that she cannot afford after-school childcare since she is the sole provider for the family.

Ms. Miller further describes her daughter as somewhat sad, easy to anger, and considerably. She notes that Megan likes to read and spends much of her free time reading books she gets from the school library. She is unaware of any friends Megan might have at school and notes that she does not participate in any school or community activities.

Academic history

Megan began Kindergarten in a neighboring district and transferred to Union Grove School District at the beginning of third grade. The move was precipitated by her parents’ divorce and her mother’s new job as a nurse at a local clinic. At Megan’s previous school, her grades were average to above average, with her best grades in Reading/Language Arts.
Following the transfer, her grades gradually began to decline and became near-failing grades during the second semester of fifth grade. She attended summer school between fifth and sixth grades. Megan passed all parts of the state exam in fifth grade, with her highest scores in reading. She failed the first semester of sixth grade in Language Arts and Math and is currently failing those classes as well as Science and Social Studies.

**Teachers’ observations**

According to her teachers, Megan is not passing because she does not turn in homework, does not participate in class discussions, does not take an active role in group work, and frequently fails to complete in-class assignments. In spite of these behaviors, she typically passes the 6-week exams. They believe that she is not academically on track to enter middle school in the fall and also are concerned about her lack of relationships with peers.

Her Reading/Language Arts teacher, Miss Chen, reports that Megan’s low grades are primarily because of missing homework. She is unsure of Megan’s true reading abilities. She has frequently requested that she come in after school for one-to-one help, but Megan has done so only twice in the past 6 weeks. Currently, her grade in Reading is a 45.

Miss Chen indicates that Megan is compliant but does not volunteer in class, does not ask for assistance, and does not offer an explanation for incomplete assignments. Her teacher also reports that Megan is teased by others in the class about her weight and appears to have no friends. Mrs. Williams, Megan’s Math teacher, reports similar concerns and indicates that her Math grade for this 6-week period is a 50. She describes Megan as apathetic, unmotivated, and sullen.

**Principal’s observations**

Mr. Perez, the principal of Haywood Elementary, expresses concerns about Megan’s excessive absences and frequent tardies. Although all of her seven absences during the first semester were excused after her mother called to report that Megan was ill, district policy requires a doctor’s note to excuse any additional absences. She has no absences to date this semester. According to her mother, Megan frequently complains of stomach and headaches in the morning and asks to stay home from school. She is late many mornings because her mother takes her to school after dropping off Megan’s younger siblings, who attend two different schools.
Megan’s self-perception

Megan reports that she “hates” school because she is teased by peers, has no friends, and her teachers are “always mad at her.” She acknowledges that her failure to turn in homework and participate in class contribute to her low grades but explains that her grades are so low that it no longer matters whether she turns in work or not. She also reports that the worst part of her school day is the bus ride home in the afternoon because “everyone makes fun of me and calls me names.”

Intervention

In late September, after Megan was identified by the AIMSweb® Behavior fall benchmark as being at risk for developing behavioral or emotional problems, the campus counselor, Mr. Castro, included her in a group of eight students with similar at-risk levels during homeroom period once per week for 20 minutes. According to Mr. Castro, the purpose of the six sessions was to provide students a forum for examining their behavior, with an emphasis on making better choices, but Megan rarely participated in discussions and was absent from two sessions.

For the next 6 weeks, Mr. Castro met with Megan for 30 minutes a week for individual counseling sessions focusing on social skills. By mid-year, however, her teachers and counselor reported growing concerns that Megan appeared to be experiencing significant emotional and behavioral difficulties that interfered with her ability to focus on her schoolwork and establish peer relationships.
In January, Mrs. McCall, who is a district school psychologist, and Mr. Castro initiated a Behavior Management Plan with Megan’s teachers, placing an emphasis on positive reinforcement. At the same time, the winter AIMSweb benchmark showed further decline in Megan’s behavior in all of her classes.

**SAT requests comprehensive evaluation**

The SAT is concerned that Megan is not responding to the interventions that have been provided over the course of the school year and that she may not pass the state test that will be administered next month. Failure on the state exam, paired with failing grades, will result in automatic retention. Her teachers are unsure if her failing grades are the result of skill deficits, a possible learning disability, or her social-emotional-behavioral difficulties. The SAT requests that a comprehensive psychoeducational evaluation be conducted prior to implementing other intervention options.

**Behavioral Observations:**

Megan was observed during Math class by this examiner. The class was divided into pairs and Megan and another student were engaged in completing a worksheet. At the end of the class period when Mrs. Williams gave the homework assignment, Megan did not write it down. As the students left the classroom, one boy purposely bumped into her and two other boys pointed at her and laughed. Megan blushed and lowered her head, then walked away. When asked about the incident later in the day by this examiner, Megan denied that it occurred.
The BASC-2 Student Observation System (SOS) also was used to evaluate Megan’s classroom behavior. No disruptive behaviors were observed. At the same time, desirable classroom behaviors were evident only some of the time and some inappropriate behaviors, such as putting her head on her desk, not being on task, and daydreaming, were recorded.

During testing sessions, Megan was cooperative but responded slowly to verbal questions and directions. Initially, she did not make eye contact, spoke softly, and tended to shrug rather than respond when she did not know an answer. After the first session, she became more engaged, asked a few questions, and volunteered information about a book she was reading. At the end of the third session, she was interacting more with the examiner, she initiated conversation on occasion, and she asked if she might be able to transfer to another school.

**Standardized Test Results:**

**WIAT®-III (Wechsler Individual Achievement Test®, Third Edition)**

Megan was administered the reading, writing, and Mathematics subtests from the WIAT-III test. The mean standard score for this test is 100 and the average range includes scores from 85 to 115.

**Reading subtests**

Her ability to read real and nonsense words with automaticity was measured with the Word Reading and Pseudoword Decoding subtests, on which she received standard scores of 105 and 101, respectively. Her standard score on the Oral Reading Fluency subtest, which measured her ability to read grade-level text aloud within time limits, is 105. Although she occasionally repeated and self-corrected words, her oral reading is fluent and she reads with both prosody and comprehension. Megan’s highest reading score is her Reading Comprehension score of 110. She was able to read grade-level passages silently and answer questions about what she had read. She responded correctly to questions that required inferential as well as literal understanding.

All of her reading subtest scores fall well within the average range and consistently contribute to her Basic Reading composite score of 102, her Reading Comprehension and Fluency composite score of 109, and her Total Reading score of 105. Megan’s performance on the reading subtests indicate that she is able to understand and gain information from grade-level texts.

Megan’s reading, writing, and math achievement test results on WIAT-III subtests do not support the presence of a specific learning disability.
Writing subtests

When asked to spell and write dictated words, Megan was able to produce correct spellings with legible handwriting as well as other sixth graders can. Her Spelling standard score of 102 falls at the middle of the average range. She created phonetically correct spellings for words that she misspelled. When asked to generate a new sentence by combining two or more sentences while not changing the meaning of the original sentences, Megan scored 100. When asked to build a new sentence that contained a target word, her score is 107. Her combined Sentence Composition score is 103.

Megan was also able to write an essay in response to a prompt while demonstrating appropriate theme development, text organization, sentence structure, and mechanics, earning a score of 106. Her composite score of 104 for Written Expression falls within the average range. Although she is not completing writing assignments outside of class, she demonstrates grade-appropriate skills to do so. Several times during the writing portion of the test, Megan commented that she likes to write and keeps a diary at home.

Mathematics subtests

Megan also was administered the WIAT-III Mathematics subtests to determine whether skill deficits were contributing to her failing grades in Math. Her Numerical Operations and Math Problem Solving subtest scores are 95 and 110, respectively. Her composite Mathematics score of 103 also falls within the average range. She was able to solve word problems that were at or above grade level and to calculate answers for addition, subtraction, multiplication, and division problems using whole numbers, mixed numbers, and fractions.

Her errors were on items that required simplifying fractions, solving multistep equations, and calculating percentages. She also made two calculation errors that appear to be the result of carelessness rather than skill deficits. Megan was able to consistently demonstrate the Mathematical skills necessary to be successful in her sixth-grade Math class.

Summary of WIAT-III subtest results

Megan’s Reading, Writing, and Math achievement test results do not support the presence of a specific learning disability. Her achievement skills are consistent from one content area to the next and all fall well within the average range. Megan’s academic skills are not consistent with her day-to-day classroom performance although they do help explain why she is able to pass unit tests. She appears to be acquiring grade-level skills even though this is not reflected in her grades.
Megan also was administered the WASI test as a short and reliable measure of her cognitive abilities. The WASI assessment consists of four subtests and yields Verbal, Performance, and Full Scale IQ composite scores with a mean score of 100. Subtest scores are reported as T scores with a mean score of 50. Megan’s scores are a Verbal composite of 116 (which places her at the 86th percentile ranking in comparison to agemates), a Performance composite of 104 (at the 61st percentile ranking), and a Full Scale IQ of 111 (at the 77th percentile ranking).

Her strongest score is on Vocabulary, on which she earned a T scores of 61; her weakest score is on Block Design, on which she earned a T scores of 51. She performs better on the more verbal tasks on which she can use her stronger expressive language skills to demonstrate knowledge and understanding. Unfortunately, Megan is not using these skills in the classroom, so that her teachers are unaware of her true abilities.

At the same time, her nonverbal abilities, although not as strong as her verbal abilities, are also well within the average range. Her lower score on Block Design (although still an average score) was the result, in part, of her slower response time and her desire to recheck her production several times. Each of these scores indicates that Megan has the cognitive abilities to support the acquisition of grade-level skills. Further, her academic achievement is commensurate with her cognitive abilities.

The BASC-2 Teacher Rating Scales (TRS) and Parent Rating Scales (PRS) are complementary measures of a student's behavior in school, home, and community settings. The TRS was completed by Megan's Reading/Language Arts teacher, Miss Chen, and her Math teacher, Mrs. Williams. Megan’s mother completed the PRS.

Results on these scales are reported as T scores with a mean of 50. For the Clinical Scales, any score of 70 or higher is considered clinically significant and scores falling between 60 and 69 are viewed as at-risk. On the Adaptive Scales, scores between 31 and 40 are considered at-risk and scores of 30 or lower are considered to be clinically significant. Clinically significant scores generally indicate pervasive and serious behavioral or emotional problems, whereas scores within the at-risk range indicate behaviors not typically
Based on results of BASC-2 rating scales, Megan seems able to function better at home than in the school environment although she has notable behavioral problems in both settings.

Megan’s results

Miss Chen’s ratings resulted in a BSI of 77, Mrs. Williams’ ratings yielded a BSI of 67, and Megan’s mother’s ratings result in a BSI of 59. Although the score based on Ms. Miller’s rating fell just below the at-risk level, Miss Chen reported overall symptoms that fell within the clinically significant range, and Mrs. Williams’ rating fell in the at-risk range.

In terms of intervention, it is more helpful to look at the individual scales to identify specific problem areas. Miss Chen notes clinically significant concerns on the Depression and Somatization (Clinical) scales, which are categorized as Internalizing Problems, as well as on the Withdrawal scale. The Depression scale evaluates the traditional symptoms of depression, including feelings of loneliness, sadness, and an inability to enjoy life. The Somatization scale assesses the tendency to be overly sensitive and complain about relatively minor physical problems or ailments and to overreport the occurrence of various physical complaints. The Withdrawal scale measures a child’s tendency to evade others in order to avoid social contact and to lack interest in making contact in social settings.

Mrs. Williams identified clinically significant concerns on these same Clinical scales as well as problems on the Adaptability, Social Skills, and Leadership (Adaptive Skills) scales that identify Megan as at-risk. Both teachers report an elevated School Problems score in the clinically significant range.

Comparison of TRS/PRS results

Although Ms. Miller also identifies concerns yielding clinically significant scores on the school-related behavior scales, her ratings for Depression, Somatization, and Withdrawal, although significant, are lower than those reported by both teachers. Based on these reports, Megan appears to be able to function better at home than in the school environment although she has notable behavioral problems in both settings. Her behavior also seems to differ depending on the class or teacher.
Megan also was asked to complete the BASC-2 Self-Report of Personality to evaluate her personality, affect, and self-perceptions. She responded to questions consistently and results are considered valid. The Emotional Symptoms Index (ESI) is the most global indicator of serious emotional disturbance, particularly internalized disorders, and her score is 58. Although this score is somewhat elevated, it falls below the at-risk range.

**SAD Triad**

Three scales that contribute to the ESI—Social Stress, Anxiety, and Depression—are referred to as the SAD Triad. High scores on the SAD Triad represent significant emotional distress characterized by depression with substantial tension and also may reflect the presence of poor support mechanisms or coping skills for life’s difficulties. Megan’s Social Stress T score is 68; her Anxiety score is 44; and her Depression score is 54. Only one of the contributing scales is higher than 65 based on Megan’s responses; however, both teachers report much higher scores for the Depression scale.

**Attitude to School and Attitude to Teachers scales**

A better sense of how Megan perceives herself and her environment is gained by looking at the individual scale results. On the Attitude to School scale, she scores a 61, which falls within the at-risk level. Concurrently, her Attitude to Teachers score is a 54. These results suggest that Megan experiences some level of discomfort with many aspects of the school experience although she continues to hold her teachers in high regard.
Somatization scale

Her highest score is on the Somatization scale, indicating some degree of histrionic behavior and placing her potentially at risk for serious physical ailments such as ulcers. Her responses reflect some anxiety, internalization, and repression of feeling, which may contribute to her underreporting of symptoms such as depression.

Social Stress scale

Megan also scores high on the Social Stress scale, which measures feelings of pressure and tension and is associated with a lack of coping resources, especially those afforded by close friends and social contact. This type of stress tends to be chronic rather than situational. Her responses reflect behaviors such as shyness and proneness to guilt, along with emotional lability and irritability.

Locus of Control scale

She also had a third area of concern, which was indicated by an at-risk Locus of Control scale score of 65. This scale provides an indication of how Megan perceives the amount of control she has over events in her life. Her score denotes an external locus of control, an indication that she feels her success or failure depends on forces beyond her control, resulting in feelings of helplessness. Adolescents with elevated Locus of Control scores tend to place the blame for their problems on others, including teachers and parents.

Adaptive scales

On the Adaptive scales, Megan has low scores on the Interpersonal Relations, Relations with Parents, and Self-Esteem scales. Specifically, she reports difficulty relating to other people and in developing appropriate social skills so that her typical behavior is to withdraw or avoid social situations. She would like to have friends and good interpersonal relations but she is frustrated in her ability to achieve them. Megan’s perception of the degree of parental trust and concern as well as her perceived importance in the family is low and her satisfaction with her appearance and personality are even lower. She does not, however, report thoughts of suicide or self-injury.
In summary, Megan is a pre-adolescent who, in spite of average to high-average cognitive abilities and commensurate academic achievement, is failing all of her content classes. Despite various interventions designed to change her behavior, she continues to experience considerable emotional stress characterized by persistent sadness, irritable mood, withdrawal, and unfounded physical complaints. She is easily frustrated, lacks persistence, and believes that she has little power to change things.

Further, Megan’s lack of age-appropriate social skills and low self-esteem have isolated her from peers so that she cannot rely on a peer-based support system to help her cope. Her social-emotional difficulties—rather than low cognitive abilities or academic skill deficits—have contributed to the constellation of behaviors that can be linked to her lack of academic success.

Megan exhibits to a marked degree 1) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers, 2) a general pervasive mood of unhappiness or depression, and 3) a tendency to develop physical symptoms associated with personal or school problems. Megan is at high risk for continued school failure and requires immediate, likely, and intensive intervention.
Recommendations:

**Home-based:**

#1: The fastest way for Megan to improve her grades is to complete and turn in homework assignments. It is recommended that she take the later school bus home or ride the early bus in the morning so that she can spend at least 30 minutes before or after school with an assigned tutor to work on assignments. Ms. Miller also is encouraged to check on whether Megan has done her homework each evening and to provide positive reinforcement for completion.

#2: Megan could benefit from opportunities to interact with peers through participation in extracurricular or community activities. The district social worker will assist Ms. Miller in exploring alternative childcare arrangements or transportation so that Megan can be more involved at school.

#3: Megan and her family might benefit from family counseling opportunities through the community-based mental health center. A referral can be made upon parent request.

#4: Ms. Miller is encouraged to work with Mr. Castro, the campus counselor, to develop a coordinated school-home intervention plan. He will provide Ms. Miller with the BASC-2 Parent Tip Sheets for Social Skills and Somatization, which include intervention ideas. Megan's mother is
encouraged to use the Tip Sheet charts for tracking problem behaviors and increasing positive alternative behaviors at home as a progress monitoring tool.

**#5:** Ms. Miller is encouraged to meet with the school nurse Mrs. Stone. According to Megan’s physician, it is important for her to become more physically active. She frequently sits out in PE because of physical complaints or a note from home. Notes requesting that she be excused from participating should be directed to the school nurse, who will follow up with the parent.

**School-based:**

**#1:** A school-based intervention plan should be developed with input from Megan’s teachers, Mr. Castro, Mrs. McCall (district school psychologist), Ms. Miller, and Megan. Her principal, the school nurse, and the district social worker also may be helpful contributors since issues related to bullying by other students, health concerns due to her weight, and connecting the family to local resources also should be addressed.

**#2:** It will be important to prioritize problem behaviors that will be the focus for change. Initially, each teacher should identify one or two positive behaviors he/she would like to see more often as well as one or two negative behaviors to be reduced and eventually eliminated. The severity of the problem should be taken into consideration and the most severe problems should be addressed first. Working on too many behaviors at once can become overwhelming for Megan and her teacher. For example, if not turning in homework is the most problematic behavior in a class, then altering that behavior becomes the priority.

**#3:** Megan would benefit from a mentor or an adult with whom she can build a trusting, accepting relationship at school. She needs help in dealing with peer interactions (i.e., being bullied), building self-esteem, and learning more effective coping strategies. Since Megan likes to read, bibliotherapy might be a non-threatening way to encourage her.

**#4:** Megan’s teachers have been provided a copy of the BASC-2 Classroom Intervention Guide, which includes research-based interventions specifically for students with internalizing and adaptive skills problems. This information will be helpful in identifying intervention strategies for depression and somatization and in providing opportunities to build Megan’s social skills.
#5: Young people with low self-esteem require an atmosphere of trust and acceptance if intervention is to be effective. Heavily confrontational or directive approaches may actually exacerbate Megan’s problems. For example, talking with her about her behavior one-on-one rather than in front of the class will be more effective. Bullying by classmates requires immediate intervention whenever it occurs.

#6: One of the likely reasons that Megan has not responded to social skills training is that the focus has been on teaching more appropriate behaviors without addressing the thinking process that directs behavior. Megan could benefit from cognitive-behavioral interventions, directed by one of the school psychologists. A cognitive-behavioral approach integrates cognitive, behavioral, affective, and social strategies to change thought patterns, which precipitates behavioral change. The BASC-2 Intervention Guide for Behavioral and Emotional Issues provides step-by-step guidance in how to implement empirically validated interventions in various settings to support this approach.

The results of this evaluation will be provided to the IEP committee to determine Megan’s eligibility as a student with a disability and appropriate intervention.