

Addressing the Paraprofessional Dilemma in an Inclusive School: A Program Description

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Many schools have increased their use of paraprofessionals as a primary mechanism to include more students with various disabilities in general education classes. Although intended to be supportive, service delivery that relies extensively on paraprofessionals has resulted in a host of challenges for public schools and questionable services for students with disabilities. This article offers an in-depth description of one elementary school over a 3-year period. It chronicles the school's use of an action planning tool to pursue alternatives to overreliance on paraprofessionals as well as service delivery and financial changes that occurred as a result of the school's actions. The impact of the actions the school implemented and intended next steps offer authentic perspectives for schools facing similar challenges as they seek to extend inclusive schooling opportunities.

DESCRIPTORS: paraprofessionals, service delivery, systems change, inclusive education

A common approach to supporting students with disabilities in general education classrooms is to utilize paraprofessionals (Giangreco, Edelman, Broer, &

Doyle, 2001). Undoubtedly, the assignment of paraprofessionals by school administrators is implemented with positive intentions. Often the assignment of a paraprofessional is designed to meet the multiple goals of assisting students with disabilities, supporting the work of their classroom teachers and special educators, and being responsive to requests from parents.

Although adding sufficiently trained and supervised paraprofessionals to classrooms may be appropriate under certain circumstances, this seemingly logical, relatively low cost, easy-to-implement, solution creates a dilemma. By using the term *dilemma*, we are not suggesting that paraprofessionals are the problem; we recognize that the paraprofessional workforce is a dedicated, often under appreciated, resource in public schools. Rather, we are suggesting that schools' potentially inappropriate utilization of paraprofessionals, or overreliance on them, is often an indicator of dysfunction in the ways that regular and special education systems operate. For example, in a recent study Giangreco and Broer (2005) found that nearly 70% of special education paraprofessionals in 12 inclusive schools in Vermont reported that they make instructional or curricular decisions without always having teacher or special educator oversight. This inappropriate practice does not occur because of any wrongdoing on the part of paraprofessionals and will not be corrected by merely providing paraprofessionals with more training; that would simply perpetuate the practice of limiting access of students with disabilities to instruction from certified teachers and special educators. Inappropriate utilization of paraprofessionals is likely an indicator of problems in special education or general education (e.g., class size, insufficient teacher engagement, heavy special educator caseloads, inadequate supervision).

Inappropriate utilization of paraprofessionals is not only problematic from an educational perspective; it puts schools at risk of legal proceedings (Ashbaker & Morgan, 2004; Etscheidt, 2005). In a recent due process decision in Iowa (Linn-Mar Community School District, 2004),

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an Administrative Law Judge (ALJ), “determined the district denied a high-schooler with autism free appropriate public education (FAPE) for three years, and ordered compensatory education” (p. 95). Part of the rationale for this ruling was based on the finding that the paraprofessionals “were improperly responsible for the student’s instruction, the selection of instructional materials, data collection, and behavior management” (p. 96). An outcome of the paraprofessionals providing the services was that “the student’s isolation increased, in contravention to his IEP” (p. 96). The ALJ noted, “the IEP and behavioral intervention plans must be developed, implemented, and evaluated by a trained professional” (p. 96). Although federal and state regulations allow for properly trained paraprofessionals to assist in the instruction of students with disabilities under the supervision of qualified professionals, Iowa education regulations state paraprofessionals should, “not serve as a substitute for appropriately authorized professional personnel...” (p. 112).

Another aspect of the *dilemma* is that the use of paraprofessionals has emerged as *the way* rather than *a way* to operationalize inclusive education for students with disabilities. This has contributed to an increasing number of special education paraprofessionals nationally (Pickett, Likins, & Wallace, 2003). Estimates for the total number of paraprofessionals in schools, both general and special education, range between 600,000 and nearly a million; projections suggest this trend will continue in the foreseeable future (Ashbaker & Morgan, 2004).

Vermont is a state with consistently one of the highest percentages of students with disabilities placed in general education. According to the *Annual Reports to Congress on the Implementation of the IDEA*, throughout the 1990s, Vermont’s placement of students with disabilities included in general education classes (at least 80% of the time), ages 6–21, fluctuated annually between approximately 82% and 88%. *Ideadata.org* indicates that as of 2004 the percentage of students with disabilities in Vermont who are placed in general education has declined to 76.54%. Between 1990 and 2005, the estimated numbers of special education paraprofessionals in Vermont rose from 1,186 to 3,462 (Vermont Department of Education, 2005). When adjusted to account for changes in child count, the ratio of special education paraprofessionals to students receiving special education in Vermont has changed from approximately 1:10 to 1:4 during that period. It is notable that paraprofessional utilization has steadily risen despite the fact that the percentage of students with disabilities included in general education classes has declined by approximately 12% from its historic high point.

This increase suggests that adding paraprofessionals in an effort to address educational challenges is a standard tool for some schools. Too often schools may have simply shifted the responsibilities associated with including an ever more diverse set of students with

disabilities on to the backs of the least trained, lowest paid workers, rather than enacting fundamental changes in general and special education service delivery. The escalating use raises concerns about whether continued increases in the numbers of paraprofessionals are financially sustainable as a primary mechanism to support the numbers of students with disabilities nationally who are currently not yet included in general education classes as their primary placement, many of them with moderate and severe disabilities, but who could be if provided with appropriate supports.

Even if increasing the numbers of paraprofessionals were viable, concerns persist about whether models that rely extensively on paraprofessionals to provide instruction are conceptually sound. Over the past couple of decades, the roles of paraprofessionals have shifted from primarily noninstructional tasks (e.g., bus duty, playground supervision, materials preparation) to increasingly instructional roles, although there continue to be divergent opinions in the literature about which roles are appropriate (Minondo, Meyer, & Xin, 2001; Pickett & Gerlach, 2003; Riggs & Mueller, 2001).

It has been persuasively argued that it is illogical to assign the least qualified personnel, paraprofessionals, to provide primary instruction for students with severe disabilities who present some of the most unique and challenging learning characteristics (Brown, Farrington, Ziegler, Knight, & Ross, 1999). Although some literature extols the virtues of special education service delivery that relies on properly trained and supervised paraprofessionals (e.g., French, 2003; Pickett & Gerlach, 2003), two extensive reviews of the literature both reached a different conclusion, that there is a dearth of research attesting to the efficacy of utilizing special education paraprofessional supports (Jones & Bender, 1993; Giangreco et al., 2001). Notwithstanding, a small number of recent, single-subject studies have provided documentation of highly skilled or trained paraprofessionals having a positive impact on academic engagement (Werts, Leeper, & Zigmond, 2001), skill acquisition (McDonnell, Johnson, Polychronis, & Risen, 2002), and peer interactions (Causton-Theoharis & Malmgren, 2005).

Despite decades of professional rhetoric about the importance of training and supervising paraprofessionals, studies suggest that far too many remain inadequately trained and supervised (French, 2001; Giangreco, Broer, & Edelman, 2002; Riggs & Mueller, 2001; Wallace, Shin, Bartholomay, & Stahl, 2001). Contributing to the paraprofessional dilemma, when schools provide paraprofessionals with a modest level of training (e.g., in-service training equivalent to one college course or less) or even more extensive training, it can inadvertently entice teachers and special educators into the “training trap,” where they relinquish ever more instructional responsibilities to paraprofessionals based on the notion that *now they are trained* (Giangreco, 2003). This can

lead to lower levels of teacher engagement, a significant impediment to quality inclusive schooling (Giangreco et al., 2001).

Other studies have documented that excessive paraprofessional proximity, often in the form of a paraprofessional assigned to an individual student, is associated with unintended detrimental effects including dependence on adults and interference with peer interactions (Giangreco et al., 2001; Giangreco, Edelman, Luiselli, & MacFarland, 1997; Hemmingsson, Borell, & Gustavsson, 2003; Malmgren & Causton-Theoharis, 2006; Marks, Schrader, & Levine, 1999; Skar & Tamm, 2001). Most recently, research has suggested that the extensive utilization of paraprofessionals may inadvertently delay attention to needed systemic changes in schools (e.g., caseloads for special educators; time for special and general educators to collaborate) because pressures associated with specific problems (e.g., instructional contact time; teaching mixed-ability groups) have been shifted to the paraprofessionals rather than being sufficiently addressed by qualified professionals (Broer, Doyle, & Giangreco, 2005; Giangreco & Broer, 2005). Collectively, these issues we have identified as the *paraprofessional dilemma* have spawned interest in pursuing alternatives to overreliance on paraprofessionals (Carter, Cushing, Clark, & Kennedy, 2005; Giangreco, Halvorsen, Doyle, & Broer, 2004).

This article provides an in-depth description of one large elementary/middle school where the burgeoning utilization of special education paraprofessionals to implement inclusive education for students with disabilities was identified as a dilemma by school administrators. This program description, with a focus on the systems change process and program improvement, includes the following: (a) basis for the description; (b) demographics of the school; (c) factors leading to the need for change; (d) the collaborative process used to screen, self-assess, prioritize, and action plan; (e) the set of actions taken by the school and the impact of their change efforts; and (f) next steps.

This program description is offered as an example of proactive planning and collaboration designed to pursue quality education for all students while maintaining fiscal responsibility. Its presentation following over 3 years of work is not meant to suggest that all of the initiated changes have been fully or successfully completed; like all schools, the improvement process is dynamic and ongoing. Rather, this description documents changes that occurred in the hopes that they will be instructive to other schools as they tackle the challenge of providing inclusive opportunities for students with disabilities without becoming overreliant on paraprofessionals.

This program description focuses on systems change rather than student outcomes, although some data will also be presented (e.g., financial, demographic, service delivery). Because this is not a research study, formal

data collection and analysis procedures that would allow for stronger credibility of reported impact or causal claims are not presented. Despite this limitation, a program description of this sort can have value to the field by assisting school personnel to recognize similar issues in their own settings and provide preliminary direction for their own self-assessment and potential actions to improve supports and outcomes for students with disabilities. Program descriptions can supply important information to the field sooner by bridging the substantial time gap between implementation of an innovation and publication of research data, thus allowing initial information to stimulate discussion and potential action in the field, while the more time-consuming tasks of collecting, analyzing, and reporting research data are undertaken.

Basis for the Program Description

This program description is based on multiple data sources (see Table 1) collected over three full school years and the beginning of a fourth, 2002–2003 through 2005–2006. When describing social phenomena, in an effort to enhance credibility and authenticity, it is appropriate to provide people with an opportunity to react to what has been written about them (Manning, 1997). Therefore, a full draft of this article was distributed to 25 members of the school community. These individuals read the article and submitted a response form on which they checked one of two options: (a) “To the best of my knowledge, the article is accurate as written”; or (b) “To the best of my knowledge, the article would be accurate if the following changes were made (please write in the space provided).” Within 6 weeks of distribution, 84% ($n = 21$) of the response forms were returned. Respondents included general education teachers ($n = 7$), building level administrators ($n = 3$), central office administrators ($n = 3$), special education teachers ($n = 2$), parents of children with disabilities ($n = 2$), a paraprofessional ($n = 1$), a school secretary ($n = 1$), a school psychologist ($n = 1$), and a member of the school’s board of education ($n = 1$). Approximately 29% ($n = 6$) of those responding had been involved as members of the planning team described in this article; the remaining 71% ($n = 15$) were not planning team members. Eighty-one percent ($n = 17$) of the respondents indicated the article was accurate as written. Four respondents (19%) identified a small number of points that required clarification to be more precisely accurate; corresponding changes were incorporated into the program description.

Demographics

The following demographic data describe the status of the school during the 2002–2003 school year and serves as an initial point of comparison for the change efforts. Data from subsequent years are described in the context

Table 1
Program Description Data Sources

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- **Initial school questionnaire and annual follow-up**
This questionnaire was completed and signed by school's leadership team. It included demographic data and narrative response about the school's status regarding inclusive education and concerns about overreliance on paraprofessionals. Annual follow-ups targeted a subset of key demographic variables (e.g., total enrollment, number of students on IEPs, number of paraprofessionals).
 - **School Practices Questionnaires**
Questionnaires ($n = 151$) about special education and general education practices were completed by teachers ($n = 73$), special educators and related services providers ($n = 12$), special education paraprofessionals ($n = 37$), administrators ($n = 4$), and parents of children with disabilities who were receiving paraprofessional supports ($n = 25$). Retrieved from <http://www.uvm.edu/~cdci/evolve/surveys.html>.
 - **Semi-structured interviews**
Hour-long, audiotaped, transcribed interviews were conducted by the first author with the school's (a) principal, (b) special education administrator, (c) special education administrative assistant, and (d) business manager.
 - **Classroom observations**
The school's special education administrator (second author) and principal (third author) made numerous, ongoing classroom observations. The first author took fieldnotes of a 2-hr observation of a multi-age (Grades 1–2) classroom.
 - **Budget data**
Budget data included actual expenditures for paraprofessionals for 2002–2003 through 2004–2005 and budget projections for 2005–2006.
 - **Planning process documentation**
Written completion of the planning workbook, *Guidelines for Selecting Alternatives to Overreliance on Paraprofessionals*, by a cross-stakeholder planning team, including the team's, screening, self-assessment, selection of priorities, and action plan.
 - **Report of impact**
This included a written report detailing the impact of the school's change efforts on students and faculty as well as the chain of reasoning connecting them. This report also included other data (e.g., feedback from students who had previously had 1:1 paraprofessionals; self-reported instructional time use data from special educators).
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of changes that were made based on implementation of the school's action plan.

Setting

Williston Schools is a suburban/rural district located in northwestern Vermont. It is considered one school, led by the same principal, although it consists of two buildings on separate campuses within a mile of each other. Each building has its own campus leader. The

K-8 enrollment in 2002–2003 was 1,169. Approximately 5% of students were from various cultural/racial minority groups, consistent with the state average of 5.3%, but far lower than the national average of approximately 40%. Slightly over 11% of the school's students participated in the free/reduced school lunch program, compared to state and national averages of approximately 22% and 34%, respectively. These data indicate that the district had less cultural/racial diversity and is more affluent than many schools nationally. The reader is encouraged to consider these factors in determining the extent to which this school's activities and outcomes may be generalized to other settings, particularly those that are more diverse or less affluent.

Approximately 11.2% ($n = 131$) of students had disabilities and were eligible to receive special education; therefore, each had an Individualized Education Program (IEP). This percentage is slightly lower than the state average (13.3%) for students on IEPs and consistent with the national average, which ranges between 11% and 12%. In 2002–2003, there were 12 students with severe disabilities in the school, accounting for approximately 9% of students with IEPs or 1% of the school's total enrollment. These students included those with severe intellectual disabilities, multiple disabilities, and autism.

Another 4% ($n = 47$) of students with disabilities, those who did not meet the eligibility criteria to receive special education, had documented accommodations through Section 504 plans, rather than IEPs. Slightly over 12% ($n = 144$) of students without disabilities who were considered "at risk" had individual plans developed by the school's Educational Support Team (EST), comprised of four teachers, a school counselor, and a special educator.

The school was organized into 14 "houses" designed to create smaller learning communities. With the exception of kindergarten, all of the houses were multi-age groupings consisting of four classrooms spanning four grades (i.e., 1–4 and 5–8). Individual teachers typically had primary responsibility for 20–22 students spanning two to four grades. Teachers within a house collaborated as a team and engaged in flexible student groupings. In the middle grades some students crossed houses to take subjects. Students stayed in the same house for 4 years, providing continuity for students, families, and school personnel. This was particularly valuable for students with disabilities because it reduced the transitions that occur in a single-graded system where students encounter a new teacher annually.

Because multi-age classrooms had been in place in the school for more than a decade, teachers expected to work with groups that included students at varying levels of functioning. Therefore, the need to differentiate curriculum and instruction has been well established. Additionally, the school's annual class placement process was designed to equitably distribute students so no

one house had an atypically high number of students with disabilities, those who were academically advanced, or who had other special needs (e.g., challenging behaviors, English as a second language).

In addition to four teachers, each house was staffed with varying levels of general education paraprofessionals. A total of 18.5 FTE (full time equivalency) general education paraprofessionals were distributed throughout the school. They were assigned to one of two primary roles categories. *General paraprofessionals* served primarily instructional support roles for students without disabilities, but who needed extra supports in the classroom, and *clerical paraprofessionals* served primarily in noninstructional capacities (e.g., photocopying, materials preparation, lunch duties, attendance).

Special Education Service Delivery

Ninety-five percent of all students who were eligible for special education had their primary placements in general education classes; this included all 12 of the students with severe disabilities. Of the remaining 5%, six students were served in a special education classroom within the school; all previously had been in, or were at risk of, out-of-district placements due to severe behavior problems. Another student attended a residential school for the deaf. The remainder of this article focuses on the 95% of students with disabilities ($n = 125$) in grades K-8 who had their primary placements in general education classes. This group included students representing the full range of disability categories such as those with learning disabilities, emotional/behavioral disabilities, sensory impairments, intellectual disabilities, developmental delays, autism, and multiple disabilities.

In 2002–2003, the school employed nine special educators, each with an average caseload of approximately 14 students on IEPs. Because Vermont has a noncategorical system of special educator teacher certification, these special educators provided supports to the range of students with mild, moderate, and severe disabilities. When adding students with disabilities on 504 plans and those without disabilities who were on EST plans, the average special educator worked with a caseload of slightly over 21 students. A total of 55.1 FTE of special education paraprofessionals were unevenly distributed across the 14 houses; 88% (48.5 FTE) were designated as *individually assigned paraprofessionals* who provided one-to-one support to students with disabilities, including all of the students with severe disabilities ($n = 12$) as well as several students with labels such as emotional/behavioral disorders, learning disabled, and attention deficit hyperactivity disorder.

Among the remaining *classroom-assigned (special education) paraprofessionals*, 12% (6.6 FTE) provided support to groups of students with mild disabilities individually for short periods (e.g., tutoring) or in small groups, sometimes with other students with disabilities

and sometimes heterogeneously with nondisabled peers. This meant that, on average, each special educator was responsible for the primary supervision of approximately six special education paraprofessionals. Self-report data submitted by the special educators indicated that they spent an average of 12% of their time working with paraprofessionals, or about 2% of their time per paraprofessional.

Factors Leading to the Need for Change

In the 5 years preceding the 2002–2003 academic term, the school experienced a 3% rise in the percentage of students being identified as in need of special education and referrals for special education eligibility evaluations nearly doubled. During the same period, the school added 12 special education paraprofessionals. At that time, it was a common practice for students experiencing academic problems to be referred to the school's EST, which often recommended a special education evaluation and suggested individually assigned paraprofessional.

The school's administrative leadership team had both programmatic and financial concerns about special education paraprofessionals, including (a) the burgeoning numbers and continuing requests for more, (b) the extensive assignment to individual students (one-to-one) and expectation that most students with any kind of developmental disability would be assigned one, and (c) the uneven distribution of these resources throughout the school. There were additional concerns about whether students with disabilities were receiving appropriate education in cases where a substantial portion of instruction was delivered by paraprofessionals and concern that too many paraprofessionals were making curricular and instructional decisions. Concerns extended to whether students with disabilities were unduly stigmatized by the assignment of individual paraprofessionals. As the principal stated, "No middle school kid wants an adult attached at his elbow!" There was growing concern that students with individual paraprofessionals were becoming unnecessarily dependent, that they were spending too much social time with paraprofessionals rather than peers, and overall that they were less a part of their classroom communities. The school leaders agreed that continuing the existing trend of increasing paraprofessional utilization could not be financially sustained and that it was programmatically questionable.

Collaborative Planning Process

With the knowledge and approval of the board of education and superintendent, the special education director (second author) and school principal (third author) initiated a collaborative action planning process using the *Guidelines for Selecting Alternatives to Overreliance on Paraprofessionals* (Giangreco & Broer, 2003), hereafter referred to as the *Guidelines*. The

Guidelines focused on the school leadership team's self-identified challenge, namely the effective utilization of special education paraprofessionals in an inclusive school and the identification of alternatives designed to enact changes in general and special education service delivery. The leadership team viewed participation in this action planning process as fertile ground to further ongoing school improvement because it was consistent with both existing initiatives (e.g., multi-age classes, differentiated instruction, strengthening schoolwide supports, administrative restructuring) and was perceived as a tool that would advance their progress. This confluence of ideas and innovations is an essential characteristic of coherent and longitudinal school improvement (Guskey, 1990).

Planning Steps

The *Guidelines* consisted of the following 10 major steps, each of which included substeps and instructions.

- Step 1: Establish a planning team.
- Step 2: Conduct screening for problematic paraprofessional practices in an effort to determine if the school is overreliant on paraprofessionals.
- Step 3: Rank four problem clusters (based on screening data).
- Step 4: Become knowledgeable about existing alternatives to overreliance or inappropriate utilization of paraprofessionals.
- Step 5: Engage in a self-assessment (20 items) of the school's current practices in regular and special education.
- Step 6: Prioritize the areas of greatest need (based on the self-assessment).
- Step 7: Consider possibilities to adopt, adapt, or invent alternatives.
- Step 8: Develop and implement an action/evaluation plan to address the priorities.
- Step 9: Review implementation/evaluation data and summarize the plan's impact.
- Step 10: Communicate activities, progress, and outcomes to the school community.

In part, the *Guidelines* are predicated on the assumption that the school community includes members who are capable of solving their own challenges and that multiple stakeholder involvement is essential to the local "buy-in" required to enact and sustain meaningful change. Therefore, although use of the *Guidelines* was part of a federally funded grant, the school utilized the planning process without external training or technical assistance. The only involvement of the grant-funded university faculty was to collect data on (a) the school's utilization of the *Guidelines*, (b) the implementation of the plan they developed, and (c) the subsequent impact of the plan's implementation. The fact that the *Guidelines* could be effectively utilized without training

or technical assistance helps to demonstrate its viability as a practical tool that does not necessitate support from the developer or others to be helpful to a school. The following sections provide some additional detail about steps taken by the team using the planning process.

Cross-Stakeholder Team

In Step 1, a 10-member planning team was formed consisting of (a) the principal, (b) the special education administrator, (c) a parent of a child with a disability, (d) a general education teacher, (e) two special education teachers, (f) a special education paraprofessional, (g) the school literacy coordinator, (h) a school psychologist, and (i) a critical friend (e.g., a person not formally connected to the school, but who is knowledgeable about the school and local educational issues, who in this case was a principal from a neighboring school. The only stakeholder group recommended in the *Guidelines* not represented throughout the process was a person with a disability (e.g., a student, former student, or community member). At first the team felt that having a parent on the team would suffice; after their initial meetings and upon further reflection, the team added an eighth grade student to the team. The student had learning/behavioral disabilities and during the baseline year had the support of an individual paraprofessional; that support was later withdrawn successfully. In addition to expanding the team membership in this way, input was sought from other students with disabilities during planning and evaluation steps.

During the 2002–2003 school year, the team met four times for a total of approximately 9 hr. They used the *Guidelines* to reflect on their practices (i.e., using the screening and self-assessment), select priorities, and develop their action/evaluation plan. Meetings often occurred away from the school grounds in an effort to avoid inevitable interruptions. At various points in the process, members had *homework* (e.g., Step 4, reading about existing alternatives online prior to their second meeting). The team sought input from faculty, staff, and parents of students with disabilities whose children received paraprofessional support, through questionnaires (see Table 1) regarding a variety of practices that subsequently were discussed by the team during screening (Step 2) and self-assessment (Step 5). The special education administrator often highlighted the importance of collecting and reviewing these questionnaire data by stating that the process "...helped get us out of denial."

Screening and Cluster Ranking

The screening process (Step 2) consisted of 16 statements describing concerns about paraprofessional utilization that have been identified in the descriptive research literature (Giangreco et al., 1997, 2001, 2002; Giangreco, Edelman, & Broer, 2001;). Each statement began with the phrase, "You know there is a problem when..." fol-

lowed by an indicator of potential concern (e.g., “paraprofessionals make curricular or instructional decisions without teacher or special educator oversight”).

The planning team engaged in substantive discussion about each statement and the group’s facilitator ensured that each member had opportunities for input before they reached consensus to give each statement one of three ratings to reflect the school’s current status, indicating whether it happened (a) frequently/too often, (b) sometimes or for some students, or (c) never or rarely. The team’s discussion was informed by the results of the School Practices Questionnaires (see Table 1) that were completed by 37 paraprofessionals; the questionnaire items paralleled the screening item statements being discussed by the team. This allowed the team to compare their own perspectives to the majority of paraprofessionals in the school.

The team rated 13 of the 16 indicators as “happens frequently/too often,” representing a high level of concern. Ultimately, in Step 3, the team identified *excessive proximity or isolation within the classroom*, as their top-ranked cluster of need followed closely by *insufficient special educator and/or teacher ownership and engagement*. The remaining two clusters (i.e., questionable resource allocation or instructional role mismatch; dependence on paraprofessionals or inappropriate autonomy) also reflected significant concerns.

School Self-Assessment and Selecting Priorities

The 20 self-assessment items in Step 5 were stated as positive practices in six categories: (a) School and Classroom Environment and Practices, (b) Teacher Practices, (c) Special Educator Practices, (d) Teacher and Special Educator Collaboration, (e) Family Information and Participation, and (f) Student Participation and Reciprocal Support. The *Guidelines* are predicated on the assumption that the more these 20 practices are evident in a school, the less likely it will be overreliant on paraprofessionals or utilize them ineffectively.

Again, the planning team engaged in substantive discussion about each statement and the group’s facilitator ensured that each member had opportunities for input before they reached consensus to give each of the 20 statements one of four ratings to reflect the school’s current status: (a) “needs major work,” (b) “needs some work,” (c) “OK for now,” or (d) “doing well.” The team’s discussion was informed by the results of the School Practices Questionnaires (see Table 1) that were completed by 114 members of the school community (i.e., teachers, parents, special educators, related services personnel, administrators). The questionnaire items paralleled the self-assessment items being discussed by the team. This allowed the team to compare their own perspectives to a majority of the school’s teachers, special educators, and administrators, as well as slightly over half of parents whose children with disabilities received individual paraprofessional supports.

The team rated 11 of the 20 statements as either “needs some work” or “needs major work”; the remaining nine were rated as “OK for now” or “doing well.” Based on their discussion and ratings, in Step 6 the team identified their top priorities as improving (a) teacher/special educator collaboration, (b) special educator working conditions, and (c) information sharing with parents about paraprofessional roles, benefits, and drawbacks.

Action and Evaluation Planning

Using Steps 7 and 8, the team devised an action/evaluation plan to pursue their priorities. They pursued five primary action questions, each starting with the affirmative phrase, “In what ways might we...”

1. ... shift ownership for training and directing paraprofessional work from special educators to classroom teachers?
2. ... increase collaboration between classroom teachers and special educators?
3. ... improve working conditions for special educators?
4. ... better inform families and our community about the pros and cons of paraprofessional roles?
5. ... ensure that qualified professionals are working with students with disabilities and making curricular and instructional decisions about their programs rather than those decisions being made by paraprofessionals?

In addition to the input the planning team received from the broader school community through the School Practices Questionnaires, they relied on two additional sources before deciding on the aforementioned action questions. The planning team’s work was brought before two school faculty meetings and school board meeting to solicit community and parental input prior to being finalized.

Actions Implemented and Impact

The following sections describe the school’s major actions and outcomes as summarized in Step 9 and communicated to the school community in Step 10. Recognizing that no single action was likely to have a sufficient impact, the school chose to enact an integrated package of interventions.

Directing the Work of Paraprofessionals Shifted From Special Educators to Classroom Teachers

Beginning in the 2003–2004 school year, primary responsibilities for directing the work of *classroom-assigned (special education) paraprofessionals* was shifted from special educators to classroom teachers. This meant that it was now the teachers who planned the paraprofessionals’ schedules and activities, met with them, and provided daily supervision. Although special educators, as members of the classroom team, retained

involvement with *classroom-assigned paraprofessionals* (e.g., modifying materials, curriculum, instruction as needed), special educators' primary responsibility for directing the work of paraprofessionals was focused on the smaller number of *individually assigned paraprofessionals* who supported students with more severe disabilities.

This shift to having classroom teachers assume additional responsibilities for directing paraprofessional work had multiple forms of impact. First, special educators, who had each been directing the work of an average of six special education paraprofessionals, now had primary responsibility to direct, plan for, and supervise an average of one *individually assigned paraprofessional* and had lesser responsibilities for an average of three *classroom-assigned paraprofessionals*. This directed more special educator time and expertise toward students with more intensive support needs and similarly allowed the *classroom-assigned paraprofessionals* to benefit from the expertise of the classrooms teachers in core academics (e.g., literacy and numeracy instruction).

Secondly, the shift gave teachers more direct control over decisions about how to utilize personnel resources in their classrooms. This autonomy allowed scheduling to be more efficient, increased instructional focus, and encouraged higher levels of teacher engagement with both paraprofessionals and students with disabilities. As teachers became more accustomed to having primary responsibilities for directing the work of *classroom-assigned paraprofessionals*, they have incrementally become increasingly involved in sharing responsibilities with the special educators for directing the work of *individually assigned paraprofessionals* in their classrooms, and thus have become more instructionally involved with students who have more intensive support needs, namely those with more severe disabilities.

Third, the shift heightened teachers' motivation to make strategic decisions about paraprofessionals' training needs because such decisions would have a direct impact on their classroom; this led to more sharing of training resources among teachers and across the district. Overall, the shift toward greater teacher involvement in directing paraprofessional work provided teachers with more control and special educators with more time, both resulting in more and better instruction for students with disabilities.

Reduced Special Educator Caseload Size

The special educators' caseloads of students with IEPs were steadily reduced from an average of nearly 14 in 2002–2003 to approximately 11 by 2005–2006. This was accomplished in three ways. First, the school scrutinized its special education eligibility procedures to ensure that students were not unnecessarily identified as in need of special education. Such procedures typically focus on students on the upper end of eligibility consideration

rather than those with severe disabilities. These are students who might be labeled "disabled" in one school, but not in another. Such labeling differences are based only partly on the characteristics of the student. They are partly attributable to the characteristics of the school, such as the availability of schoolwide supports to assist all students, especially those considered at risk of school failure. Lowered caseloads allowed special educators to direct proportionally more of their attention toward students with more intensive special education needs, namely those with more moderate and severe disabilities.

Second, an emphasis was placed on avoiding unnecessary special education referrals by proactively providing schoolwide supports through general education. First, the school extended its training opportunities for some faculty in teaching mixed-ability groups (e.g., initial training in differentiated instruction) and addressed early literacy concerns. For example, during the 2003–2004 school year, assessment results indicated 20 first-grade students did not meet grade-level literacy standards. All 20 received intensive instruction from trained *Reading Recovery* teachers. By the end of first grade, 90% ($n = 18$) of these at-risk students met or exceeded the state reading standards. Without this type of general education support, some of these students would likely have been deemed in need of special education within two or three school years. These types of schoolwide supports, across all grade levels, gave the school's ESTs avenues to assist students in need without necessitating special education referral.

Given more closely scrutinized eligibility procedures and their improved schoolwide supports, the percentage of students receiving special education dropped from over 11% to approximately 9%. As a result, the average caseload of special educators was reduced because there were fewer students receiving special education while the school retained the same number of special educators.

Third, special educator caseloads were further reduced by resource reallocation in 2005–2006. This was accomplished by adding a 0.5 FTE special educator with savings accrued by reducing the number of paraprofessionals. Reduced caseloads and shifting primary responsibility for directing paraprofessionals to classroom teachers had a positive ripple effect on special educators' time available for collaboration with classroom teachers and instruction of students with disabilities. Not only did special educators have fewer students, but fewer parents with whom to work, fewer meetings, fewer paraprofessionals to direct, and correspondingly less paperwork.

One of the most significant outcomes of reducing the special educator caseloads was a substantial increase in the amount of instructional time special educators devoted to students with disabilities. During the baseline year, all special educators were asked to report the

percentage of time they spent in eight major role categories (i.e., planning, collaboration, instruction, behavior support, paperwork, working with paraprofessionals, working with families, other). Their self-report indicated that they spent an average of less than 37% of their time in instruction. Near the end of the 2004–2005 school year, the special educators were asked to provide the same role/time distribution breakdown. Given their improved working conditions (i.e., lower caseloads, reduced responsibilities directing paraprofessionals), they reported devoting an average of 52% of their time to instruction. It is important to recognize that these special educators still have assessment, paperwork, and accommodation responsibilities for additional students on Section 504 and EST plans.

Reduced Number of Special Education Paraprofessionals

Over a 3-year period, the number of special education paraprofessionals was reduced by 28% ($n = 15.4$ FTE). The number of general education paraprofessionals increased by one FTE. Despite this decrease in special education paraprofessional staffing, services were not compromised because the ratio of special education paraprofessionals to students on IEPs remained relatively unchanged at approximately one paraprofessional for every three students on an IEP. This service ratio remained stable because of the reduction in the percentage of students who were eligible for special education. Although this staffing pattern represents a more dense resource allocation than the state average (1:4), it is important to recognize that the students remaining eligible for special education are those with relatively more intensive educational needs.

Considering these ratios, one might mistakenly think that the school has not effectively reduced its dependence on special education paraprofessionals. To accurately understand the changes in service delivery, it is necessary to consider special education paraprofessional utilization adjusted for total enrollment. During the baseline year, there was one special education paraprofessional for every 21 students in the school; after 3 years there is one for every 30 students. It might also be argued that because the number of students with disabilities was reduced, it is a foregone conclusion that the number of paraprofessionals would be reduced proportionally. Yet as the earlier reported state data substantiates, it is more common for the number of paraprofessionals to increase at a greater rate than the number of students with disabilities. The fact that this school proportionally decreased its number of special education paraprofessionals actually runs counter to the state trend and therefore represents progress toward stemming the burgeoning reliance on paraprofessionals.

Annually, in this one school, the paraprofessional service delivery changes are saving local taxpayers approximately \$73,000 and State of Vermont taxpayers

over \$96,000. Simultaneously, while these savings are being realized, outcomes for students with and without disabilities have remained stable or improved based on IEP progress reports, alternate assessment data, Developmental Reading Assessment (DRA) scores of students in second grade, and the New Standards Reference Exams (NSRE) scores in English/Language Arts and Mathematics in Grades 4 and 8. For example, during the baseline year a combined average of the aforementioned standardized measures indicated that 65% of the school's students met or exceeded the standards, by 2004 the combined average had increased to 73%. Although we do not know whether, or the extent to which, the package of service delivery changes described in this article may have contributed to that increase, we can say with more certainty that the changes did not adversely effect overall achievement scores. In reference to students with severe disabilities on alternate assessments, they did as well or better, academically and socially, following the school's service delivery changes.

Of note is that all the special education paraprofessional staff reductions have occurred through attrition; no paraprofessionals who sought to stay employed at the school lost their jobs because of these changes. In recent years, the annual rate of turnover among the paraprofessionals hovered around 33%. As of the 2005–2006 school year, the turnover decreased to approximately 12%. This represents an additional cost savings to the school that was not calculated in the earlier financial savings figures. Paraprofessional turnover is a hidden and substantial expense to schools in the form of (a) advertising positions; (b) administrative, teacher, and secretarial time devoted to tasks such as screening applications, checking references, and conducting interviews; (c) providing orientation and training; and (d) loss of personnel experience that takes an undetermined amount of time to recoup (Ghere & York-Barr, in press).

The principal and special education administrator were explicitly queried as to whether the reduction in special education paraprofessional staffing had caused any problems or resulted in any unanticipated negative issues. To date, more than two full years after initial implementation, although there was some initial anxiety among some faculty members about proposed staff reductions and some faculty persist in asking for additional paraprofessional resources, there have been no formal faculty or parental complaints and no adverse consequences for students have been documented.

Shifted Resources From Individually Assigned Paraprofessionals to Classroom-Assigned (Special Education) Paraprofessionals

The collection of baseline data highlighted the school's heavy reliance on the use of individually assigned paraprofessionals. During the baseline year

(2002–2003), a scant 12% of special education paraprofessionals were assigned to classroom rather than individual students. By 2005–2006, the proportion of classroom-assigned (special education) paraprofessionals had increased to 72%. In the baseline year, 88% ($n = 48.5$ FTE) of all special education paraprofessionals were assigned to individual students; by 2005–2006 it had dropped to approximately 28% ($n = 11$). By the beginning of 2005–2006, the overall number of students with severe disabilities in the school had increased to 14, still representing approximately 1% of total school enrollment. Given the decrease in the overall number of students with disabilities in the school identified as needing special education, the proportion of students with severe disabilities whose primary placement was in general education had increased from 9% of students on IEPs (in 2002–2003) to approximately 13% (in 2005–2006).

During the baseline year (2002–2003), while contemplating the shift away from individually assigned paraprofessional supports, the school leadership team relied on naturally occurring paraprofessional absences from school (e.g., illness, personal days, training) to explore how students accustomed to one-to-one support and their teachers would function without dedicated paraprofessional support by intentionally not hiring substitute paraprofessionals. During that year, 17 students with disabilities who typically had individually assigned paraprofessionals attended school without such supports and without incident; this gave the school leaders confidence that their proposed shift away from individually assigned paraprofessionals would be successful.

Students from whom individually assigned paraprofessional supports were successfully withdrawn primarily included those with less intensive support needs. Nevertheless, substantial progress was made in shifting away from individually assigned paraprofessionals supports for some students with severe disabilities.

Among the 12 students who were initially identified in 2002–2003 as those with severe disabilities, individually assigned paraprofessional support was successfully withdrawn from five of those students, representing nearly 42% of the students with severe disabilities. These students included those with disability categorizations including autism, orthopedic impairment, intellectual disabilities, and traumatic brain injury. It is important to recognize that these students still received classroom-assigned (special education) paraprofessionals supports, but not in an exclusive one-to-one format. Other students with severe disabilities who had the same disability categorizations and others (e.g., multiple disabilities) retained individually assigned paraprofessional supports throughout the reported period. By the beginning of the 2005–2006, less than 1% of the total school population were receiving one-to-one paraprofessional supports compared to over 4% in 2002–2003.

The year after this change was initiated, special educators interviewed students, who previously had individually assigned paraprofessionals, about their new experience without one-to-one paraprofessional supports. In all cases, the students spoke positively about the change. Representative quotes from students included the following: “[last year] ... people picked on me because I had a tutor (paraprofessional).” “This year was easier. I had my own work time with the teacher.” “It’s almost the same because I don’t have a tutor (paraprofessional) now and I’m still doing good in school.” “I don’t miss having a tutor (paraprofessional).”

As teams observed the success of this shift in service delivery, it has initiated incremental changes that are encouraging teachers, special educators, and parents to consider the circumstances whereby students with more severe disabilities can be appropriately supported without necessitating the assignment of full-time, individually assigned paraprofessional support. Entertaining alternatives to one-to-one support for students with more severe disabilities was virtually unimaginable by many school personnel and family members just a few short years ago, now it is being actively considered. The following example typifies this change.

At the beginning of the school year, a fourth-grade student on the autism spectrum transferred into the school from a different district. The student’s IEP called for an individually assigned (special education) paraprofessional, which had been provided for this student at the previous school. The receiving school honored the services designated on the existing IEP. After establishing a relationship with the family and getting to know the student, the team began to explore the gradual withdrawal of the full-time, one-to-one support. Throughout the school year, one-to-one paraprofessional supports were gradually faded as the student progressed; they were completely eliminated by April. The student is slated to enter the fifth grade without an individually assigned paraprofessional because that intensity of support is not needed.

Over the course of the change efforts, some students left the school (e.g., aged out) and new students arrived (e.g., aged-in from preschool, transferred from other schools). Like many schools, this one is reporting an influx of students with increasingly intensive needs (e.g., autism) being enrolled, although the percentage of students with severe disabilities is expected to remain in the 1% range of total enrollment. For the upcoming 2006–2007 school year, the number of incoming kindergarten students with disabilities transitioning from the district’s early childhood special education program is expected to be 17, the highest ever, with at least seven having intensive special educational needs. It is anticipated that some portion of those students may be provided with individually assigned paraprofessional supports. In the past, all seven would have almost automatically received such supports that is no longer

a presumption. Although some, maybe as many as four, may start school with an individually assigned paraprofessional, three will not. This represents approximately 43% of the incoming students with severe disabilities, consistent with the percentage of decrease in the use of individually assigned paraprofessionals from the originally identified group of students with severe disabilities. These decisions are being made by the IEP teams who now have a heightened awareness of the issues pertaining to the use of individually assigned paraprofessionals. If the use of an individually assigned paraprofessional is suggested by a team member, such a recommendation is scrutinized more closely than in the past and alternatives are considered prior to making a final decision. If a decision is ultimately made that the use of an individually assigned paraprofessional is appropriate and necessary, it is approached with the understanding that efforts should be made to fade the support, as much as possible, in an effort to avoid the known concerns associated with unnecessarily close proximity of paraprofessionals (e.g., dependence, interference with peer interactions, inference with teacher engagement).

As shown in Figure 1, the shift away from utilizing individually assigned paraprofessionals allowed for a more equitable distribution of resources. In 2002–2003, 88% of the school’s funds for special education paraprofessionals (represented by the solid line with dots) were directed toward 38% of the students with IEPs who were supported by individually assigned paraprofessionals (represented by the white bar). The remaining 62% of students

with IEPs (represented by the shaded bar) shared the remaining 12% of classroom-based (special education) paraprofessionals resources (represented by the dashed line with squares). By 2005–2006, 10% of students with the most intensive educational needs drew 28% of the school’s special education paraprofessional resources, whereas the remaining 72% was distributed to the remaining 90% of students with IEPs.

Developed a Model of Service Delivery

In an effort to be proactive, rather than reactive, the school devised a model of service delivery designed to ensure an appropriate level of support in each classroom to account for the range of students with and without disabilities. The implementation of the model led to a more equitable redistribution of paraprofessional resources within the school. It is important to note that the following description presents averages; actual classrooms vary based on need and across grade levels.

The model called for four teachers within a “house” to share two *instructional paraprofessionals*. These individuals have a split FTE; about two thirds of the funding comes from the special education budget and the remaining third comes from the general education budget (i.e., local, Title I). Therefore, what was described earlier in the article as *general paraprofessional* (assigned to support students without disabilities) and *classroom-assigned (special education) paraprofessionals* are embodied in the same individuals. Because Vermont uses a reimbursement formula for special education funding, this allows for more flexible use of paraprofessionals while adhering to the State’s fiscal and auditing policies. The model also includes a *clerical paraprofessional* (currently paid for through general education funding) whose noninstructional duties are distributed across the four teachers. Within a house, on average, approximately 0.8 FTE of *individually assigned paraprofessional* support is provided based on students’ IEPs.

Although developing a model of service delivery did not stop some teachers from continuing the longstanding practice of requesting more paraprofessional supports, it allowed school leaders to communicate that, in many instances, the changes that had been made addressed their requests. Of course, IEP teams retained individualized decision making about potential paraprofessional support in situations where the team had data or a strong rationale indicating that the model was not adequate to meet a student’s needs.

By ensuring that a sufficient level of support was available and that the changes were not perceived as too draconian, administrators were able to make individually appropriate decisions while, for the most part, adhering steadfastly to the new service delivery model. This allowed the leadership team to decrease reliance on the individually assigned paraprofessionals model that they were convinced was detrimental to positive student outcomes and classroom membership.

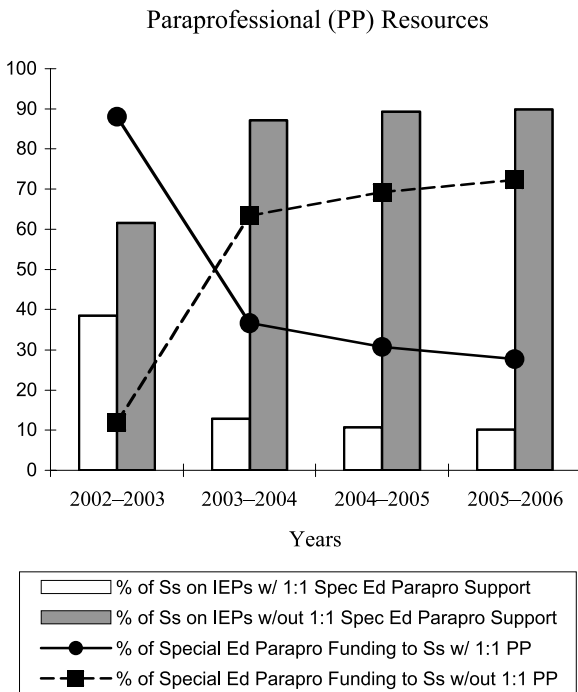


Figure 1. Paraprofessional (PP) resources.

The combined changes in service delivery had a positive impact on the roles of teachers and special educators with students with severe disabilities. First, teachers and special educators had more interaction with each other related to students with severe disabilities. In the past, the primary interactions were between the paraprofessionals and the special educators. Second, teachers and special educators played a more substantial role in communicating with the families. This was a shift away from paraprofessionals providing day-to-day communication between the school and the family. Third, a particularly notable indicator of more substantive teacher and special educator engagement with students with severe disabilities relates to the nature of their participation at IEP and team meetings. Historically, paraprofessionals assigned to students with severe disabilities were primary and virtually indispensable information providers at IEP and team meetings because in many situations they knew more about the student's present levels of educational performance, programs, and supports than did the teacher or special educator; this was documented in part through the School Practices Questionnaires completed by school personnel. As a result of more teacher and special educator engagement, IEP meetings were able to successfully proceed without the paraprofessionals' presence being essential because the teachers and special educators had sufficient, in-depth knowledge to share with the parents and other team members.

Informing Families

Recognizing the importance of sharing information with families, two special educators developed a flier to explain the pros and cons of providing paraprofessional supports. As part of the IEP planning process, special educators shared the flier with families. Additionally, the special education administrator shared published resources about paraprofessional issues (e.g., inadvertent detrimental effects) with special and regular education teachers to increase their awareness and understanding so they could be better prepared to talk with parents about appropriate and inappropriate roles for paraprofessionals.

On a broader level, the special education administrator presented, "An Introduction to Special Education" to the local parent-teacher association, *Families as Partners*. He discussed the changes undertaken within the school and interrelationships among regular education, special education, and paraprofessional services to support students. A slide show of the presentation was posted on school's Web site.

Next Steps

This program description highlights a school that has undergone substantial changes that may be informative to other schools facing similar challenges or seeking to

avoid them. The changes described here are offered with the realization that continued progress is necessary to ensure that students receive appropriate and quality educational supports. In this section, we describe potential next steps being considered by the school. Given the school's commitment to collaborative decision making, which of these steps ultimately will be enacted will be informed by input from students, parents, teachers, special educators, administrators, and other members of the school community.

Because classroom teachers are now playing a more substantive role directing the work of paraprofessionals, potential next steps are to provide teachers with resources or training opportunities about directing the work of paraprofessionals (e.g., French, 2003; Giangreco & Doyle, 2004; Pickett & Gerlach, 2003). The leadership team is also exploring ways to incorporate information about the school's philosophy and service delivery model regarding paraprofessionals into hiring and orientation of new teachers.

One of the main tasks facing the school's movement to reduce special educator caseload size is to maintain vigilance regarding the changes they have enacted over the past 3 years so the progress that has been made does not slip away. The school community need only look back to the period immediately preceding their use of the *Guidelines* to help recall the conditions that led to their paraprofessional dilemma.

From a leadership perspective, maintaining vigilance means keeping the set of issues presented in this article on the table for discussion among faculty, administrators, parents, students, and community members. Further, it means ensuring the stability of existing changes have been secured, then looking for places to advance. For example, although the special educator's caseloads have been reduced, the changes have been uneven and have not fully accounted for differences in the intensity of the caseload composition. Discussions are being initiated to consider how to arrange these lower caseloads so they are most advantageous for students and faculty.

Additional resource reallocation could further lower special educator caseloads. For example, over a 2-year period hiring two special educators with cost savings incurred by future reduction of seven paraprofessional positions would result in average caseloads of 10 students with IEPs per special educator. Based on the caseload/instructional time data presented earlier, theoretically this trend line could yield an increase in instructional time by special educators from 37% in the baseline year (2002–2003) to over 63% by 2007. The percentage of instructional time may be even higher if the school explores ways to ensure that they are not overidentifying students on Section 504 plans because their percentage is higher than the national average, and if they consider ways to shift Section 504 responsibilities away from special educators (e.g., a 504 coordinator), and take into account the time they spend supporting

students on EST plans, thus further reducing their hidden caseload.

Despite the fact that the Williston School District has made substantial modifications to their service delivery, the leadership team recognizes that there is still more room for additional changes in staffing. To provide some context, it would require a reduction of 12 special education paraprofessionals for the school to align with the current state average of one special education paraprofessional for every four students on an IEP; a reduction of five more than the seven suggested in the previous resource reallocation example.

Possibly the single biggest change made by this school was their shift away from the individually assigned model of paraprofessional service delivery, dropping from 48.5 in 2002–2003 to 11 in 2005–2006. Although this represents substantial progress, the concerns that prompted their shift away from the use of individually assigned paraprofessionals still exist for those where that model persists, namely students with more severe disabilities. Next steps may include (a) considering which students who are still receiving full-time individual assistant support can be appropriately supported within their retooled service delivery model; (b) developing procedures for how to approach situations where students transitioning into the school arrive with IEP recommendations for an individual paraprofessional; (c) exploring alternative ways to address functions that historically have been rationale for assigning an individual assistant (e.g., personal care; mobility assistance; behavior support) with either time- or function-specific one-to-one support or support from different people (e.g., classmates, teachers, school nurses, guidance counselors, librarians); and (d) ongoing monitoring of students from whom individual paraprofessional supports have been withdrawn to ensure that they are receiving appropriate supports to progress academically and socially.

Next steps will likely include a continued and expanding emphasis on parent, community, and faculty communication about the issues that were raised in this article. Additionally, the school community is poised to explore ways of operationalizing self-determination by involving students in decision making about their own supports.

As the school community creates additional opportunities for students with disabilities to receive a greater percentage of their instruction from highly qualified professional educators, an essential next step will be to scrutinize the quality of curriculum and instruction. One faculty member who responded to an earlier draft of this article expressed concern that despite the school's positive direction, "I think the paraprofessionals are still bearing too much of the burden of adapting classroom instruction and too many teachers think differentiated instruction is the same thing as offering accommodations." In reference to students with more severe and multiple disabilities, it will be vital for educational team

members to have ways to conceptualize and implement meaningful classroom inclusion. Next steps in this arena may include building on the teachers' current knowledge and skill in differentiated instruction by offering training in multilevel instruction and curriculum overlapping to plan instruction that allows students to pursue substantially individualized learning outcomes within shared class activities (Giangreco, 2006; Peterson & Hittie, 2003).

Conclusion

This program description documents substantial service delivery changes that have resulted in students with a wide range of disabilities gaining greater access to instruction from more highly qualified special educators and classroom teachers within general education classrooms. Increased instructional time is a well-established proxy indicator of improved student outcomes (Kennedy, 1999).

Students with severe disabilities have benefited by these service delivery changes in a number of ways. Notably, slightly over 40% of students with severe disabilities who previously had individually assigned paraprofessionals are now successfully functioning in general education classrooms with classroom-assigned paraprofessional supports that are shared with other students, both those with and without disabilities. These students now have more instructional time with teachers and special educators. Academically and socially, they are reported to be doing as well or better than they were when receiving individually assigned paraprofessional supports, with no adverse effects reported over a 3-year period. When such significant changes in service delivery and supports are enacted, continued monitoring of the impact on individual students on an ongoing basis is essential. Students with severe disabilities are having more opportunities to be part of their classroom communities and interact with classmates who do not have disabilities.

Whereas in the past, the use of an individually assigned paraprofessional was a virtually automatic response to the presence of students with severe disabilities in general education classes, it is now a more closely scrutinized, individualized decision. Incoming students with severe disabilities do not automatically receive individually assigned paraprofessional supports and opportunities are explored to fade supports.

The concerns previously noted in this article (e.g., unnecessary dependence, interference with peer interactions, interference with teacher ownership, limited access to instruction from qualified teachers and special educators) still remain in regard to the utilization of individually assigned paraprofessionals for the remaining students where the model persists. Now that the school has successfully shifted away from the individually assigned paraprofessional model for their students with more high-incidence disabilities, and have

made inroads into that same shift for some students with severe disabilities, they are in a position to explore that same shift for those with most severe disabilities. This will require individually considered alternatives, building capacity among teachers and special educators, changing a school culture that has long been accustomed to having students with most severe disabilities supported primarily by individually assigned paraprofessionals, and ongoing, data-based monitoring of student progress. Students with the most severe disabilities deserve the same access to qualified educators as other students with less severe disabilities and those without disabilities. As a field, we are only beginning to seriously tackle this potentially complicated issue. Its complexity stems, at least in part, from the fact that a shift away from individually assigned paraprofessionals will undoubtedly put additional pressures on teachers and special educators, many of whom already report feeling stretched too thinly. It will take collaboration and changes in traditional ways that both general and special education systems operate. Although it is premature for us to offer any unequivocal answers to such a long-standing and thorny challenge, we are encouraged by the steps taken in this school and are hopeful that more progress can be made. We hope that these efforts will spur other schools to explore these issues and devise alternatives to overreliance on paraprofessionals that make sense in their settings.

The fact that the school leadership team's decision to pursue service delivery changes was motivated by educational concern for students coupled with the financial realities of publicly funded education provides a valuable example of authentic change. Credible, sustainable attempts to operationalize, extend, or improve inclusive educational opportunities in today's social and financial context will most likely require changes that are cost neutral or cost saving. Over a 3-year period, the Williston School District has demonstrated that a school can maintain a high level of inclusive opportunities and make substantial improvements while being fiscally responsible.

The changes that occurred were a result of cross-stakeholder collaboration, the use of a guiding process, and sustained leadership at all levels (e.g., administrators, teachers, paraprofessionals). We present this information with the full realization that much work remains to be done to realize the vision of inclusive opportunities and full participation sought by the school community; as the school's special education administrator continues to remind us, "we're not there yet!"

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