

EFFECTS OF THE PERCEPTIONS OF THE
SCHOOL DIAGNOSTICIAN'S ROLE
UPON CONSULTATIONS

Thesis for the Degree of Ed. D.
MICHIGAN STATE UNIVERSITY
John M. Grabow
1966

THESIS

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EFFECTS OF PERCEPTIONS OF THE
SCHOOL DIAGNOSTICIAN'S ROLE
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By

John M. Grabow

AN ABSTRACT OF A THESIS

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ABSTRACT

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by John M. Grabow

I Problem

The position of school diagnostician was established by the state of Michigan to qualify pupils for placement in classes for the mentally handicapped. The scope of the activities of school diagnosticians has been changing, but the effectiveness of their work in the new areas has not been assessed. The focal point of this study has been assessment of the relationship between congruency of role expectation and the effects of consultations upon the attitude of the consultee toward the consultation. It was hypothesized that a high congruency difference score would be associated with a low satisfactoriness rating of the consultation.

II Methods, Techniques and Data

A. Expectations of teachers and school diagnosticians for the mode of operation of the school diagnostician were measured by a paired comparison schedule reflecting three modes of operation, expert, resource and process orientation. The schedule yielded one score for each of the three.

The scores of pairs consisting of a teacher and school diagnostician having had professional consultation were compared. A congruency difference score computed by squaring the differences between each pair of mode of operation scores and summing them was compared with the teacher's rating of the consultation.

The set of pairs was divided by the median congruency difference score into low and high groups, and the groups compared on the basis of the proportion of each in which the teacher had rated the consultation "very satisfactory." The differences were not significant nor were they in the direction which would support the hypothesis.

B. The mode of operation scores of the school diagnosticians were calculated by a modified scaling procedure. The highest score was assumed to indicate the most sophisticated level of operation. The diagnosticians were grouped on the basis of institution of training, major area of study, years of experience as a teacher and years of experience as a diagnostician. Differences among the mean scores of the groups were slight. The difference between the means for the total diagnostician and teacher groups was much greater than the difference among school diagnostician groups.

C. The third section of the questionnaire consisted of a list of items including activities, functions, concerns

and orientation of school diagnosticians. Teachers and school diagnosticians were asked to check how much of the time they expected these items to be part of a diagnostician's duties. For each item, means and standard deviations were computed for the teacher group and for the school diagnostician group. Items upon which the group means were closest and upon which the group means were most different were discussed.

III Major Findings

Ferneau's hypothesis that congruency of perception of a consultant role by consultant and consultee results in a favorable evaluation of the consultation by the consultee was not substantiated with the instrument used and the populations sampled in this study. The data indicated that the role of the school diagnostician was perceived by the role incumbents as utilizing a more sophisticated mode of consultation process than was perceived by the teacher group. No relationship was shown between perception of the mode of consultation and training institution, academic major or amount of experience as a teacher or a school diagnostician.

Teachers and diagnosticians agreed that a diagnostician's duties should "almost always" include reviewing pertinent records of the child's case history, interviewing the pupil and giving individual tests, interpreting test

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data, and holding post-report conferences with the teacher and the principal. Both groups felt the diagnostician should counsel other staff members. Surprisingly, teachers rated involvement with special education programs much lower than did the diagnosticians.

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CHAPTER I

INTRODUCTION

This study is concerned with the function of the school diagnostician, and while it is based on the interest of the investigator in the services performed by school diagnosticians for teachers, and particularly the effectiveness of these services, it focuses primarily on the nature of the relationship between the school diagnostician and teacher in terms of their respective perceptions of the school diagnostician's role.

A distinction is sometimes drawn between role expectation and definition of role, both of which contribute to the perception of the role. Role expectation is the impression of the role formed by someone outside the role, and is based upon interaction with the actor or role incumbent. Definition of role is the specification of behaviors implementing the role which is set by the role incumbent or accepted by him if set by a higher authority. This distinction is adhered to by Ferneau (1); however, because it is somewhat less pertinent to the design of the present study, this terminology will not be rigorously followed. When the term "perception of role" is applied in this paper to the role incumbent, it will imply the conditions stated above pertaining to role definition.

I Design

An attempt was made to determine whether or not teachers whose perception of the school diagnostician's role is quite similar to the school diagnostician's role definition are more likely to have their perceptions of children changed by a consultation with the school diagnostician than teachers whose perception of the school diagnostician's role is different from the school diagnostician's definition of that role.

The definition and perception of the school diagnostician's role was measured by an objective instrument developed for the study. In addition to being used in a general survey of the state, this instrument was administered to the diagnosticians and teachers who participated in an antecedent study which was related to change in the teacher's perception of the child.

It was also intended to determine whether or not the manner in which teachers are influenced by consultations is related to congruency of role perception as Ferneau's (2) work would imply, and whether this change becomes internalized or incorporated in their thinking. Ferneau accepted as a valid measure the administrator's rating of the conference as satisfactory or unsatisfactory (3). The present study was carried one step further, and attempted to determine whether or not the teacher's perception of the child had actually changed.

II Background of the Problems to be Investigated

A. At the operational level, this study was intended to clarify the functional relationship between the school diagnostician and the teacher in the public schools. At a more theoretical level, it was intended to determine whether or not the results noted by Ferneau from congruency of role perception in consultation--namely, the overt ratings of consultations as satisfactory--become internalized to the extent of actually changing the teacher's perception of the topic of consultation.

B. At the present time the role of the school diagnostician does not seem to have crystallized or become institutionalized (4,5). While the law in the state of Michigan through which this position or specialty has been created is concerned with a relatively narrow range of functions (6), surveys have indicated that the actual mode of operation of school diagnosticians is quite different from school system to school system. For the purpose of the special education law, the school diagnostician's function was established primarily to determine whether or not specific pupils should be certified for placement in the reimbursed special education program. Attempts to evaluate these services have consisted primarily of status type studies, enumerating the number of pupils evaluated per year, the number and kinds of tests given, the number of educable mentally handicapped children identified or placed, and percent of pupils seen for various types of

evaluations (7,8).

As the scope of the functions of the school diagnostician in actual practice has expanded to include personality evaluations, attempts to assess the value of this service have been similarly meager. Although teachers and administrators have demanded more and more service from school diagnosticians in working with the emotional or behavioral problems of children (9,10), little has been done to determine whether or not this service is effective or to determine what procedures might be most productive. There also seems to be considerable confusion as to the role of the school diagnostician in contrast to that of school counselors and visiting teachers. It is the opinion of the author that research in regard to aspects of the school diagnostician's role which may be effectively implemented may help to crystallize a specific and productive role for school diagnosticians.

Surveys in this area tend to include many workers whose functions overlap that of the school diagnostician, such as school psychologist, coordinators (11), etc. However, this assortment of positions seemed to be too amorphous a group for the purposes of the present study. Since school diagnosticians have at least a minimum requirement of training and some commonality of functions and since these specialists constituted the largest single group of workers in this field, it seemed to be a sufficiently large and well defined group for the results to have some

significance. Since school psychologists are a somewhat heterogeneous group in terms of training and function, and constitute an even less standardized group, it would seem that to add them to the sample would do more to confuse than clarify the results.

C. One attempt to determine the effectiveness of two common modes of operation used by school diagnosticians is Kaplan and Sprunger's (12) study to determine whether a typed report plus an interpretation in an intensive interview (45 to 90 minutes of discussion and interaction with teachers) is likely to change a teacher's perception of a pupil more than the typed report plus a limited interview.

This study involved pre and post-tests of teachers' perceptions of attitudes of pupils (grades 3-6) referred for diagnostic evaluation because of essentially emotional or behavioral problems. This sampling method limits the applicability of the results of the study to teachers who make referrals. The pre-test was given to the teacher before the pupil was evaluated and an identical checklist given after the results of the evaluation had been interpreted to her. The diagnostician also filled out the pupil attitude checklist at the time of writing the report. Changes from pre to post-test were in the direction of the school diagnostician's perceptions of the pupil's attitudes, to a statistically significant degree.

D. Another study of an aspect of the effectiveness of a consulting relationship, although done on a different

population, was done by Ferneau and based upon Guba's (13) interpretation of administrative process and function in terms of role theory (14), more specifically that the administrative function depends on overlap of perceptions of expectations of subordinate and superordinate.

E. Ferneau evaluated the effectiveness of consultations of educational consultants with school staff members in terms of the participants' subjective ratings of the consultation as satisfactory or unsatisfactory. He compared these ratings with the degree of congruency regarding consultants' role as perceived by the staff member and the consultant. Similarity of expectations was found to be positively related to expressed satisfaction with the consultation.

F. The purpose of consultations is, ultimately, to change behavior and attitudes (15) and it is assumed that behavioral change in a given situation is a result of change in perception of a significant aspect of the situation. The present study is an attempt to establish the validity of Ferneau's hypothesis when applied to consultations of school diagnosticians with teachers, and then to carry Ferneau's major hypothesis one step further and determine whether congruency of role perception is a significant factor in changing perception of a situation or of a person involved in it. It would seem reasonable to assume that the relationship found by Ferneau would hold when applied to a specific group of educational specialists in a

consulting situation. To determine not only whether the consultation was rated satisfactory, but also whether or not it changed the teacher's perception of the child would seem to be a significant degree of clarification of Ferneau's hypothesis. It might also indicate more productive modes of function for school diagnosticians.

III Problems to be Investigated

A. The role of the school diagnostician in relation to the teacher may, according to Ferneau's categories, be predominantly that of an expert, a resource person, or a process person (16), and if both the teacher and the school diagnostician perceive the relationship in predominantly the same category, the consultation is more likely to be considered satisfactory. We may reasonably question the basis for an interview being classed as satisfactory. For example, would it be because it provided new insights or left old stereotypes undisturbed? Consequently, it seems worthwhile to attempt to evaluate the extent and manner in which perceptions may be changed through consultative relationships.

B. Questions Which this Study was Intended to Answer are:

1. Does congruency of perception of the school diagnostician's role between teacher and school diagnostician actually result in a more favorable evaluation of the conference by the teacher?

2. Do the conditions of role perception which have been found to result in a favorable evaluation of the consultation also produce changes in perception of the subject of the consultation (in this study, the attitudes toward a pupil)?

C. Questions of a more general nature are the following:

1. What is the school diagnostician's definition of his role?
2. What is the teacher's perception of the school diagnostician's role?

The answers to these two questions should include the areas of the school diagnostician's function as well as the predominant mode of action in terms of Ferneau's categories.

D. A final question of interest is, do teachers who have never made a referral differ in their perception of the school diagnostician's role from those who have? (And, by implication, if their perceptions of the role could be changed, would they refer pupils?).

IV Significance of the Study

A. Responses of school diagnosticians from the state of Michigan sampled with the Diagnostician Role Check List should indicate how school diagnosticians feel they should be functioning. (It is not intended as a survey of what they actually are doing.) This will be compared with the

significant variables, such as type and institution of training for employment as a school diagnostician, previous experience, and length of experience as a school diagnostician. A comparison of the school diagnostician's role definition with surveys of actual practices may have applications for the morale and vocational stability of this professional group.

Responses of teachers paired with the above school diagnosticians would, at the very least, indicate whether or not teachers' perceptions of the school diagnostician's role are essentially like or unlike the school diagnostician's definition of it.

B. Implicit in the assignment of the school diagnostician to evaluate pupils with emotional or behavioral problems is the general assumption that such an evaluation will ultimately improve the situation in the classroom in general and the behavior of the pupil in particular. To determine if or to what extent this occurs is somewhat difficult. While we tend to assume that it does happen (a sometimes doubtful assumption), there is a lack of clarity as to how it does occur, and what sequence of events is involved. A clearer understanding of the dynamics of the situation could conceivably lead to improvement in the effectiveness of the service. Assessment of the extent of similarity in the manner in which the role of the school diagnostician is perceived by the teacher and defined by the school diagnostician would be a significant step in

clarifying this situation.

C. Several modes of operation are inferred by the questions and requests of teachers. One is that the school diagnostician will establish the need for outside help and the child's problems will be solved by the visiting teacher, clinic, or other agency. Another is that the diagnostician, after evaluating the child, can "tell the teacher how to handle the child effectively." Both of these seem to take for granted that solving the problem is an event, that it occurs quickly, and that the change occurs essentially in the child.

A third alternative, to be examined in somewhat greater detail, accepts the situation in part as a problem of relationship between teacher and child, recognizes that the problems of the child are not likely to change very quickly, and that the child has been referred because the resources that the particular teacher brings to the situation have not been adequate to cope with it. It is felt that the services of the school diagnostician may contribute to a change in the teacher's perception of the child, and that this in turn may change her behavior toward the child (perhaps toward children in general), resulting in more positive behavior on the part of the child. It is hoped that the insights generated within the teacher would contribute not only to more appropriate behavior with the child referred, but with other children as well, in the long run resulting in more satisfactory school experiences

for the children and fewer referrals to the school diagnostician.

A critical step in the chain of events is the relationship between presentation of information and change of perception (17). A recently published study by Rogers on the diffusion of innovation would seem to suggest that the work of a school diagnostician might be more profitable if within each school he were able to identify the teacher or teachers who are "innovators" and concentrate his efforts on them. Rogers' work suggests that within each community there are some members who are more alert and receptive to outside influence and to change, and that change in the community in general is the result of other, more conservative members of the community adopting the changes which they have observed the innovators trying out successfully.

If the degree of congruency of perception of the school diagnostician's role by the teacher and school diagnostician influences the nature of the teacher's perception of the child following a consultation with the school diagnostician, then we may infer that he will be more effective in changing the teacher's perception of the school diagnostician's role and 1) to "assume" it, or 2) change it.

V Summary

In this chapter the focal point of the study has been established as the relationship between congruency of role expectation and the effects of consultations upon the

attitude of the consultee toward the consultation, and upon changes in the consultee's perception of the topic of the consultation. The investigation has both operational and theoretical significance. The scope of the activities of school diagnosticians has been changing, but the effectiveness of their work in the new areas has not been assessed. The study has been limited to school diagnosticians as the group in the field having the greatest commonality of training and in professional responsibilities.

Two studies regarding the outcomes of consultations were considered, one of change of attitude and the other of change of perception. Questions which the study would attempt to answer were briefly outlined and it was felt that the answers to these questions could have implications pertinent to the manner in which school diagnosticians should function and the types of responsibilities they should assume.

Possible courses of action were considered, two of which were methods of producing changes in the pupil and one intended to produce changes in the teacher. The possibility of identifying the more "changeable" teachers, assuming the role perceived by the teacher or changing her perception to fit the school diagnostician's, were also considered.

In Chapter II we shall review the literature pertinent to our investigation in the areas of functions of school diagnosticians, consultations, and role theory. In

Chapter III we will outline the procedures of the investigation, describe the development of the instrument used in the investigation, and explain the method of selecting the sample used to test our hypothesis. In Chapter IV we will present and discuss the data of the investigation and some of its implications. A summary of the study and the conclusions which may be drawn from it will constitute Chapter V.

CHAPTER II

REVIEW OF LITERATURE

A. Introduction

Since the area of investigation was the role of the school diagnostician and in particular, clarification of the relationship of the teacher and the school diagnostician, it was felt necessary to review not only the literature on the functions of school diagnosticians, but to some extent, the literature on the consultation process and role theory, where these topics included concepts or techniques pertinent to the investigation.

The school diagnostician is an occupation created in the state of Michigan by legislation and while many similar or overlapping positions exist in the state such as testers, school psychologists, and psychometrists, these are not as clearly defined nor as numerous as diagnosticians. Even among school diagnosticians there would appear to be great diversity of function. Of those school diagnosticians approved by the State Department of Education, some rarely go beyond the minimum functions indicated by the law, namely, certifying pupils for placement in special education classes for the mentally handicapped. Others go far beyond it, working with pupils having various kinds of learning problems, pupils who are emotionally

disturbed, or pupils who are behavioral problems in the classroom. Most school diagnosticians probably function between these two extremes and, perhaps, a few outside them. (In these situations the term "working with" refers to performing a diagnostic evaluation, but does not imply an academic tutorial or a psychotherapeutic relationship.) From this condition it would seem that the functions associated with this position have not become institutionalized in a widely accepted, generally adopted, clearly defined role. We assume then that this investigation is not a status study of a stable institutionalized role, but of a role in the process of developing. It is hoped that the results of this study may contribute, not only some clarification of the role at present, but may suggest profitable directions in which its development may be cultivated.

B. Functions of the School Diagnostician

The position of school diagnostician was created indirectly by state legislation in 1948 (1). In a law passed that year the legislature required that children being placed in state reimbursed special education programs for mentally retarded children be examined by a competent psychological diagnostician, and that reimbursement for children so placed be contingent upon the school diagnostician's certification of the child's eligibility for the program.

The Department of Public Instruction (now the State Department of Education) was assigned responsibility for

determining what constituted a competent psychological diagnostician. This agency defined competence in terms of university course credits in specific content areas and in terms of hours of work experience. While the law specified a relatively narrow range of function for this position, it did not specifically limit the individual occupying the position to this range of functions. The level and breadth of training required could be construed to imply a much broader range of functions and at times, a somewhat higher level of professional operations. This situation left considerable latitude within which the role could be defined and within which the local units might utilize the services of school diagnosticians.

In actual practice, the functions of school diagnosticians would seem to have expanded beyond those implied by the law to the perceived limits of the training of the individual school diagnostician (2,3). The types of functions performed by school diagnosticians have been indicated in several surveys. A survey conducted by the Department of Public Instruction in 1960 indicated the types of cases handled, instruments used, the areas of training, professional experience, conditions of employment, position in administrative hierarchy, and work schedules of school diagnosticians. The report was based upon a survey of 121 approved school diagnosticians, but did not indicate whether this number represented the total responses or the total number of school diagnosticians listed in the state (4).

All school diagnosticians polled accepted referrals to do assessments of the educable mentally retarded, 86% handled assessments of the trainable mentally retarded, and 77%, assessments of educational retardation. Only 61% handled evaluation of behavior problems. The majority were not involved in any aspect of administering a group testing program, although 72% made use of group test data. Approximately two thirds indicated that they participated in screening committees planning educational programs for individual students. An equal proportion indicated that they always interpreted psychological data verbally to teachers. Seventy to 80% indicated that they made individual referrals of appropriate pupils to community school agencies, psychological clinics, and medical facilities. Of the many functions reported, those discussed above were the only ones in which approximately two thirds of the school diagnosticians surveyed participated (5).

A 1963 survey of school diagnosticians conducted by Leaske and Austin (6) secured 50% returns from the 207 diagnosticians to whom questionnaires were sent. This survey covered training, professional experience, affiliation with professional organizations, as well as types of children seen and distribution of time over various work activities. The findings of this study were in essential agreement with those of the previous ones. It indicated that the greater proportion of the school diagnostician's time was devoted to individual assessment, primarily of causes

of possible mental retardation. It also indicated that most of the school diagnosticians had consultations with school staff as well as parents, and that at least half of them did individual counseling, although rarely devoting more than 5% of their working time to this activity.

Both of the above studies were essentially status studies indicating who school diagnosticians were, how they spent their time, what tools they used, the procedural aspects of their relationships with other staff members, and professional organizations with which they were affiliated.

Dunn in 1964 (7) taking a slightly different and broader sample, surveyed two overlapping groups, the 209 approved diagnosticians listed by the Department of Public Instruction, and all members of the Michigan Society of School Psychologists not included in that list. He then compared them on the basis of personal and professional characteristics, as well as income, age, sex, and type of location. He gave as his reasons for the survey, " . . . to provide . . . an up-to-date . . . picture of the levels of competency reflected in school psychology in Michigan today . . . to provide . . . basic . . . data . . . desired by the IRCOPPS (sic) Midwest Research Center . . . And . . . to assist the Department of Public Instruction in its re-evaluation of the diagnostician program." He seemed to equate competency with level of training or type of certification.

According to Dunn (8), "the typical Michigan Society

of School Psychologists member is male, reasonably mature, moderate to well-trained, professionally affiliated, reasonably well paid, and has aspiration for upward professional mobility." The school diagnosticians who were not members of the Michigan Society of School Psychologists were, as a group, younger, less well trained, etc. Dunn does concede, "It is not entirely appropriate to compare the typical Michigan school psychologist member with the non-Michigan school psychologist diagnosticians because . . . the Michigan Society of School Psychologists has a significant number of members who are university professors, private psychologists, directors of special services, etc." (9).

He then compares those school diagnosticians who are members of the Michigan Society of School Psychologists with those who are not members of that organization. In comparing these two groups, the means for age, years of experience as a teacher, and years of experience as a school diagnostician were higher for the group in the Michigan Society of School Psychologists. Larger proportions of this group held the doctorate, had a graduate major in psychology or educational psychology, and were certified by the state as psychologists or consulting psychologists. A larger proportion of them served school systems of more than 7,500 pupils and, as might be expected, a larger proportion of them were members of the American Psychological Association and the Michigan Psychological Association.

Dunn perceived this group to have a stronger professional affiliation and to identify themselves primarily as psychologists, aspiring ultimately to careers as research psychologists, or working in psychology in institutions of higher learning.

In contrast, the school diagnosticians not affiliated with the Michigan Society of School Psychologists were younger, less experienced and less well trained. Dunn did not, however, feel that they would remain a distinct group on a long range basis but rather that when they became more experienced, they would affiliate with the Michigan Society of School Psychologists (10). This would seem to suggest a professional progression from educator to educator psychologist working in the public schools to educational psychologists and counseling or consulting psychologist working in the university or equivalent setting. The question which this raises is whether or not this method of supplying specialists trained in the field of psychology best serves the interests of the schools, the universities, and research organizations in need of such specialists. However, an exploration of this issue would seem to be considerably beyond the scope of our present study.

The school diagnostician's role as a consultant was given indirect recognition by the Department of Public Instruction in a 1960 survey (11) in which one section was devoted to consultative functions of school diagnosticians and in which other sections included activities implying a

consultative function, for example, "Participate as a member of a group test committee in the developmental and periodic re-evaluation of a . . . program of . . . group testing."

Kaplan and Sprunger attempted to measure experimentally the effectiveness of school diagnosticians' consultations in terms of changing teachers' perceptions of individual pupils (12).

In section C, the term consultation will be defined and its applicability to the functions of the school diagnostician will be discussed in some detail.

In this section we have discussed several surveys and an experimental study containing material pertinent to the functions of the school diagnostician. The surveys tended to center on the psychologists or school diagnostician himself in terms of what he was, the nature of his responsibilities, and what he did, considering only indirectly the implications the data might have in terms of how the program should be organized. They did not explore to any great extent the actual goals of school diagnosticians within their role nor any questions pertaining to changes in goals or orientation. In short, these surveys consisted of attempts to assess conditions and programs as they existed, with little consideration for what anyone thought they ought to be or might become, nor, with one exception, did they consider the degree of effectiveness with which school diagnosticians were performing their tasks. Only the

experimental study by Kaplan and Sprunger attempted to measure the effectiveness of an aspect of the activities of the school diagnostician.

C. Role Theory

1. Theoretical concepts

a. Development. The early development of role theory is traced by Nieman and Hughes (13). In their review of the concept of role, they examine in some detail its origin and derivation from the concept of self, beginning with William James (14) whose social self, a product of recognition from mates, could exist as a separate entity for each distinct group of persons about whose opinions the individual cared. Mead (15) expands this, stating, "The self arises in conduct when the individual becomes a social object in experience to himself." Nieman and Hughes (16) add, " . . . the social act, out of which emerges the self, is in reality the assumption of a role for a child." Having introduced the term "role," they clarify it with the definition of Cottrell (17). "The role is the organization of habits and attitudes of the individual appropriate to a given position in a system of social relationships . . . There is no conception of role . . . without a reference to what action is expected in the situation of which the role is a part."

They also give the definitions of Cameron (18):

"The role is the product of social learning which has been

culturally defined by the behavior of others . . ." and of Linton (19), "A role represents the dynamic aspect of a status . . . determines what he does for his society and what he can expect from it." These definitions seem to establish two essential elements in the concept of role, the first that it exists in a social context or situation involving a relationship between two people, and the second, a set of actions for each participant, or of actions each participant expects of the other on the basis of their relationship.

Successful handling of a role is a function of the degree of overlap between role expectations and actors' needs, according to Ackerman (20). However, Getzels and Guba (21), in a study of personnel fulfilling the dual roles of an officer and of an instructor in a military installation, found effectiveness within a role to be related to a lack of role conflict.

Nieman and Hughes (22) felt that previous to 1940, role was an abstract generalization, and that there had been more theorizing than research, but that after 1940 more research was in evidence. It was their opinion that few if any predictive studies of human behavior involving the concept of role had been done.

In a review of role theory in 1954, Sarbin (23) also expressed some concern regarding research on the nature of role, stating, "The building blocks of role perception . . . are the overt acts of others . . . Research in this area

has been neglected. Moreno (24) has suggested procedures which utilize social acts in the psychodramatic experiment. However these procedures have been used more for demonstration. . . . than for the determination of principles of role perception." He seemed to feel that the emphasis in role research was upon applications of role at the expense of research on the validation of role concepts.

b. Present status. Perhaps the most comprehensive review of role theory and research is Biddle's "Present Status of Role Thoery," 1961 (25). He states the reasons for the popularity of role theory as follows:

Role concepts are deceptively simple . . . relate to existing theories . . . have utility, apply to a number of pressing human problems . . . seem easy to operationalize . . . fit a democratic ideology . . . and have heuristic value. (26)

He expresses concern about the wealth of unorganized material in the field, stating,

. . . role theory today suffers from at least four serious shortcomings:

- (1) lack of agreement on what is studied.
- (2) lack of agreement on what to call it--and widespread use of common terms to mean quite different things.
- (3) lack of an agreed upon propositional structure constituting the core of the theory.
- (4) lack of organized empirical evidence from studies tied to theoretical propositions (27).

Biddle indicates that he has attempted to limit his considerations of role theory to references where the major orientation was to role, role terms, or role propositions, excluding studies done in other fields in which role

concepts were used merely as a part of the study. From some seventy-six references which met his criteria and applied to essentially theoretical aspects of role, he listed the major terms used by each author and classified them under his own headings, the definition of which was approximately equivalent to the reference author's definition of his own term. The seven terms used by Biddle were position, a single expectation, a single norm, a single behavior, a (related) group of expectations, a (related) group of norms, and a (related) group of behaviors. Under each of these classifications were listed from eight to seventeen different terms, the definition of which by their author was approximately equivalent to Biddle's definition of the term heading the group (28).

Using the same set of terms, Biddle (29) applied the above procedure to term usage in empirical articles. In these studies he found not only a different set of terms than in the theoretical studies, but also a greater number within each category.

Other aspects of the use of terminology in studies of role concepts were found to be as unstandardized and contradictory as was the case with the theoretical and empirical studies reviewed. In summarizing, he states,

It should not be concluded, however, that role theorists are talking about totally different things. The majority of contributors speak directly to the subject of patterned behaviors and their antecedents in terms of role cognitions, and many see such processes as consensus, sanction, and conformity, as central to the

acquisition of and maintenance of a role in stable social interaction.

The conclusion is inescapable that much confusion could be avoided in role theory with the adoption of a common system of terms and concepts. In addition, the time is ripe for exploration of the propositional structure in this field and a restriction of the endless process of redefinition. (30)

Proliferation of definitions seems to have occurred also in the area of role conflict. Biddle (31) indicates that while many types of role conflict have been posed, many types implied by existing theory have not yet been investigated. In addition he states,

Although many definitions of role have been given at the behavioral level, no definitions of role conflict have been offered at this level--which strongly suggests that most authors "really" are thinking about cognitions when they use the term, "role."

And "the majority of extant role conflict definitions are stated as multi-person cognitive incompatibilities, although many operational definitions used by empirical investigators have involved taking data from only the object person suffering conflict." Those definitions of role conflict based upon affective orientation, relationship between role cognitions and reality limitations, or both, he refers to as "off-beat role conflict definitions" (32). He does admit that "investigators of role conflict have appeared to tie their empirical investigations closely to their conceptual distinctions." Although he believes that some research on role conflict "suffers from the common shortcomings of other role materials," (33) he does feel

that role conflict analysis is a growing subfield of role theory.

2. Empirical Studies of Role Expectations or Perception

Many studies have been conducted of role relationships in education, primarily of teachers' or administrators' roles (34). Among the more recent ones is Clinton Snyder's (35) study (1963) of several dimensions of the role expectations for male high school teachers, in which he compared expectations based upon a general concept of "most male secondary teachers," with expectations based upon specific individuals occupying such a position. Differences between the two sets of expectations were not significant.

Louis Doyle's (36) study of the elementary teacher's role which compared expectancies and perceptions of other professionals within the field of education to the teacher's own definition of the role, found greater similarities in expectations among the groups than teachers themselves perceived.

Getzels and Guba (37) investigated the results of role conflict in which one individual occupied two roles and was unable to resolve the elements of conflict which he perceived to exist between them.

Hoffman (38) compared the perceptions of elementary school personnel, consultants and special area teachers' perceptions of the special area teacher and consultant

role. Conflict in perception of these roles was found in several of the comparisons.

Research has been cited by Sorbin on tension binding (39) and upon taking the role of the other (40,41,42). These studies lie within an area of role theory which is not pertinent to the present investigation and will consequently not be discussed.

In a more refined attempt to investigate the influence of role perception upon the outcomes of consultations, Ferneau (43) compared the perception of the consultant's role by administrators with the definition of this role by the consultant who had worked with the administrator in the context of a consultative relationship. The degree of similarity in these perceptions was in turn related to the expressed degree of satisfaction with the consultation. Ferneau's study was based upon three levels or modes of operation in consultations (44). These may be defined briefly as: 1) the expert who gives answers or solutions to problems; 2) the resource person who can provide data or information which may be pertinent to the problem and help in its solution; and 3) the process person who is concerned with helping the consultee to solve his problem through an interactive relationship and is interested in behavioral changes which will enable the persons to solve the problem and become more competent to handle similar situations in the future.

It was Ferneau's original intention to attempt to

determine which of these procedures was the most effective, as would be indicated by the degree of expressed satisfaction with the consultation. He found, however, that no one mode of operation was consistently rated as satisfactory. Closer examination of his data indicated that satisfactory evaluations occurred most often when there was a high degree of similarity between the perception of the consultant's role by the consultant and the consultee.

3. Summary of Role Theory

The historical development of role from the concept of self has been examined. Its essential elements, that it exists in a social context and that it consists of a set of actions or expected actions, was indicated on the basis of the definitions of several workers in the field. The trend from theorizing to empirical research and the neglect of validation of role concepts in favor of applications was noted. Biddle's discussion of the basis for the popularity of role theory was outlined and included simplicity of concepts related to existing theories, utility, and apparent ease of operationalization. Biddle felt the shortcomings of role theory were lack of agreement on what is studied, what to call it, and propositional structure, as well as the paucity of empirical evidence to support theoretical propositions. In spite of the excessive proliferation of terms and definitions, Biddle felt that there was a core of recognizable concepts accepted by the majority of role theorists.

Empirical studies of role expectation or perception, and role conflict were cited. This group included studies of the effects of role conflicts in the case of one individual occupying two roles simultaneously, and conflict between two individuals' perceptions of one of their roles in a consultation situation. Ferneau's (45) study of role perceptions of administrators and consultants was briefly discussed, as the basis of the present investigation.

D. The Consultation Process

1. Early views. The examination of various aspects of one type of consultant position by Brown in 1944 (46) and the discussion of staff function by McGregor in 1948 (47) presents a reasonably adequate view of thinking about consultation process current in that decade. The consultant's opportunity, according to McGregor (48), lies in the unsolved problems (in human relations) of line managers. This opinion is expressed in a discussion of the functions of staff experts, also referred to as consultants. More specific reasons for requesting services of a consultant given by Brown (49) are 1) his exceptional skills or knowledge, 2) the prestige of his name, 3) the detached or independent point of view he brings to the problem and 4) his freedom from the demands of administrative detail and routine. Brown feels that the consultant relationship is of necessity a temporary one. In becoming a permanent member of the organization, a not unusual occurrence with business

consultants, the consultant loses certain elements of his former position which have contributed to his effectiveness as a consultant. He loses the objectivity of an outsider which he brought to bear on the original problem. He is quite likely to acquire some routine administrative functions, the demands of which may decrease his flexibility in, and time for, consultative functions. The performance of such routine tasks may not sustain the luster of his professional reputation in the same manner as his role of expert in the solution of more acute problems. As a permanent member of the organization, his professional future will be more dependent on diplomatic relationships with members of the administrative structure and will cost him a significant degree of his objectivity and independence of judgment. For these reasons Brown feels that the consultant should avoid the temptation to become absorbed into the organization on a permanent basis because the net result would be to decrease or eliminate his opportunities for doing those things which he is best able to do.

Brown (50) also suggests that the consultant adhere to certain rules which do not necessarily apply to permanent members of the organization. He must function on the basis of open agreements openly arrived at. He must communicate with frankness and clarity. He should, as much as possible, refrain from doing what can be done easily by others. He should accept the role of an educator and business physician.

Although Brown is concerned with the role of the business consultant, his comments are quite applicable to the role of the school diagnostician. However his discussion does imply a more intensive and somewhat more prolonged process of consultation than would be true of a school diagnostician working with a particular teacher on the problems of one of her pupils.

2. The Consultant as an Agent in Changing Behavior

The necessity for accepting the consultee's frame of reference in attempting to influence the consultee's behavior is emphasized by McGregor (51). He feels that the consultant must be prepared to help the consultee solve the consultee's problems as the consultee perceives them. (McGregor uses the capital A to denote the person trying to influence the behavior of another, and capital B to indicate the person whose behavior is to be influenced.) Objective facts, in McGregor's opinion, are not as significant in influencing behavior as "the subjective facts of B's perceptual fields" (52).

He indicates that we must "explore B's perceptual field before introducing . . . (our) own factual analysis" (53). This would seem to imply that the consultant manipulates the consultee into selecting the consultant's tailor-made solutions to the problem. However the limits of the factual analysis are indicated by McGregor's classification that the consultant must create a situation in which the consultee can learn or discover, rather than be taught.

McGregor points out that the methods of the staff expert or consultant resemble those of a psychotherapist, and that the consultant must establish a relationship in which he will be perceived as a source of help in solving a problem (54). However he concludes "the staff role in human relations is more happily identified with that of the educator than with that of the therapist" (55).

The necessity to avoid fostering a dependency relationship between consultant and consultee has been stated or implied by both McGregor (56) and Brown (57). This is crystallized by Gilbert (58) in 1960, who states that " . . .consultant gives his knowledge, skills and . . . experience . . . The consultee left free to choose and carry out the plan and action (while) the consultant may 'support the consultee' . . ." (59). In evaluating consultations Gilbert (60) suggests " . . . one criterion of the success of a consultant-consultee relationship is that the consultant leaves the line organization strengthened rather than weakened."

3. Operational Aspects of Consultation

Gilbert takes a somewhat more abstract approach and specifies operational aspects of consultation as consultant role, consultant function, and consultant process. She defines consultant role as who the consultant and others think he is, or what he is expected to do. She defines function merely as what he does, and process, how he does it, i.e., by what method. She lists functions

of a consultant as evaluating, advising, teaching, and acting as liaison. Consistent with the vagaries of definition of terms in the field of role theory, Blumberg (61) lists three roles which a consultant may assume, which fit Gilbert's definition of process, "advisor, resource person, helper or catalyst." While Blumberg did not indicate the source of his terms, they bear a close resemblance to the types of consultants described by Ferneau (62) which were based upon 192 case studies collected by the Midwest Administration Center. The case studies were analyzed on the basis of attitudes and behavior reported in them regarding consultations. After the three patterns had been isolated, the original case studies were submitted to judges to classify according to the types. Their classifications were in agreement in 188 of the 192 cases (63).

In Lippitt's (64) examination in 1959 of the dimensions of a consultant's job, his definition of a consultation assumed:

1. . . . a voluntary relationship between
2. a professional helper (consultant) and help-needing system (client)
3. in which the consultant is trying to help the client in the solving of some . . . problem
4. and the relationship is perceived as temporary by both parties
5. Also the consultant is an "outsider," i.e., is not part of any hierarchical power system in which the client is located.

4. The Diagnostician as a Consultant

Let us now compare the functions of the school diagnostician with these criteria. In general the diagnostician evaluates pupils at the request of a staff member in the school which the pupil attends. While the person requesting the conference may be a principal, a teacher, or another specialist such as a visiting teacher, the referral is initiated by the person desiring help. There is to some degree an element of choice in the diagnostician's responding to the request for help. Since fewer than 3% of school diagnosticians are responsible to an administrator such as a principal within a building (65), the choice as to which referrals to accept would seem to reside with either the diagnostician or an administrator outside the building to whom the school diagnostician is responsible.

With regard to Lippitt's second criterion, the school diagnostician's status as a professional helper would seem to be fairly well established by the nature and level of his training as well as the requirement for approval by a state agency. That the school is a help-need-ing system is implicit in the act of making a referral. While certifying a pupil as eligible for placement in a special education program for the mentally handicapped may seem to involve a minimum amount of consultation, the percentage of pupils seen who are thus certified is relatively small. For those who do not qualify or for those who may have been seen for other reasons, it may be necessary for

the school diagnostician to help plan an educational program (66).

Under criterion 4, the temporary nature of the relationship might be questioned, since a given school diagnostician often works with a particular school for a full year or even several years. However his work on any one problem or pupil with a given teacher is limited to a written report plus one or two, or rarely three, personal contacts with the teacher.

It has already been noted that the school diagnostician is very seldom under the supervision of the building principal and typically is part of a county office of education which is administratively independent of the school district or districts being served, or he is part of a special service unit of a large school system, which unit is also relatively independent administratively of specific schools. These two categories would probably include more than 80% of the school diagnosticians polled in the 1960 Department of Public Instruction survey (67). The diagnostician's recommendations are permissive rather than mandatory, i.e., he may qualify a pupil as eligible for placement in a Type A Program, but may neither require the pupil to be so placed nor require a pupil to be barred from or removed from such a program, which would seem to establish that the school diagnostician has no authority over other staff members in an individual school. Any authority exercised by a school diagnostician would be in the category

Bindman (68) has suggested in stating that "consultation is based for its acceptance upon the 'authority of ideas.'"

It has been established that consultations of administrators with school psychologists and social workers change the administrator's perception of the topic of consultation (69). Although school psychologists and social workers are not identical with school diagnosticians, there is considerable overlap in their training and professional functions, and at times even interchangeability in their professional titles (70,71). Therefore it would not seem unreasonable to assume that school diagnosticians are also effective in changing perceptions of administrators. The importance of influencing administrators' perceptions is indicated by Kitano's (72) statement that, "The definition of what constitutes a 'problem child' by school administrators determines who is the problem child." Byram (73) points out that

The problem to be dealt with should be an official concern of the school administrative authority. Unless this authority is committed to sanction of action that may be expected, or to administrative recognition of the results of program planning deliberations, the services of a consultant might be wasted . . .

We may conclude from this discussion that the school diagnostician, at least in the major proportion of his professional activities, functions within the framework of Lippitt's criteria for a consultant. This is not as comprehensive an approach to the consultant role as that described by Seashore and Van Egmond (74), in which they see

the consultant as an individual working in a comprehensive process of reorganization and training involving assistance in the diagnosis of problems, effecting changes by involving those related to the problem, and helping them to develop the "knowledge and skill necessary to implement changes and establish effective methods for reaching their goals."

Of the studies which the author was able to review related to the consultation process, only Ferneau's (75) and Kitano's (76) presented substantial quantitative data to support the concepts they developed. This would seem to indicate a need for more empirical evidence to support concepts that have been developed in this area.

5. Summary -- Consultation Process

The need for consultants lies in the unsolved problems of line managers. The consultant may be called because of his exceptional skills or knowledge, his prestige, his independent viewpoint, or his freedom from time-consuming administrative responsibilities. The consultant relationship is a temporary one, since according to Brown (77), becoming a permanent member of the organization tends to diminish those elements of function which make the consultant's services most valuable. To an extent which may not apply to permanent members of the organization, the consultant must function on the basis of open agreements openly arrived at, communicate with frankness and clarity, refrain from doing what can be done easily by others, and

accept the role of an educator and business physician. Although this view of consultation process would seem to be a more intensive and prolonged kind of relationship than exists between the school diagnostician and the teacher, the principles involved would seem to apply to the teacher-school diagnostician relationship. McGregor (78), in discussing the consultant as an agent for changing behavior, points out that influencing behavior is best accomplished by working within the conceptual field of the consultee. Gilbert (79) emphasizes in addition that the planning must be cooperative, and that the actual choice of plan as well as implementation be left to the consultee. She implied that a successful consultant-consultee relationship leaves the consultee more capable of coping with similar problems. Gilbert (80) also defined three operational aspects of consultation, consultant role, consultant function, and consultant process. Under Gilbert's category of process, we might appropriately list Ferneau's (81) definitions of his three types of consultant, the expert, the resource person, and the process person.

Lippitt's (82) assumptions regarding consultant process, that it is a voluntary, temporary relationship between a professional helper and help-needing system for the purpose of solving a problem, and that the consultant is not a permanent part of the help-needing system, are used as the basis of an examination of the functions of school diagnosticians. The school diagnosticians were found to

be, at least in the major proportion of their professional activities, within the framework of Lippitt's criteria for a consultant. In the literature reviewed there was little research reported on the consultation process in which concepts developed were supported by quantitative data.

CHAPTER III

DESIGN OF THE STUDY

I Procedures

An instrument constructed to measure the perception of the school diagnostician's role was submitted to all school diagnosticians on the approved list maintained by the Michigan Department of Public Instruction. This instrument, when completed by a school diagnostician, measures his definition of his role. When it is completed by a teacher, it measures the teacher's expectation of the school diagnostician's role. This instrument was also submitted to teachers who had been nominated by administrators and who had had professional contact with the school diagnosticians. The teachers were requested to indicate not only their perception of the proper role of the diagnostician, but their rating of the degree of satisfactoriness of the contact with the school diagnostician.

The purpose of the study was to determine whether or not the degree of similarity between the teachers' and school diagnosticians' perception of the school diagnostician's role was related to the teacher's rating of the contact with the school diagnostician.

II Sample

The Diagnostician Role Check List (Appendix A) was submitted to all school diagnosticians in the state of Michigan and, in as many cases as possible, to teachers who had been recommended by administrators and who had had consultations with the school diagnostician. The sample consisted of all acceptable school diagnostician-teacher pairs from whom satisfactorily completed check lists had been returned. It was limited to those diagnosticians who were employed full-time as school diagnosticians for the public schools, who did not have administrative responsibilities, and who met these specifications during the school year in which the investigation was conducted. Individuals working in institutions, psychologists in private practice who did diagnostic evaluations on a fee basis, and part-time workers were eliminated from the school diagnostician sample.

Teachers with part-time administrative responsibilities, curriculum coordinators, or full-time principals, as well as special education teachers, were eliminated from the teacher sample. However purity of sample was difficult to maintain, due to changes of employment of many participants in this study during the period it was being carried on (1).

To compensate for attrition in teacher response, the administrators had been requested to submit the names of two teachers for each school diagnostician. It was hoped

that for each school diagnostician, at least one teacher would respond. In all cases in which two teachers returned a satisfactory check list for a given school diagnostician, the pairs of teachers were put in a separate list in order of their code numbers, and then one was selected on the basis of a table of random numbers (2). Teachers selected by this process and the school diagnosticians paired with them were then added to the other group of acceptable teacher-diagnostician pairs to constitute the sample for the study.

This sample of school diagnostician-teacher pairs was used to determine the applicability of Ferneau's hypothesis to the school diagnostician-teacher consultation relationship.

III. Instrument

A. The Diagnostician Role Check List consisted of three parts:

1. Part I was a paired comparison schedule concerned with Ferneau's (3) categories of consultant function, containing items based upon situations or types of situations that are known to be a part of the school diagnostician's responsibilities, or situations closely similar to those within this area of function.

2. Part II had to do with the background of the individual filling out the check list and included three areas--training, professional experience, and school system

in which the school diagnostician was employed.

3. Part III was a fifty item check list consisting of an array of types of functions which a school diagnostician might perform or be involved in, and including two items regarding the school diagnostician's professional orientation. The respondent was asked to indicate the extent to which the function was appropriate for school diagnosticians.

B. Part I of the Diagnostician Role Check List

Fourteen sets of three items each, called triads, were constructed on the basis of an assortment of situations in which the school diagnostician is typically involved. Each triad consisted of three items in which the school diagnostician's action in a given situation was expressed according to one of Ferneau's (4) categories of consultant function: the expert, the resource person, or the process person.

1. Sources of items. The situations were based upon teachers' or principals' statements about, or requests for, services from the school diagnostician. As often as possible, the wording used in items was taken from interviews with teachers or principals. In this manner, a pool of approximately 100 items was developed.

2. Criteria for selection of items. The items were subjected to the following criteria: 1) The item should imply or describe behavior which might be expected of school diagnosticians by teachers; 2) specific action

items may be repeated but conditioned upon different objects, purposes or modes of operation; 3) action items should be actions involved in or pertinent to the consultation process; 4) items should be classifiable within one category of Ferneau's classification of modes of consultation and should be capable of being matched with equivalent items in each of the other two categories.

3. Construction of triads. Where actual statements from a teacher or principal were not available to fill one of the three categories regarding the situation, such an item was constructed. While it was often necessary to modify the wording of the teacher or principal in order to make an item consistent with the other two items with which it was to be paired, it was felt that there was enough of the original situation and wording in most of the items to give them verisimilitude and face validity when submitted to the teacher.

From a pool of approximately 100 items, there were enough items that either met the criteria or could, with minor revisions, be made to meet the criteria, to establish fourteen triad groups.

4. Judging items. The items constituting the triads were typed on individual cards and assigned code numbers. The cards and photocopies of the portion of Ferneau's dissertation (5) describing his categories were given to the judges. The judges, all school diagnosticians, were asked to study the criteria and sort the cards

accordingly. Five judges sorted the cards and their selections were recorded. The cards were shuffled into random order before presentation to each judge. The extent to which the judges agreed with each other on specific items was an indication of the reliability of the items (6). The extent to which they agreed with the criterion (the category assigned by the writer) gave an indication of the content validity of the item (7). Since each item was classified by five judges, a triad of three items involved fifteen acts of classification. The two poorest triads contained fewer than eight correct classifications of a possible fifteen and were consequently discarded. The third low triad, consisting of two items correctly classified at least four and five times, and one item which was correctly classified once out of five times, was retained in the schedule, but with the poor item modified for greater clarity. (One additional triad was omitted in scoring because of an error in printing the check list forms.)

5. Reliability of judges' categorization of items.

Each judge was paired with each of the other judges (for the five judges, a total of ten pairs) and for each pair a count was made of the number of items upon which they agreed in their categorizations. From this the proportion of agreement was calculated and an average proportion calculated from the ten pairs. Proportions of agreement for the various pairs ranged from .50 to .75, with a mean agreement score of .647. The proportion of agreement

that could have been expected on the basis of purely chance selection was .33.

Unfortunately in the public school system in which the experimental group was located, it was felt that the complete instrument was longer than teachers could reasonably be expected to fill out on a voluntary basis. The original paired comparison schedule of slightly more than five pages was edited to approximately three and a half pages by condensing items and changing the format to a stub and completion type.

Because of the changes in section I of the check list (elimination or revision of items of low validity, and condensation of most items in editing and reorganizing the check list), after the first estimate of inter-rater reliability of items was made, repetition of these procedures was necessary. Three new judges sorted the revised item cards. The proportions of agreement for the three pairings of the judges were .75, .80, and .75. The average proportion of agreement was .77. The slightly higher reliability in the revised group of items may be accounted for in part because of the elimination of poor items.

6. Item validity. Agreement between the judges and the criterion may be considered to be an indication of content validity. The judges' scores on the forty-two items ranged from 25 to 33 correct. Their mean score was 30 and the standard deviation 3.316. In considering the data on reliability and validity, it must be recognized

that in the instrument the items were not given in isolation, but were given as pairs and that consequently, elements in one item of the pair might give a context cue which would increase the clarity of the other item. Because of the effects of such context cues and because of the elimination of the poorer items from the original list, it would be quite reasonable to suspect that the reliability of the final instrument would be somewhat higher than the original pool of items.

In the condensed final version of the Diagnostician Role Check List, the proportion of agreement between each judge and the writer was .78, .78, and .92, with an average proportion of agreement of .82, as compared to a mean of .899 calculated for the three judges in Ferneau's study (8).

7. Format of Section I. In its final form, section I of the Diagnostician Role Check List consisted of a paired comparison schedule designed to provide rank ordering of items within sets of three. Every set consisted of three items, one from each of Ferneau's three categories, illustrating different approaches to a common situation. The following set of items is an example of one of the original triads:

Expert -- Diagnostician should tell teacher what the pupil's problems are.

Resource Person -- Diagnostician should offer possible explanations of the pupil's behavior in the classroom.

Process Person -- Diagnostician should do counseling with teachers regarding teacher's own reactions to problem children.

The elements of the triad are then combined as pairs, and each pair considered an item or unit of the paired comparison schedule. For example in the final condensed version, the stub is at the top of the page and the choices in the paired comparison schedule are completions of this stub.

The Diagnostician should:

7. (a) Offer possible explanations of the pupil's behavior in the classroom.
- (b) Do counseling with teachers regarding teacher's own reactions to problem children.

18. (a) Do counseling with teachers regarding the teacher's own reactions to problem children.
- (b) Tell the teacher what the pupil's problems are.

31. (a) Tell the teacher what the pupil's problems are.
- (b) Offer possible explanations of the pupil's behavior in the classroom.

The order of elements within the pair was determined by a randomization process. Sequence of pairs in the schedule was ordered on the basis of a sequence of numbers within a table of random numbers (9). The use of this procedure, however, resulted in several items being in positions adjacent to other items constructed from the same triad. In those cases the second of the two items was moved ten items down the list. Fewer than half the items

in the schedule are on the same page with another item constructed from the same triad, and in no case is the complete set of items from one triad on the same page. (Several respondents made marginal notations to the effect that we had made a mistake in constructing the schedule, repeating one or several items. Of the more than 300 respondents, including the unacceptable as well as the acceptable, only one indicated an awareness of a systematic repetition of items, and asked if we were checking on her consistency.)

The complete randomized form of the paired comparison schedule constitutes Section I of the Diagnostician Role Check List which is included in the Appendix. The instrument consists of thirty-six pairs of items (10), each individual item appearing twice, first with one and then with the other remaining member of its set. In order to avoid having the respondents check the schedule according to a bias which might develop if all the items were in the same order according to the mode of consultative operation which they represented, the presentation of pairs within the total schedule was randomized according to a table of random numbers.

If A, B and C stand for elements in a triad and 1AB, 2BC, and 3AC indicate the items within which they are compared, and the preferences expressed within each item were A in 1, B in 2, and A in 3, the indicated order of preference would be $A > B > C$. (Derived from $A > B$ in one, $B > C$ in 2, and $A > C$ in 3.) This produces a rank ordering

of the items constituting the triad on the basis of degree of preference of the respondent. But, if A, B, and C were checked in 1, 2 and 3 respectively, the degree of preference would be expressed: $A > B$, $B > C$, and $C > A$, and combined would give $A > B > C > A$, which is a circular ordering referred to as intransitive, and is logically inconsistent. Since the manner in which a respondent checked the three pairs representing a given set could produce either a rank ordering (transitive triad) or a circular ordering (intransitive triad), the frequency with which a rank ordering was produced would seem to indicate the extent to which the subject was responding consistently to the content of the set.

For each triad, intransitive combinations were checked by an average of 3.58 of the 146 respondents. The range of the number of respondents checking each triad as intransitive was from 0 to 15. If item selection were purely a chance process, we would expect an average of 37 intransitive combinations for each triad. From this we may conclude that the respondents were making their choices with a relatively high degree of consistency.

C. Part II of the Diagnostician Role Check List

This section of the check list provided space for the respondent to indicate the degree or degrees he had received, and his majors and minors, as well as the training institution from which he had received each degree. He was also asked to indicate the number of years'

experience he had had as a teacher, a clinician, a diagnostician, or "other" professional capacity. On the form submitted to teachers, the grade being taught "at the present time" was also requested. The last item in section II concerned whether the system in which he was employed was a county or city system, its total population, the pupil population, and, if possible, the pupil-diagnostician ratio.

D. Part III of the Diagnostician Role Check List.

This section consisted of fifty items which the respondent was asked to check as applicable to the school diagnostician's functions and duties, "almost always," "most of the time," "usually," "seldom," or rarely or never." It covered types of tests which might be used, persons with whom the school diagnostician might consult, sources of information which he might use, the content of his report, the categories of students with whom he should work, areas in which he should be a consultant or participate in in-service training activities, methods of implementing his recommendations, his role in special programs or planning in the schools, and also the professional orientation of the school diagnostician. Many items indicating functions which are not typically performed by a school diagnostician were included under these categories, in order to determine whether teachers and school diagnosticians feel that the functions of the school diagnostician should shift into areas other than those areas

within which they customarily spend most of their time.

IV Treatment of the Data of Part I

The paired comparison schedule provides three scores, one for each of the three factors--expert, resource, and process. The score for any one factor may be from 0 through 24. Since it is extremely cumbersome to make comparisons on the basis of a three part score, the degree of similarity with which the diagnostician and teacher had checked their paired comparison schedules was computed in the following manner: The difference between the teacher's and the diagnostician's score for each factor was squared and the three squared differences were then summed. The sum of the squared differences is called a congruency score, for the sake of simplicity, although it might more properly be called an inverse congruency score, since a large score indicates a low degree of congruency of role perception between the teacher and the diagnostician composing the pair, and a low score indicates a high degree of congruency. Each teacher-diagnostician pair was considered to be a single unit. The units were arranged in rank order of the congruency scores, and divided into two groups, one consisting of those above the median, and the other, those with congruency scores below the median. The proportion of each group consisting of pairs within which the teacher had rated the contact "very satisfactory" was determined, and the remaining ratings were combined. This produced four groups, two above the median, one of which

was composed of pairs in which the teacher had rated the contact "very satisfactory," while the other consisted of those pairs which had not given the contact the highest rating. There were two groups below the median on the role congruency score, which were similarly divided on the basis of the rating of satisfactoriness of the contact. The differences among these four groups were tested by the Chi square procedure.

The data from section II was used to divide the diagnosticians on the basis of the various categories listed, to determine whether or not groupings on the basis of such factors as level of training, major field of study or years of experience were related to the scores the diagnosticians would obtain on section I. For this purpose a modified scaled score was used. All items in the expert-E-category were scored 0, all items in the resource-R-category scored 1, and all items in the process-P-category were scored 2. The three category scores were then summed, producing a single score for each diagnostician. This scoring procedure is based upon Ferneau's assumption that the three modes of operation represent points on a continuum. The data from section III were merely tabulated on the basis of percentage distribution.

V Survey Procedures

A. Diagnosticians

A packet of survey materials was sent to each school diagnostician included in the approved list of the

Department of Public Instruction of the state of Michigan. Each packet contained a letter (see Appendix C) addressed to the school diagnostician, briefly explaining the purpose of the study, its source, affiliations, and sponsorship. The packet also contained a copy of the Diagnostician Role Check List (see Appendix A), a stamped addressed return envelope, and a blank mailing label to be filled out by respondents requesting a summary of the data obtained in the survey. At a later date, a follow-up letter was sent to all school diagnosticians who had not responded to the survey (Appendix D).

Because of a printing error in the survey forms, which was not detected until the day after they had been mailed to school diagnosticians, post cards indicating the correction were sent to the school diagnosticians. (However the triad involved was ultimately omitted in scoring because of inconsistency in responses.)

B. Administrators.

An attempt was made to determine the identity of the administrator most closely involved in the supervision of the school diagnostician or diagnosticians in each district from which at least one school diagnostician had responded to the survey (11). A letter was sent to each administrator (see Appendix E) explaining briefly the purposes and source of the project, and requesting the names and addresses of two teachers who had had professional contact with the school diagnostician, for each school

diagnostician serving the district. A blank form, with the names of the school diagnosticians and spaces for the names and addresses of the teachers was enclosed with the letter (Appendix F), as well as a stamped, addressed return envelope. To those administrators who did not respond to the first letter, a follow-up letter (Appendix G) was sent with a duplicate blank teacher-address form, as well as an addressed stamped return envelope. In several cases, a letter was also sent to a second administrator who, on the basis of an available index of staff members (12) seemed to be a logical "second choice," in terms of close supervisory relationship with the school diagnosticians. In many instances the administrator responding to the letter was not the administrator to whom it was addressed, and from this it was assumed that many of the requests were rerouted "through channels." In several cases the writer also contacted the school diagnostician to get teachers' names. In two districts the administrator sent each teacher a letter introducing the project, indicating its authorization or approval by the administration, and requesting her cooperation.

C. Correspondence with Teachers.

To each teacher whose name and address were received from the school administrators, a packet of survey materials was sent. This packet was quite similar to that sent to the school diagnosticians, except that the form letter (see Appendix B) was worded appropriately for

the group to which it was being sent, and the Diagnostician Role Check List contained an additional item related to the degree of satisfactoriness of the contact with the school diagnostician (see Appendices Bi and Bii). Materials were not sent, however, to individuals whose names had been submitted if there was any indication that the individual had administrative responsibilities or was other than a full-time classroom teacher. To those who were identified as principals, a letter was sent requesting the names and addresses of two appropriate teachers who had worked with the school diagnostician serving that school. A follow-up letter was also sent to those teachers who did not respond to the questionnaire (Appendix I).

Comment on Survey Procedures. While it would have been desirable to send out each group of forms at a specified time, with controlled intervals between the original solicitation and the follow-up letter, the magnitude of the project and some aspects of the nature of the design made this impossible. For example, if all the teacher survey forms were to have been sent at one time, the forms could not have been sent until all the correspondence with administrators had been completed. The survey procedures were begun in October, 1965, and questionnaires used in the survey were returned as late as March, 1966.

VI Summary

In this chapter we have outlined the procedures of

the study, described the samples taken, the instrument used, and discussed the reliability and validity of the instrument. The survey procedures were also described. A role check list was submitted to all the approved school diagnosticians in the state and to two teachers with whom each responding school diagnostician had worked. The procedure required that the congruency of teacher-school diagnostician responses on the check list be compared to the teachers' ratings of the satisfactoriness of the contact.

The Diagnostician Role Check List consisted of three parts, the first concerned with expectations for the school diagnostician's role, the second with the background of the respondent, and the third with areas of function of school diagnosticians. Part I was constructed from a pool of items categorized by judges, refined, condensed, again categorized by judges, checked for reliability and validity of categorization, and put into a paired comparison schedule format.

The data for the study were gathered by a mail survey contacting school diagnosticians, school administrators and teachers. Since the design required that they be contacted in sequence, i.e., the teacher could not be contacted until the administrator had responded, etc., the survey extended over a period of almost five months.

The data will be analyzed on the basis of degree of congruency of role expectation compared to other variables

measured in the samples.

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

A. Response to the Survey

Because the survey extended over a period of approximately six months during which time many new school diagnosticians were approved by the Department of Public Instruction, many transferred from one school system to another, and many left the profession, it is difficult to report precisely the percentage of returns in terms of the total diagnostician population of the state. However questionnaires (Appendix A) were sent to all school diagnosticians listed in the 1964-65 directory of school diagnosticians prepared by the Michigan Department of Public Instruction (with the exception of those indicated to have left the profession before the survey was begin). In addition questionnaires were sent as late as March 1966 to diagnosticians newly approved by the Department of Public Instruction. Two hundred and forty questionnaires were sent, and 189 were returned. There was no response from fifty-one of the diagnosticians. (See Table 1.)

1. Rejections. Of the 189 questionnaires returned, nine were rejected because the respondent was no longer a school diagnostician. One was functioning as a school

Table 1. Survey response

	Questionnaires			Request for Teacher	Follow- up	Use- able
	Sent	Returned	Useable	Names	Letter	Pairs
Diagnostician	240	189	135	21	69	73
Teacher	274	198			88	73
Administrator				134	32	

psychologist, four had administrative responsibilities, either in place of or in addition to diagnostic functions, and four were employed in institutions in which they did not have contact with pupils in the public schools. Twenty-six were rejected because items in section I were either incorrectly or incompletely checked and because of the statistical design, it was not possible to use such questionnaires. (Examples of incorrect checking were, checking both items of a pair in which only one was to be chosen, or checking an item after rewriting a portion of it.) Of the eight that were returned blank, five were returned by persons no longer working as school diagnosticians in the state of Michigan, one was returned because the person to whom it was addressed was deceased, and two were returned without any indication of the reason.

2. Follow-up Procedures

Follow-up letters were sent to sixty-nine diagnosticians (Appendix D) and of these, fifty-one returned a questionnaire. Follow-up letters were sent to thirty-two

administrators (Appendix G) from whom the names of teachers had been requested, and of these twenty-one responded with the list of teachers' names (Appendix F), two administrators refused to participate in the program, one suggesting that it was unethical to solicit information from teachers regarding the functions of diagnosticians without the permission of the diagnostician.

To twenty-one diagnosticians whose administrator had not responded to the second request for teachers' names, a similar letter was sent requesting the names of teachers with whom they (the diagnosticians) had had professional contacts. Of these, eight responded with appropriate lists. In one instance a long distance call was made to a diagnostician in a system employing several school diagnosticians, and as a result, the complete list of teachers' names was returned by the administrator. Questionnaires were sent to 274 teachers and follow-up letters to eighty-eight of the 274. Questionnaires were returned by 198.

3. Teacher-School Diagnostician Pairs.

When the correctly completed questionnaires received from school diagnosticians were matched with questionnaires correctly completed by teachers, it was found that there were matching teachers for seventy-three school diagnosticians. However for twenty-one diagnosticians in this group, both teachers had returned a correctly completed questionnaire. Since only one teacher questionnaire could be used with a given diagnostician questionnaire,

one teacher of each pair was chosen on the basis of a table of random numbers.

B. Statistical Procedure and Interpretation of Section I

For each of the seventy-three teacher-diagnostician pairs, a congruency of role expectation score was calculated. The difference between the score of the teacher and the diagnostician for each of the three factors, expert, resource and process, was determined. Each of the factor difference scores was squared, and the squares then summed. For the purpose of these procedures, each diagnostician-teacher pair is considered to be a single unit, with a congruency score and a satisfactoriness score. The pairs were then arranged in rank order of congruency score and divided into two groups, those above and those below the median. Each of these two groups was then divided again into two groups, those in which the teacher had rated the contact with the diagnostician as very satisfactory, and those who had rated it other than very satisfactory. According to our hypothesis, those pairs with a low congruency difference score should include a larger proportion of the pairs in which the teacher had rated the contact with the diagnostician as highly satisfactory, while those with a high congruency difference score would be expected to have checked "other" (essentially satisfactory, essentially unsatisfactory or very unsatisfactory) more often than "very satisfactory." The data did not support the hypothesis and in fact, this was apparent by inspection and

did not even require the application of the Chi square test, as had been intended. (See Table 2.)

Table 2
Relationship of satisfactoriness ratings to Congruency scores.

Distribution of Satisfactoriness Ratings		
Congruency Scores	Very Satisfactory	Other
Number scoring above median	23	14
Number scoring below median	16	20

Only three of the teachers had checked the contact with the diagnostician as either essentially, or very, unsatisfactory.

To determine the nature of the relationship between two variables is difficult if not impossible if only a restricted portion of the range of distribution is used, as has been indicated by Anastasi (1). Two possible explanations for this compressed range may be: 1) Those teachers who felt very highly dissatisfied with the contact with the diagnostician may have been predominantly in the group that did not respond to the survey. Such a negative reaction was demonstrated by one teacher who returned the questionnaire blank, accompanied by a letter expressing

strong hostility toward the school diagnostician program.

2) Assuming that the congruency difference scores are valid and reliable, the teachers may not have been accurately expressing their feelings on the satisfactoriness scale, but may have felt obliged to express approval of the contact either because of a process of internalization of values of the specialist, or because they felt obliged to express themselves in positive terms which they believed more appropriate to a teacher's role. Some support is given for the second explanation by the fact that many teachers made marginal notes and comments on the questionnaire which were very critical of or hostile to the diagnostician, and yet checked the contact with him as being essentially satisfactory.

Several questions are pertinent to our present discussion. Was the contact between the diagnostician and teacher sufficient for the degree of interaction to involve more than superficial perception of their respective roles? Does the content of the contact provide the teacher with enough information regarding the viewpoint of the diagnostician that she would become cognizant of differences in their respective perceptions of the diagnostician's role? In those teacher-diagnosticsian pairs in which there was a strong difference in perception of the role, would it create sufficient cognitive dissonance within the teacher that she would evaluate the contact as unsatisfactory? Since the degree of involvement of the teacher with the

diagnostician is typically considerably less than that described by Seashore and Van Egmond (2) for the consultee and consultant and almost at the minimum implied by Lippitt (3) in his discussion of the consultant's job, we may suspect that the limited nature of the contact between the teacher and the diagnostician has contributed to the rather narrow range of evaluations that teachers have given their contacts with consultants.

The answer to the question posed in the Introduction, "Does congruency of perception of the school diagnostician's role between teacher and school diagnostician actually result in a more favorable evaluation of the conference by the teacher?" would seem to be, with this instrument and sample, no.

C. Background Data - Section II of the Diagnostician Role Check List

The influence of the training institution, the major area of study, and previous professional experience, have been of concern to school diagnostician trainers for some time. To determine whether these factors significantly influence attitudes of school diagnosticians, we have made a comparison of Diagnostician Role Check List scores of groups different on the above mentioned dimensions.

Section I was scored by the procedure,

E - Expert category items were set equal to 0

R - Resource category items were set equal to 1

P - Process category items were set equal to 2

Each individual's three category scores were summed to give a single score. For example, if the number of choices for each category had been $E = 5$, $R = 21$, $P = 7$, then $0(5) + 1(21) + 2(7) = 35$. The lowest score possible on this section of the check list is 11 and the highest 55.

The diagnosticians were grouped on the basis of various characteristics and the mean score calculated for each group. This score will be referred to as the "Mode of Consultation Preference Score." The highest score represents the most sophisticated mode of operation.

Table 3

Mean mode of consultation preference scores of
school diagnostician demographic groups

	Mean	Diff.	Number
Diagnosticians			
Training Institution			
Michigan State University	47.03		26
University of Michigan, Wayne, Western	45.97	1.06	34
Michigan State University and Out of State	47.54	1.57	11
		.51	
Experience as a teacher			
4 years or less	46.37		24
More than 4 years	46.58	.21	24
Experience as a diagnostician			
3 years or less	46.02		44
More than 3 years	46.96	.94	25
Major			
Education	45.66		36
Psychology	47.44	1.88	34
Total School Diagnostician Group	46.53		
Inter-quartile range is from 45.3 to 49.75			
Median = 46.63			
Teachers			
Total Teacher Group	Mean = 42.75		

Table 3 shows that whatever is measured by the mode of consultation preference score, whether attitude or implied mode of operation, does not appear to be greatly influenced by the institution from which the diagnostician has received his training as a diagnostician, by the number of years he has spent as a teacher, or the number of years he has spent as a diagnostician. The major area of the school diagnostician's training also shows little difference between those who majored in education and those who majored in psychology (less than one-half standard deviation difference between means). The distinction between education and psychology majors in this professional field, however, may be a false distinction because many who have majored in one have taken courses equivalent to a major in the other, in preparation for their work as a school diagnostician. Their classification as education or psychology major may be primarily a distinction of administrative labeling rather than a real difference in the nature of their training.

Rather surprising are the small differences in mean scores of groups based upon the amount of experience, or the training institution, which many believe to have a strong influence upon the outlook and mode of operation of school diagnosticians.

There is a somewhat greater difference between the teacher group and the school diagnostician group than between any two school diagnostician groups. This difference,

although small, is in the direction which, on the basis of Ferneau's assumptions (4) would indicate a more educationally sophisticated mode of operation by school diagnosticians.

D. Section III of Diagnostician Role Check List

This section consists of a comparison of the school diagnosticians' and teachers' points of view regarding the extent and functions, as well as the nature of, the diagnostician's academic orientation. In general there was much less variation in the diagnosticians' perceptions of the school diagnostician's role than in the teachers' perceptions of this role. However for any given item, the means of the two groups tended to be relatively close together (that is, less than half a standard deviation for the distribution on that particular item). (See Table 4.)

Table 4. Rating scale values for diagnosticians' functions and duties.

Diagnostician Role Check List, Section III

1 = almost always 3 = usually
 2 = most of the time 4 = seldom
 5 = rarely or never

Item No.	<u>Diagnostician</u>		<u>Teacher</u>		Difference of Means
	Mean	S.D.	Mean	S.D.	
1	1.60	0.73	1.30	.70	-.20
2	2.13	1.02	2.42	1.42	.29
3	3.57	0.96	2.63	1.22	-.94
4	3.03	1.13	2.42	1.21	-.61
5	4.62	0.67	3.88	1.22	-.74
6	4.48	0.79	4.15	0.98	-.33
7	4.60	0.92	4.03	1.20	-.37
8	1.03	0.18	1.17	0.59	.14
9	2.55	1.06	2.12	1.22	-.43
10	1.45	0.75	2.10	1.00	.65
11	1.30	0.79	1.19	0.57	-.11
12	1.07	0.25	1.14	0.43	.07
13	1.33	0.84	1.19	0.54	-.10

Item No.	<u>Diagnostician</u>		<u>Teacher</u>		Difference of Means
	Mean	S.D.	Mean	S.D.	
14	1.20	0.51	1.24	0.63	.04
15	1.98	1.11	2.02	1.25	.04
16	4.02	0.95	3.54	1.48	-.63
17	1.48	0.85	1.22	0.49	-.26
18	1.35	0.63	1.58	0.77	.23
19	1.23	0.56	1.24	0.57	.01
20	1.58	0.83	1.63	0.91	.05
21	2.63	1.10	2.19	1.15	-.44
22	2.42	0.98	2.05	1.35	-.37
23	2.27	1.18	2.02	1.47	-.25
24	3.35	1.45	3.00	1.55	-.35
25	1.07	0.41	2.34	1.60	1.27
26	1.23	0.65	2.49	1.71	1.26
27	3.78	1.03	3.97	1.29	.19
28	2.60	1.28	2.10	1.54	-.50
29	3.48	1.00	3.80	1.39	.32

Item No.	Diagnostician		Teacher		Difference of Means
	Mean	S.D.	Mean	S.D.	
30	1.98	0.91	2.31	1.59	.33
31	1.42	0.77	1.56	0.94	.14
32	1.73	0.90	1.90	1.02	.17
33	1.72	0.83	2.43	1.38	.71
34	3.00	1.38	3.93	1.30	.93
35	2.33	1.31	2.76	1.21	.43
36	1.57	0.81	2.29	1.45	.72
37	1.89	0.92	2.44	1.28	.55
38	1.90	0.99	2.48	1.38	.38
40	3.02	1.20	2.86	1.35	-.16
41	2.62	1.09	2.49	1.33	-.13
42	2.00	1.11	2.10	1.26	.10
43	2.32	1.35	2.27	1.08	-.05
44	1.72	1.03	2.56	1.52	.84
45	2.22	1.39	1.93	1.29	-.29
46	1.15		1.48		.33

Item No.	<u>Diagnostician</u>		<u>Teacher</u>		Difference of Means
	Mean	S.D.	Mean	S.D.	
47	3.30	1.05	3.32	1.21	.02
48	2.77	1.20	2.54	1.19	-.23
49	3.00	1.19	2.95	1.38	-.05
50	2.98	1.16	3.78	1.13	.80

Using the rating scale,

a. almost always	more than 95% of the time
b. most of the time	80-95% of the time
c. usually	20-80% of the time
d. seldom	5-20% of the time
e. rarely or never	0-5% of the time

Those items for which there was the least difference between the means and the standard deviations of the two groups were:

- a 19. Following the report the diagnostician should have a conference with the teacher.
- b 8. As part of the evaluation, the diagnostician should interview the pupil.
- a 11. As part of the evaluation, the diagnostician should review pupil's cumulative record (Ca-39 or CA-60).
- a 12. As part of the evaluation, the diagnostician should review previous diagnostic reports.
- a- 13. As part of the evaluation, the diagnostician should review visiting teacher reports.
- a- 14. As part of the evaluation, the diagnostician should review clinic reports.
- a- 1. The diagnostician should give individual tests such as intelligence.
- a- 17. Diagnosticians' reports should include interpretation of the test data.
- b+ 30. The diagnostician should work with pupils who are having difficulty learning.
- b 32. The diagnostician should be a consultant on child behavior.
- b 15. As part of the evaluation, the diagnostician should review samples of class work.
- b 45. Diagnosticians' orientation should be toward clinical work and psychology.
- b 42. To implement his recommendations the diagnostician should counsel staff members.

- b- 43. To implement his recommendations the diagnostician should contact clinics and community agencies.
- c+ 41. To implement his recommendations the diagnostician should counsel parents.
- c 40. To implement his recommendations the diagnostician should counsel pupils.
- c 49. The diagnostician should be involved in planning of special services such as group testing programs.
- c- 47. The diagnostician should be concerned with promotion or retention in grade of individual pupils.
- d 27. The diagnostician should work with pupils who are homebound.

Two items which were most often checked as "almost always" appropriate duties of the school diagnostician were interviewing the pupil, and having a conference with the teacher following the report. Both diagnosticians and teachers felt that the school diagnostician should always make use of available records such as the cumulative record and the reports of other professionals, and especially reports of previous diagnostic assessments. A conference with the principal following the report was also considered important but given less emphasis than a conference with the teacher. It was considered appropriate that almost all diagnosticians' reports should include interpretation of the test data. The last item listed under the "almost always" category, which might have been expected to be at the top of the list, was that the diagnostician should give individual tests such as intelligence. The items most frequently rated as being "almost always" a part of the

diagnostician's duties by both teachers and diagnosticians were, to review the case history of the child through the examination of the pertinent records, to interview the pupil and give individual tests, to interpret the test data in his reports, and following the report to confer with the teacher and the principal.

Those items with the greatest difference between the means of diagnostician and teacher responses, in order of the magnitude of difference, were:

- a,b- 25. The diagnostician should work with pupils who are educable mentally handicapped.
- a-,b-26. The diagnostician should work with pupils who are trainable mentally handicapped.
- c, d 34. The diagnostician should be a consultant on classroom management.
- b+,c+44. Diagnosticians' orientation should be toward teaching and education.
- c, d 50. Diagnosticians should be involved in general educational planning, such as curriculum.
- b+,b-36. The diagnostician should help with in-service training activities with own colleagues (other diagnosticians).
- b+,b-33. The diagnostician should be a consultant on learning.

In the above list the diagnostician group, whose response is indicated by the first letter, in each case rated the item as more applicable to their functions than did the teachers, and in only two cases were the differences greater than one standard deviation.

Teachers tended to show less interest in the diagnostician's becoming involved in general problems of

education, such as classroom management, curricular planning or learning process, in contrast to work with individual pupils. This is perhaps consistent with their view that the diagnostician's orientation toward teaching and education should be only moderate.

In the following two items the situation is reversed in that the teacher group considered these items to constitute a greater part of the diagnostician's role than did the diagnosticians themselves.

- d+, c+ 3. The diagnostician should give individual tests such as personality, check lists.
- e+, d 5. The diagnostician should give group tests in areas of intelligence.

Three somewhat unusual situations were noted. Both teachers and diagnosticians felt that in order to implement the diagnostician's recommendations, the diagnostician should counsel staff members. Both groups gave this a "b" rating, indicating it should be done most of the time or 80-95% of the time. It was also noted that experience as a teacher for the diagnostician was rated somewhat more valuable by diagnosticians (b+) than by teachers (c+), while both groups rated diagnosticians' orientation toward clinical work and psychology essentially the same (b). Last and most unexpected was the discrepancy between teachers' and diagnosticians' assessment of special education programs for which the school diagnostician job was created in the state of Michigan. The school diagnosticians rated items 25 and 26 (The diagnostician should work with pupils

who are educable mentally handicapped and The diagnostician should work with pupils who are trainable mentally handicapped) as "a" and "a-" respectively, while the teachers rated both items "c-." Apparently teachers are less in harmony with the legislature's views on the importance of special education. The high degree of similarity between the views of the school diagnostician and the teachers they serve would suggest that school diagnosticians, if or when permitted to perform their duties as they feel they should, will more nearly meet teachers' perceived needs within the limits of their training than the law now requires or specifies.

Summary of Chapter IV

Although turnover of personnel employed as school diagnosticians during the six months' period over which the survey extended made it difficult to calculate the exact percentages, questionnaires were returned by approximately 80% of the diagnosticians and slightly over 70% of the teachers to whom they had been sent.

Questionnaires were sent to all diagnosticians listed by the Department of Public Instruction. In the case of each diagnostician who had returned a useable questionnaire, an attempt was made to contact an administrator to whom the diagnostician was responsible. Administrators were asked to furnish the names of two teachers who had had professional contact with each diagnostician. Diagnostician Role

Check List questionnaires were then sent to each teacher nominated by an administrator.

Useable returns were available from seventy-three diagnostician-teacher pairs. For each pair, a score was calculated indicating the degree of congruency of the teacher's and the diagnostician's perceptions of the diagnostician's role. The score consisted of a sum of squared differences in the three factors measured, expert, resource and process. When these scores were compared with the satisfactoriness ratings, it was found that the data did not support the hypothesis that low congruency of perception would be associated with higher satisfactoriness rating. This finding may have been the result, at least in part, of the limited range of satisfactoriness scores. It is possible that the teachers who were dissatisfied with the contact with the school diagnostician may not have bothered to return the questionnaire, or that those teachers returning the questionnaire could not accurately express their feelings on the satisfactoriness scale. Assuming that Ferneau's (5) three categories of consultant function represent points on a continuum from the expert, through resource to process, the most educationally sophisticated of the three, a single score for each individual was derived to represent this point. The group mean for this mode of consultation score showed only slight differences when the diagnosticians were grouped according to training institution, according to years of experience as a teacher,

according to years of experience as a diagnostician, or according to their graduate major. However the mean for the diagnostician group when compared to the mean for the teacher group, would seem to indicate that a slightly more sophisticated mode of operation was preferred by the school diagnosticians.

The third section of the Diagnostician Role Check List consisting of an array of specific items or duties which a diagnostician might perform, was checked by the teachers and diagnosticians with a high degree of similarity. Both groups felt that the diagnostician should "almost always" review the case history of the child through examination of the pertinent records, interview the pupil and give individual tests, interpret the test data in his reports, and following the report, confer with the teacher and the principal. The greatest difference between the two groups had to do with the extent of the diagnostician's involvement with mentally handicapped pupils. Although diagnosticians seemed to feel that orientation towards education and teaching was important to their functions as diagnosticians, teachers thought this matter less important. A rather surprising finding was that both groups indicated that diagnosticians should counsel other staff members, including teachers, "most of the time." From these data, it would seem that the activities which diagnosticians feel they should perform coincide rather closely with teachers' perceived needs for help from diagnosticians.

CHAPTER V

SUMMARY AND CONCLUSIONS

Summary

The focal point of this study has been the relationship between the congruency of role expectation and the effects of consultations upon the attitude of the consultee toward the consultation. The investigation has both operational and theoretical significance. The scope of the activities of school diagnosticians has been changing, but the effectiveness of their work in the new areas has not been assessed. The study was limited to school diagnosticians as the group in the field having the greatest commonality of training and of professional responsibilities. Possible courses of action in handling problem pupils were considered, two of which were methods of producing changes in the pupil and one intended to produce changes in the teacher. The possibility of identifying the more "changeable" teachers, assuming the role perceived by the teacher or changing her perception to fit the school diagnostician's were also considered.

In Chapter II several surveys and an experimental study containing material pertinent to the functions of the school diagnostician were discussed. The surveys tended to center on the psychologist or school diagnostician himself

in terms of what he was, the nature of his responsibilities and what he did, considering only indirectly the implications the data might have in terms of how the program should be organized. They did not explore to any great extent the actual goals of the school diagnosticians within their role or any questions pertaining to changes in goals or orientation. In short, these surveys consisted of attempts to assess conditions and programs as they existed, with little consideration for what anyone thought they ought to be or might become, nor, with one exception, did they consider the degree of effectiveness with which school diagnosticians were performing their tasks. Only the experimental study by Kaplan and Sprunger attempted to measure the effectiveness of an aspect of the activities of the school diagnostician.

Literature on role theory was also reviewed in Chapter II. The historical development of role from the concept of self was pointed out. Its essential elements, that it exists in a social context, and that it consists of a set of actions or expected actions, i.e., the reciprocal nature of role, was indicated on the basis of the definitions of several workers in the field. The trend from theorizing to empirical research and the neglect of validation of role concepts in favor of applications was noted. Biddle's explanation for the basis of the popularity of role theory was outlined. It included the simplicity of concepts related to existing theories, utility, and apparent

ease of operationalization. Biddle felt the shortcomings of role theory were the lack of agreement on what is studied, what to call it, and propositional structure, as well as the paucity of empirical evidence to support theoretical propositions. In spite of the excessive proliferation of terms and definitions, Biddle felt that there is a core of recognizable concepts accepted by the majority of role theorists.

Empirical studies of role expectation or perception and role conflict were cited. This group included studies on the effects of role conflicts in the case of one individual occupying two roles simultaneously, and conflicts between two individuals' perceptions of one of their roles in a consultation situation. Ferneau's study of role perceptions of administrators and consultants was briefly discussed as the basis of the present investigation.

Chapter II concluded with a review of the consultation process. The need for consultants lies in the unsolved problems of line managers. The consultant may be called because of his exceptional skills or knowledge, his prestige, his independent viewpoint, or his freedom from time-consuming administrative responsibilities. The consultant relationship is a temporary one since becoming a permanent member of the organization tends to diminish those elements of function which make the consultant's services most valuable. To an extent which may not apply to permanent members of the organization, the consultant

must function on the basis of open agreements openly arrived at, communicate with frankness and clarity, refrain from doing what can be done easily by others, and accept the role of an educator and business physician. Although this view of consultation process would seem to be a more intensive and prolonged kind of relationship than exists between the school diagnostician and the teacher, the principles involved would seem to apply to the teacher-school diagnostician relationship. In a discussion of the consultant as an agent for changing behavior, it is pointed out that influencing behavior is best accomplished by working within the conceptual field of the consultee. Gilbert has emphasized in addition that the planning must be cooperative, and that the actual choice of plan as well as implementation be left to the consultee. She implied that a successful consultant-consultee relationship leaves the consultee more capable of coping with similar problems. Gilbert also defined three operational aspects of consultation, consultant role, consultant function, and consultant process. Under Gilbert's category of process, we might appropriately list Ferneau's definitions of his three types of consultant, the expert, the resource person, and the process person.

Lippitt's assumptions regarding consultation process, that it is a voluntary, temporary relationship between a professional helper and help-needing system for the purpose of solving a problem and that the consultant is not a

permanent part of the help-needing system, are used as the basis of an examination of the functions of school diagnosticians. The school diagnosticians were found to be, at least in the major proportion of their professional activities, within the framework of Lippitt's criteria for a consultant. In the literature reviewed there was little research reported on the consultation process in which concepts developed were supported by quantitative data.

The design of the study was based on the application of certain concepts in role theory to the functions of the school diagnostician in consultation process and included a survey of the type of functions or activities which teachers and/or diagnosticians might expect diagnosticians to perform. A role check list was submitted to all the approved school diagnosticians in the state and to two teachers with whom each responding school diagnostician had worked. The procedure required that the congruency of teacher-school diagnostician responses on the check list be compared to the teacher's rating of the satisfactoriness of the contact.

The Diagnostician Role Check List consisted of three parts, the first concerned with expectations for the school diagnostician's role, the second with the background of the respondent, and the third with areas of function of school diagnosticians. Part I was constructed from a pool of items categorized by judges, refined, condensed, again categorized by judges, checked for reliability and validity of

categorization, and put into a paired comparison schedule format.

The data of the study were gathered by a mail survey contacting school diagnosticians, school administrators and teachers. Since the design required that they be contacted in sequence, that is, the teacher could not be contacted until the administrator had responded, the survey extended over a period of almost five months. The data were analyzed on the basis of degree of congruency of role expectation compared to other variables measured in the samples, on the basis of a comparison of mode of consultation scores with demographic data and on the basis of teachers' and diagnosticians' ratings of the degree of involvement expected of diagnosticians in various duties and activities.

Although turnover of personnel employed as school diagnosticians during the period the survey was conducted made it difficult to calculate exact percentages, approximately 80% of the diagnosticians and slightly over 70% of the teachers polled returned their questionnaires. Questionnaires were sent to all diagnosticians listed by the Department of Public Instruction. In the case of each diagnostician who had returned a useable questionnaire, an attempt was made to contact an administrator to whom the diagnostician was responsible. Administrators were asked to furnish the names of two teachers who had had professional contact with each diagnostician. Diagnostician Role

Check List questionnaires were then sent to each teacher nominated by an administrator.

Seventy-three diagnostician-teacher pairs were found in which both the diagnostician and the teacher had correctly filled out the questionnaire. For each pair, a score was calculated indicating the degree of congruency of the teacher's and the diagnostician's perceptions of the diagnostician's role. The score consisted of the sum of squared differences in the three factors measured. When these scores were compared with the satisfactoriness ratings, it was found that the data did not support the hypothesis that a low congruency difference score would be associated with a higher satisfactoriness rating. This may have been the result, at least in part, of the limited range of satisfactoriness scores. It is possible that the teachers who were dissatisfied with the contact with the school diagnostician may not have bothered to return the questionnaire, or that those teachers returning the questionnaire did not accurately express their feelings on the satisfactoriness scale. Assuming that Ferneau's three categories of consultant function represent points on a continuum, a single score was derived to represent this point. This score then represented for any given individual his position on that continuum. When the diagnosticians were grouped according to various categories, it was found that the group mean for this mode of consultation score showed only slight differences when the diagnosticians were

grouped according to training institution, according to years of experience as a teacher, according to years of experience as a diagnostician, or according to their graduate major. However, the mean for the diagnostician group when compared to the mean for the teacher group, would seem to indicate that a slightly more sophisticated mode of operation was preferred by the school diagnosticians.

The third section of the Diagnostician Role Check List, consisting of an array of specific items or duties which a diagnostician might perform, was checked by the teachers and diagnosticians with a high degree of similarity. Both groups felt that the diagnostician should "almost always" review the case history of the child through examination of the pertinent records, interview the pupil and give him individual tests, interpret the test data in his report, and following the report, confer with the teacher and the principal.

The greatest difference between the two groups had to do with the extent of the diagnostician's involvement with mentally handicapped pupils. Teachers rated these activities lower than did the diagnosticians. Although diagnosticians seemed to feel that orientation toward education and teaching was important to their functions as diagnosticians, teachers gave this item a somewhat lower rating. A rather surprising response indicated that both diagnosticians and teachers felt diagnosticians should counsel other staff members (including teachers) "most of

the time." From this data, it would seem that the activities which diagnosticians feel they should perform coincide rather closely with teachers' perceived needs.

II Discussion

A. Congruency of Role Perception

In accounting for the relationship between the satisfactoriness scores and the congruency difference scores, we cannot overlook the possibility that the teachers were actually as satisfied with the diagnostic services provided as their ratings would indicate. The similarity of diagnosticians and teachers in their perceptions of the diagnostician's role as indicated by the selection of choices of functions and activities in Section III would tend to support this point of view. However, if we consider the possibility that Ferneau's hypothesis regarding consultation relationships is valid and applies to this population, it may be that the scale seemed too negative and judgmental, and that teachers were very reluctant to pass what may have seemed a harsh judgment on the diagnostician, even when the teachers were actually dissatisfied with the contact. Even if we accept as valid the implications of the data, that the majority of teachers find the diagnostic services satisfactory, we would expect, on the basis of the letters and marginal comments received from the respondents, a somewhat larger proportion of dissatisfied teachers than the four percent indicated by the

ratings.

B. Mode of Consultation Scale

The lack of difference in the means for the mode of consultation scores of the various groups when the diagnosticians were separated according to experience, institution of training and so forth, is quite puzzling and suggests the possibility that the quality or factor being measured may actually be something which is not influenced significantly by training or experience, that it is something within the individual which may cause him to choose such an occupation or occupational role. This would imply that the nature of the role is in some respects created by what is brought to it by the persons who are attracted to the role. The problem of producing specialists than might be resolved as a problem of selection rather than training. This raises an intriguing question, to what extent can an agent such as the state specify or control the nature of roles of specialized professional personnel in programs which the agent establishes? To put the question more specifically, what elements or kinds or elements in a role can be controlled by the agent establishing the program? That the program can in practice take directions different from those intended by those establishing it should be obvious from the surveys of the professional activities of school diagnosticians, in which the functions of the professional specialist have gone considerably beyond the areas required or implied by the legislation and may even

be followed by legislation in a sense legitimatizing the functions already being performed. If we assume that the professional specialist, in this case the school diagnostician, is responding to legitimate needs within the system, might this not suggest that legislation which is permissive rather than mandatory and allows for some degree of exploratory activity of the professional staff, would be more appropriate and effective in coping with the kinds of problems for which such programs as the special education program have been established?

C. Duties of Diagnosticians

In Section III the similarity between the choices of diagnosticians and of teachers regarding the duties and functions of the diagnostician might in part be accounted for by the large proportion of diagnosticians coming from a teaching background. In comparing the teachers and diagnosticians as groups, there is certainly a greater degree of variation within each group than between the two groups, and indicates a very large area of overlap in the perceptions of the diagnostician's role by diagnosticians and teachers. This suggests a rather broad base for effective communication between the two groups.

III Suggestions and Implications

If an attempt were made to refine this study, a smaller, more carefully selected sample might be more practical. An aspect of this study as it has been done which

might seriously be questioned is whether or not in those cases where the diagnostician had only one contact with a given teacher, that contact had been sufficient for a role relationship to develop between them, and whether there was a sufficient degree of mutual involvement in and interaction regarding the pupil's problem for the diagnostician in that instance to have met the criterion of a consultant. To minimize such a possibility, each diagnostician could pick teachers with whom he had had several professional contacts. To minimize the effects of variations among diagnosticians, the diagnostician could choose one teacher whom he feels is quite satisfied with the diagnostic services, and one who is obviously very dissatisfied with them. Having two teachers at opposite poles of the satisfactoriness scale in a relationship to a single diagnostician would considerably decrease the influence of inter-diagnostician variability as a source of error.

In constructing the scale of satisfactoriness, four or five positive levels such as barely adequate, adequate, very good and exceptionally good, might offset the compression of range due to the teacher's tendency to avoid being negative or judgmental. If such a revision of the satisfactoriness scale resulted in a wider range of scores in the sample, it would then be possible to make a more valid test of Ferneau's hypothesis. The test of his hypothesis in the present study is considered inconclusive.

IV Conclusions

A. We have attempted in this study to:

1. Validate Ferneau's hypothesis regarding the relationship between expressed preference for mode of operation in consultations and degree of expressed satisfaction with the consultations, when this hypothesis is applied to consultations between school diagnosticians and teachers.

2. Expand Ferneau's concept to include effects of perception on the topic of consultation.

3. Determine whether a relationship exists between scores on a mode of consultation scale and aspects of training and experience.

4. Establish normative data regarding the attitudes of diagnosticians and teachers as to what duties and functions should constitute the diagnostician's role.

B. Results

1. The attempt to validate Ferneau's hypothesis was inconclusive.

2. The attempt to expand Ferneau's concept could not be completed due to sample attrition, although the limited data obtained was suggestive of a positive relationship between congruency of role perception and change of attitude toward the topic of consultation.

3. The aspects of training and experience considered showed little relationship to the expressed mode of

consultation preference score.

4. It was found that there was great similarity between teacher and diagnostician groups in their expectations for the school diagnostician's role, including one unexpected instance of strong agreement but several significant discrepancies.

It is felt by the author that this study has clarified some aspects of the diagnostician-teacher relationship, has raised questions pertinent to trainers of school diagnosticians and has provided data which should facilitate additional research in this area.

FOOTNOTES

FOOTNOTES

CHAPTER I

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⁵F. Leaske and J. Austin, "Survey of Psychological Workers Employed in Michigan and School Diagnosticians and School Psychologists," 1963, pp. 2,14,16.

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⁸Leaske and Austin, op. cit.

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¹⁰Leaske and Austin, op. cit., p. 14.

¹¹Ibid., p. 1.

¹²M. Kaplan and K. Sprunger, Unpublished study of effectiveness of two reporting techniques of diagnosticians in changing teachers' perceptions of the pupil.

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¹⁴T. Parsons, Toward a General Theory of Social Action (Cambridge, Mass.: Harvard University Press), 1951.

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CHAPTER II

¹James A. Dunn, "Michigan School Psychologists: A Profile Analysis of Personal and Professional Characteristics of School Psychologists in the State of Michigan," (Mimeographed report, accepted for publication in Psychology in the Schools), p. 1.

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⁵Ibid.

⁶Leaske and Austin, op. cit.

⁷Dunn, op. cit.

⁸Ibid., p. 7.

⁹Ibid., p. 9.

¹⁰Ibid., pp. 11-12.

¹¹Belcher, op. cit., pp. 7,10.

¹²M. Kaplan and B. Sprunger, "A Study to Determine What Measurable Effects Psychological Evaluations Have Upon Changing Teachers' Understanding of an Individual Child," Unpublished report, Lansing Public Schools, June 8, 1965.

¹³L. J. Nieman and J. W. Hughes, "The Problem of the Concept of Role--a Resurvey of the Literature," Social Forces, Vol. 30, December 1951, p. 141.

¹⁴William James, Psychology (New York: Henry Holt, 1892), pp. 179-81.

¹⁵George H. Mead, Mind, Self and Society (Chicago: U. of Chicago Press, 1924), pp. 138 et seq.

¹⁶Nieman and Hughes, op. cit.

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¹⁸Norman Cameron, The Psychology of Behavior Disorder (New York: Houghton Mifflin, 1947), p. 90.

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³⁶Louis A. Doyle, "A Study of the Expectancies Which Elementary Teachers, Administrators, School Board Members and Parents Have of the Elementary Teacher's Role," Unpublished doctoral dissertation, Michigan State University, 1956.

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³⁸James D. Hoffman, "A Study of the Perceptions that Administrators, Elementary Teachers, Consultants, and Special Area Teachers have of the Elementary Special Area Teacher and Consultant Role," Unpublished doctoral dissertation, Michigan State University, 1959.

³⁹Ruth Albrecht and T. R. Sarbin, "Contributions to Role Taking Theory: Annoyability as a Function of the Self," Unpublished manuscript, 1952.

⁴⁰B. Baker, "Accuracy of Social Perceptions of Psychopathic and Non-Psychopathic Prison Inmates," Unpublished manuscript, 1954.

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⁴³Ferneau, op. cit.

⁴⁴Ibid., pp. 22-25.

⁴⁵Ibid., passim.

⁴⁶Theodore H. Brown, "The Business Consultant," Harvard Business Review, 1944, 21, pp. 183-89.

⁴⁷Douglas McGregor, "The Staff Function in Human Relations," J. of Soc. Issues, 1948, No. 3, pp. 5-22.

⁴⁸Ibid.

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- 50 Ibid.
- 51 McGregor, op. cit.
- 52 Ibid., p. 14.
- 53 Ibid., p. 15.
- 54 Ibid., p. 5.
- 55 Ibid., p. 16.
- 56 Ibid.
- 57 Brown, op. cit.
- 58 Ruth Gilbert, "Functions of the Consultant," Teachers College Record, 61, No. 4, January 1960, pp. 177-87.
- 59 Ibid., p. 179.
- 60 Ibid., p. 182.
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- 63 Elmer F. Ferneau, "Which Consultant?" Administrator's Notebook, II, April 1954, pp. 1-4.
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- 65 Belcher, op. cit., p. 2.
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- 69 Harry L. Kitano, "Perceptual Changes in School Administrators Following Consultation about Problem Children," J. of Consult Psych., Vol. 8, No. 2, 1961, pp. 129-135.
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⁷⁵E. F. Ferneau, dissertation, op. cit.

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⁷⁸McGregor, op. cit.

⁷⁹Gilbert, op. cit.

⁸⁰Ibid.

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CHAPTER III

¹Section IV, Survey Procedures, pp. 13-15, provides a more detailed description of the process of data collection.

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¹⁰Of the thirty-six items, only thirty-three were scored. One triad had to be omitted because of a printing error in the forms.

¹¹Michigan Education Directory and Buyers' Guide, Box 2194, Lansing, Michigan, 48911, 1964-65.

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CHAPTER IV

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APPENDICES

DIAGNOSTICIAN ROLE CHECK LIST

Directions: For each of the following pairs of statements, circle a or b to indicate the one you feel is the way a Diagnostician should function. (If you feel both are inappropriate, pick the one--and only one--that comes closest to the way you feel a Diagnostician should function.)

The Diagnostician should:

1. a. help teachers understand pupil's assets and liabilities.
b. tell the teacher what academic work the pupil can and can not do.
2. a. give an explanation of the learning problem and provide a procedure for the teacher to use in class.
b. be a good reference for ideas about learning problems with students.
3. a. interpret data to the teacher in a personal interview.
b. verify the teacher's opinion, discount or qualify it.
4. a. point out to teachers, areas of weakness and strength in the child's intellectual activities.
b. tell just what academic work the pupil can and can not do.
5. a. provide intelligence, achievement and personality test results on pupils referred for possible placement in Type A Program for the mentally handicapped.
b. evaluate the degree of mental retardation in those children who are potentially mentally handicapped to determine those eligible for state-reimbursed special education.
6. a. have primary responsibility for deciding pupil placement within the system.
b. interpret records and test scores in problems of pupil placement.
7. a. offer possible explanations of the pupil's behavior in the classroom.
b. do counseling with teachers regarding the teacher's own reactions to problem children.
8. a. suggest possible explanations for behavior the teacher has observed.
b. interpret significance of problems the teacher has observed.
9. a. have adequate training in child growth and development to be able to provide detailed information to the teacher.
b. have adequate training in child growth and development to help the teacher apply this information to classroom problems.

The Diagnostician should:

10. a. verify the teacher's opinion, discount or qualify it.
b. provide help and support to the teacher in making decisions.
11. a. help plan program on basis of reasonable expectations for children who don't qualify for the Type A Program.
b. tell the teacher what to do for children who don't qualify for the Type A Program.
12. a. give specific instructions for handling in the classroom along with prognosis.
b. give suggestions for working with the pupil with either emotional or academic difficulties.
13. a. help by suggesting educational activities for children who don't qualify for the Type A Program.
b. help plan program on basis of reasonable expectations for children who don't qualify for the Type A Program.
14. a. interpret data to the teacher in a personal interview.
b. provide help and support to the teacher in making decisions.
15. a. be able to discuss the results of the tests and their implications.
b. be able to discuss results of tests and offer alternate approaches.
16. a. give an explanation of the learning problem and provide a procedure for the teacher to use in class.
b. work with the teacher on problem areas of learning difficulties in order to come up with a workable method for certain cases.
17. a. be able to discuss results of tests and tell how the pupil should be handled.
b. be able to discuss the results of the tests and their implications.
18. a. do counseling with teachers regarding the teacher's own reactions to problem children.
b. tell the teacher what the pupil's problems are.
19. a. suggest possible explanations for behavior the teacher has observed.
b. assist in diagnosing problems which the teacher observes but cannot understand.
20. a. work with the teacher to improve effectiveness of the teaching situation in terms of the pupil's intellectual abilities and emotional problems.
b. give suggestions for working with the pupil with either emotional or academic difficulties.

The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes the need for transparency and accountability in financial reporting.

Secondly, the document outlines the various methods used to collect and analyze data. It highlights the importance of using reliable sources and ensuring the accuracy of the information gathered.

Thirdly, the document discusses the role of technology in modern data analysis. It mentions how advanced software tools can help in processing large volumes of data more efficiently.

Finally, the document concludes by emphasizing the importance of continuous learning and staying updated with the latest trends and technologies in the field of data analysis.

In conclusion, the document provides a comprehensive overview of the key aspects of data analysis, from data collection to interpretation and reporting.

The document also includes a list of references and a bibliography, providing further reading material for those interested in the subject.

Overall, the document serves as a valuable resource for anyone looking to gain a deeper understanding of data analysis and its applications.

The document is well-structured and easy to read, making it accessible to a wide range of readers.

It is hoped that this document will provide the necessary information and insights for those seeking to improve their data analysis skills.

The document is a testament to the power of data in driving business growth and innovation.

It is a must-read for anyone involved in data-driven decision-making.

The document is a valuable addition to any professional's library.

It is a well-written and informative piece that provides a clear and concise overview of the field.

The Diagnostician should:

21. a. give concrete suggestions to the teacher for meeting the child's need.
b. discuss with the teacher, recommendations and means for implementing them.
22. a. work with the teacher on problem areas of learning difficulties in order to come up with a workable method for certain cases.
b. be a good reference for ideas about learning problems with students.
23. a. have primary responsibility for deciding pupil placement within the system.
b. work with the pupil's former teachers and principal, as well as test data, in considering placement.
24. a. evaluate the degree of mental retardation in those children who are potentially mentally handicapped, to determine those eligible for state-reimbursed special education.
b. function as a member of the special education screening committee, composed of the child's teacher, principal, special education teacher, and nurse, which decides placement of mentally handicapped.
25. a. have adequate training in child growth and development to help the teacher apply this kind of information to classroom problems.
b. have adequate training in child growth and development to tell teacher just what to expect.
26. a. interpret records and test scores in problems of pupil placement.
b. work with the pupil's former teachers and principal, as well as test data, in considering placement.
27. a. work with the pupil's teacher to improve effectiveness of the teaching situation in terms of the pupil's intellectual abilities and emotional problems.
b. give specific instructions for handling in classroom along with prognosis.
28. a. assist in diagnosing problems which the teacher observes but cannot understand.
b. interpret the significance of problems the teacher has observed.
29. a. be able to give teachers help in suggesting various activities for pupils and teachers.
b. give concrete suggestions to the teacher for meeting the child's need.
30. a. have adequate training in child growth and development to be able to provide detailed information to the teacher.
b. have adequate training in child growth and development to tell the teacher just what to expect.

The Diagnostician should:

31. a. tell the teacher what the pupil's problems are.
b. offer possible explanations of the pupil's behavior in the classroom.
32. a. point out to teachers, areas of weakness and strength in the child's intellectual activities.
b. help teachers understand the pupil's needs and limitations.
33. a. discuss with the teacher, recommendations and means for implementing them.
b. be able to give teachers help in suggesting various activities for pupils and teachers.
34. a. help by suggesting educational activities for children who don't qualify for the Type A Program.
b. tell teacher what to do for children who don't qualify for the Type A Program.
35. a. be able to discuss results of tests and tell how the pupil should be handled.
b. be able to discuss results of tests and offer alternate approaches.
36. a. function as a member of the special education screening committee, composed of the child's teacher, principal, special education teacher and nurse, which decides placement of mentally handicapped.
b. provide intelligence, achievement and personality test results in pupils referred for possible placement in the Type A Program for the mentally handicapped.

DIAGNOSTICIAN ROLE CHECK LIST

PART II

Background and Training

Name _____

Code Number _____

1. Training

	Institution	Major	Minors	
Bachelor's	_____	_____	_____	_____
Master's	_____	_____	_____	_____
Specialist	_____	_____	_____	_____
Doctor's	_____	_____	_____	_____

2. Professional Experience as: (indicate number of years)

- a. Teacher _____
- b. Clinician _____
- c. Diagnostician _____
- d. Other _____

_____ Title

3. Present Position

- a. County system () or city system () Total population _____
- b. Pupil population of school system _____
- c. Pupil-Diagnostician Ratio (if known) _____

PART III

Please check each of the following items which you expect to be part of a Diagnostician's functions and duties

- a. almost always more than 95% of the time
- b. most of the time 80-95% of the time
- c. usually 20-80%
- d. seldom 5-20%
- e. rarely or never 0-5%

Sample item:

(b) 52. Diagnostician should give tests to pupils he sees.

Please mark every numbered item with the letter you feel is appropriate.

Diagnostician should give individual tests such as:

- () 1. Intelligence
- () 2. Achievement
- () 3. Personality, check lists
- () 4. Personality, projectives

Diagnostician should give group tests in areas of:

- () 5. Intelligence
- () 6. Achievement
- () 7. Personality

As part of the evaluation, a Diagnostician should interview:

- () 8. Pupil
- () 9. Parent
- () 10. Other staff members

As part of the evaluation, the Diagnostician should review:

- () 11. Pupil's cumulative record (CA-39 or CA-60)
- () 12. Previous diagnostic reports
- () 13. Visiting Teacher reports
- () 14. Clinic reports
- () 15. Samples of class work

PART III (Continued)

Diagnosticians' reports should:

- ☐ 16. Be brief, limited to scores and conclusions
- ☐ 17. Include interpretation of the test data
- ☐ 18. Include suggestions for action.

Following the report the diagnostician should have a conference with:

- ☐ 19. teacher
- ☐ 20. principal
- ☐ 21. parents
- ☐ 22. Visiting Teacher or counselor
- ☐ 23. Clinic or community agencies (if referral to them is recommended)

The Diagnostician should work with pupils who are:

- ☐ 24. Referred for any reason
- ☐ 25. Educable Mentally Handicapped
- ☐ 26. Trainable Mentally Handicapped
- ☐ 27. Homebound
- ☐ 28. Emotionally disturbed or behavior problems
- ☐ 29. Physically handicapped
- ☐ 30. Having difficulty learning

The Diagnostician should be a consultant on:

- ☐ 31. Special Education
- ☐ 32. Child behavior
- ☐ 33. Learning
- ☐ 34. Classroom management

The Diagnostician should address:

- ☐ 35. Parents' groups, community, social and service organizations.

The Diagnostician should help in in-service training activities with:

- ☐ 36. Own colleagues (other diagnosticians)
- ☐ 37. Other specialists (Visiting Teachers, counselors, nurses)
- ☐ 38. Teachers
- ☐ 39. Administrators

To implement his recommendations the Diagnostician should:

- ☐ 40. Counsel pupils
- ☐ 41. Counsel parents
- ☐ 42. Counsel staff members
- ☐ 43. Contact clinics and community agencies

Diagnosticians' orientation should be toward:

- ☐ 44. Teaching and education
- ☐ 45. Clinical work and psychology

Diagnostician should be concerned with:

- ☐ 46. Pupil placement in special programs
- ☐ 47. Promotion or retention in grade of individual pupils
- ☐ 48. Special handling of problem pupils in the classroom

Diagnostician should be involved in:

- ☐ 49. Planning or special services such as group testing programs
- ☐ 50. General educational planning, such as curriculum

The Diagnostician should:

31. a. tell the teacher what the pupil's problems are.
b. offer possible explanations of the pupil's behavior in the classroom.
32. a. point out to teachers, areas of weakness and strength in the child's intellectual activities.
b. help teachers understand the pupil's assets and liabilities.
33. a. discuss with the teacher, recommendations and means for implementing them.
b. be able to give teachers help in suggesting various activities for pupils and teachers.
34. a. help by suggesting educational activities for children who don't qualify for the Type A Program.
b. tell teacher what to do for children who don't qualify for the Type A Program.
35. a. be able to discuss results of tests and tell how the pupil should be handled.
b. be able to discuss results of tests and offer alternate approaches.
36. a. function as a member of the special education screening committee, composed of the child's teacher, principal, special education teacher and nurse, which decides placement of mentally handicapped.
b. provide intelligence, achievement and personality test results in pupils referred for possible placement in the Type A Program for the mentally handicapped.

- - - - -

Did you feel the contact with the Diagnostician was:

1. very satisfactory?
2. essentially satisfactory?
3. essentially unsatisfactory?
4. very unsatisfactory?

Did the contact with the Diagnostician consist of:

1. a written report only?
2. a personal conference (even if brief)?
3. both?

T 11/65 J.G.

Appendix Bii
Part II, Revised for Teachers

DIAGNOSTICIAN ROLE CHECK LIST

PART II

Background and Training

Name _____

Code Number _____

1. Training

	Institution	Major	Minors
Bachelor's	_____	_____	_____
Master's	_____	_____	_____
Specialist	_____	_____	_____
Doctor's	_____	_____	_____

2. Professional Experience as: (indicate number of years)

- a. Teacher _____ Grade taught at present _____
b. Clinician _____
c. Diagnostician _____
d. Other _____ Title _____

3. Present Position

- a. County system () or city system () Total population _____
b. Pupil population of school system _____
c. Pupil-Diagnostician Ratio (if known) _____

PART III

Please check each of the following items which you expect to be part of a Diagnostician's functions and duties

- | | |
|---------------------|---------------------------|
| a. almost always | more than 95% of the time |
| b. most of the time | 80-95% of the time |
| c. usually | 20-80% |
| d. seldom | 5-20% |
| e. rarely or never | 0-5% |

Sample item:

- (6) 52. Diagnostician should give tests to pupils he sees.

Please mark every numbered item with the letter you feel is appropriate.

Diagnostician should give individual tests such as:

- () 1. Intelligence
() 2. Achievement
() 3. Personality, check lists
() 4. Personality, projectives

Diagnostician should give group tests in areas of:

- () 5. Intelligence
() 6. Achievement
() 7. Personality

As part of the evaluation, a Diagnostician should interview:

- () 8. Pupil
() 9. Parent
() 10. Other staff members

As part of the evaluation, the Diagnostician should review:

- () 11. Pupil's cumulative record (CA-39 or CA-60)
() 12. Previous diagnostic reports
() 13. Visiting Teacher reports
() 14. Clinic reports
() 15. Samples of class work

Appendix C
Diagnostician Letter

MICHIGAN STATE UNIVERSITY EAST LANSING

COLLEGE OF EDUCATION • DEPARTMENT OF COUNSELING, PERSONNEL SERVICES AND EDUCATIONAL PSYCHOLOGY

October 11, 1965

With our profession in a period of flux, it is becoming increasingly important that we establish a clear picture of our professional role. This questionnaire is part of a study to clarify aspects of the diagnostician's role as it is perceived. The sample will include all approved professionally active diagnosticians in the State of Michigan and will constitute the basic reference group of this research study.

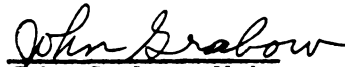
The project was designed by John Grabow, Diagnostician, with the approval of Dr. Marvin S. Kaplan, Director of Psychological Services of the Lansing Public Schools. It is being conducted under the supervision of the College of Education of Michigan State University.

Sections 1 and 2 are of pivotal importance in the design of the study, and your cooperation in filling them out would be deeply appreciated. Section 3 would provide useful supplementary material. However, if you have only sufficient time to do part of the form, we would strongly urge that you concentrate on sections 1 and 2. The time required to do these two sections is fifteen to twenty minutes.


Please return the forms in the enclosed envelope within one week, if at all possible. If it is not practicable for you to fill them out, please return the blank forms as this too will facilitate our processing of the data.

If you would be interested in a summary of the data collected, as well as its interpretation, fill out the enclosed address label and return it with the check-list.

Yours truly,


John Grabow, M.A.
Diagnostician

This study is endorsed by Dr. Buford Stefflre of the College of Education, Michigan State University.


Buford Stefflre, Ed.D.
Professor of Education

Appendix D
Diagnostician Follow-up Letter

MICHIGAN STATE UNIVERSITY EAST LANSING

COLLEGE OF EDUCATION • DEPARTMENT OF COUNSELING, PERSONNEL SERVICES AND EDUCATIONAL PSYCHOLOGY

In the latter part of October you received a questionnaire concerning the role of the Diagnostician. We would like our survey to be as representative of the total profession as possible. To do this we need to include your views. If it is at all possible to complete the questionnaire and return it (and we are aware of the many competing demands on a Diagnostician's time), your effort will be deeply appreciated. If this is not possible, returning the blank forms will facilitate our processing of the data.

Yours truly,

John Grabow, M.S.
Diagnostician

Appendix E
Administrator Letter

MICHIGAN STATE UNIVERSITY EAST LANSING

COLLEGE OF EDUCATION • DEPARTMENT OF COUNSELING, PERSONNEL SERVICES AND EDUCATIONAL PSYCHOLOGY

November 12, 1965

Although the number of certified Diagnosticians in the state of Michigan has been increasing rapidly, the need for their services has increased even more rapidly. The demand for services outruns the supply of personnel. To provide information that will enable available personnel to function more effectively, a study is being conducted of Diagnosticians' and teachers' perceptions of the Diagnostician's role.

The project was designed by John Grabow, Diagnostician, with the approval of Dr. Marvin S. Kaplan, Director of Psychological Services of the Lansing Public Schools. It is being conducted under the supervision of the College of Education of Michigan State University.

A critical aspect of the project is a survey of opinions of teachers who have had contact with a Diagnostician in regard to a specific case, i.e., who have had a pupil evaluated by the Diagnostician and received an interpretation of the results of the evaluation (during the present school year). The interpretation may have been in a written report, a personal conference or both, preferably including personal contact. It would be an invaluable service to us if you could indicate on the enclosed form the names and addresses of two teachers who have had such contact with each Diagnostician listed and return the form in the envelope provided.

If you would be interested in a summary of the data collected, as well as its interpretation, fill out the enclosed address label and return it with the address form. If it is not practicable for you to provide the information requested, please return the blank forms, as this too will facilitate our processing of the data.

The study is endorsed by Dr. Buford Stefflre, Professor of Education, Michigan State University.

Yours truly,

John Grabow, M.S.
Diagnostician

Appendix F

Teacher Nomination Form

Please fill in, in the appropriate spaces, the names and addresses of two teachers who have had professional contacts with each of the listed Diagnosticians.

Diagnostician:

1. Teacher's Name _____

Address _____

2. Teacher's Name _____

Address _____

Diagnostician:

1. Teacher's Name _____

Address _____

2. Teacher's Name _____

Address _____

Diagnostician:

1. Teacher's Name _____

Address _____

2. Teacher's Name _____

Address _____

Appendix G
Administrator Follow-up Letter

MICHIGAN STATE UNIVERSITY EAST LANSING

COLLEGE OF EDUCATION • DEPARTMENT OF COUNSELING, PERSONNEL SERVICES AND EDUCATIONAL PSYCHOLOGY

A few weeks ago a request was made to you for the names and addresses of two teachers having had contact with the Diagnostician serving your schools (or two for each Diagnostician if you have more than one). While we realize that there are many competing demands upon your time, we do feel that the information to be obtained by this study will help to increase the effectiveness of diagnostic services in the state. However, for the survey to be truly representative, we must have as broad a sample of Michigan schools as possible and to this end, need to include your school system. For your convenience a duplicate blank and return envelope have been enclosed.

If it is not practicable for you to provide this information, please return the blank forms as this too will accelerate the processing of the data. Any efforts you can make in behalf of this project will be most sincerely appreciated.

Yours truly,

John Grabow, M.S.
Diagnostician

Appendix H
Teacher Letter

MICHIGAN STATE UNIVERSITY EAST LANSING

COLLEGE OF EDUCATION • DEPARTMENT OF COUNSELING, PERSONNEL SERVICES AND EDUCATIONAL PSYCHOLOGY

At the present time there is a great demand for the services of Diagnosticians in the schools, but an acute shortage of personnel. As one means of increasing the usefulness of personnel available, a study is being conducted of the perception of the Diagnosticians' role by both teachers and Diagnosticians. The opinions of teachers who have received the service of a Diagnostician are of vital importance to the study. As our records indicate that you have had a pupil evaluated by the Diagnostician during this school year, we would like you to participate in this research study.

The project was designed by John Grabow, Diagnostician, with the approval of Dr. Marvin S. Kaplan, Director of Psychological Services of the Lansing Public Schools. It is being conducted under the supervision of the College of Education of Michigan State University.

Sections I and II are of pivotal importance in the design of the study, and your cooperation in filling them out would be deeply appreciated. Section III would provide useful supplementary material. However, if you have only sufficient time to do part of the form, we would strongly urge that you concentrate on sections I and II. The time required to do these two sections is fifteen to twenty minutes.

Please return the forms in the enclosed envelope within one week if at all possible. If it is not practicable for you to fill them out, please return the blank forms, as this too will facilitate our processing of the data.

If you would be interested in a summary of the data collected, as well as its interpretation, fill out the enclosed address label and return it with the check-list.

This study is endorsed by Dr. Buford Stefflre, Professor of Education, Michigan State University.

Yours truly,

John Grabow, M.S.
Diagnostician

APPENDIX I
TEACHER FOLLOW-UP LETTER
MICHIGAN STATE UNIVERSITY EAST LANSING

COLLEGE OF EDUCATION • DEPARTMENT OF COUNSELING, PERSONNEL SERVICES AND EDUCATIONAL PSYCHOLOGY

A few weeks ago you recieved a questionnaire concerning the role of the diagnostician. You had been selected as one of a group whose opinions and attitudes on the functions of diagnosticians will be considered as typical of teachers throughout the State of Michigan. Since we would like our survey to be as representative of the total profession as possible, we need to include your views.

If it is at all possible to complete the questionnaire and return it (and we are aware of the many competing demands on a teacher's time) your effort will be deeply appreciated. If it is not possible to complete the questionnaire, returning the blank forms will facilitate our processing of the data.

Yours truly,

John M. Grabow, M.S.
Diagnostician

P.S. Early returns have indicated that the instructions for Part II are not clear. This section refers to the background and training of the teacher, not of the diagnostician. Please indicate the grade level and type of class you are teaching at present, for example, regular elementary 4th grade, upper elementary Special Education, or junior high school science.

APPENDIX J

Mode of Operation Scores and Satisfactoriness Ratings

Key	Identification code Last digit is give for a diagnostician, one or two for a teacher	1 = very satisfactory 2 = essentially sat- isfactory 3 = essentially unsatisfactory 4 = very unsatis- factory		
Code Number	Satisfactor- iness rating	Mode of Operation Scores		
		Expert	Resource	Process
0105		2	14	7
0102	2	6	9	18
0125		5	12	16
0121	2	3	11	19
0155		6	13	14
0152	2	6	10	11
0205		6	14	13
0201	4	4	13	16
0285		3	12	18
0282	2	10	10	13
0295		3	16	14
0292	2	9	10	14
0375		3	16	4
0372	2	3	13	17
0405		7	11	15
0402	2	3	12	18
0465		5	10	18
0462	1	6	14	13
0525		4	11	18
0521	2	6	13	14
0625		2	11	20
0622	2	5	12	16
0635		3	12	18
0632	1	5	15	13
0735		3	11	19
0731	2	3	15	15
0805		3	10	20
0802	2	2	14	17
0925		1	13	19
0922	1	9	9	15

Code Number	Satisfactor- iness rating	Mode of Operation Scores		
		Expert	Resource	Process
0965		2	11	20
0962	1	2	18	13
0995		4	12	17
0991	4	4	13	16
1095		2	16	15
1091	2	2	12	19
1125		6	10	19
1121	1	2	15	18
1135		2	15	16
1132	2	8	11	14
1205		5	8	20
1201	2	2	11	20
1245		2	10	21
1241	2	6	7	20
1305		2	11	20
1302	1	4	14	15
1495		4	11	18
1491	1	5	16	12
1555		4	11	18
1552	1	6	9	18
1575		4	11	18
1571	2	8	11	14
1585		2	14	17
1581	1	7	14	14
1685		5	14	14
1681	2	4	11	18
1695		1	12	20
1692	2	2	11	20
1705		13	13	7
1702	2	7	11	15
1775		3	11	19
1771	2	3	13	17
1815		7	11	15
1812	1	15	10	8
1845		3	11	19
1842	1	4	12	17
1865		3	13	17
1862	1	11	12	10

Code Number	Satisfactor- iness Rating	Mode of Operation Scores		
		Expert	Resource	Process
1915		8	11	21
1911	1	3	15	15
1955		1	15	17
1952	2	3	12	18
2045		4	13	16
2042	1	1	13	19
2055		7	6	20
2052		3	13	17
2075		-	16	17
2072	1	2	19	12
2125		3	11	19
2121	1	3	15	15
2155		6	10	17
2152	3	11	9	13
2185		3	12	18
2181	2	3	12	18
2365		1	14	18
2362	1	6	12	15
2405		-	15	18
2401	1	8	11	14
2455		2	12	19
2452	1	4	12	17
1535		2	11	20
1531	1	7	9	17
1615		5	12	16
1611	1	8	13	12
1825		5	10	18
1822	2	2	11	20
2515		3	13	17
2512	2	10	10	13
2525		6	12	15
2522	1	3	10	20
Group II				
0135		3	12	18
0132	2	6	11	16
0165		2	11	20
0162	1	12	12	9
0225		5	9	19
0221	1	5	14	14

Code Number	Satisfactor- iness Rating	Mode of Operation Scores		
		Expert	Resource	Process
0325		3	11	19
0321	1	4	10	19
0475		4	12	17
0471	1	7	11	15
0495		4	13	16
0492	2	8	9	16
0645		4	15	14
0641	1	7	12	14
0675		12	6	15
0672	2	15	11	7
0705		1	16	16
0701	1	10	14	9
0755		2	13	18
0751	1	2	17	14
0825		4	12	17
0822	1	5	10	18
1015		5	14	14
1011	1	4	11	18
1155		3	14	16
1151	1	5	15	13
1165		3	11	19
1162	2	14	11	8
1725		9	11	13
1721	1	3	13	17
1785		1	13	19
1781	1	5	9	19
1975		1	12	20
1972	1	5	12	16
2005		5	9	19
2002	1	3	14	16
2095		7	10	16
2091	2	5	15	13
2105		3	14	16
2102	1	-	16	17
2235		4	13	16
2232	1	5	10	18
2265		4	11	18
2261	3	4	15	14
2375		5	9	19
2372	2	8	10	15

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