

Constructively Responding to Requests for Paraprofessionals: We Keep Asking the Wrong Questions

Michael F. Giangreco¹, Mary Beth Doyle², and Jesse C. Suter¹

Abstract

Paraprofessional utilization has steadily risen in an effort to meet the needs of students with disabilities in inclusion-oriented classrooms. To date, no widely accepted processes exist to assist schools in determining when the use of paraprofessional staff is warranted. Many schools have attempted to fill this void by developing local processes designed to justify paraprofessional assignment. This article describes how justification approaches to paraprofessional decision making operate from a reactive posture, include inherently problematic criteria, and perpetuate socially constructed myths that certain students *need* one-to-one paraprofessionals. An alternative framework for making decisions is offered through a series of school/district- and classroom/team-level concepts and corresponding actions that can be pursued in developing proactive processes and practices tailored to local contexts.

Keywords

paraprofessionals, inclusive practices, reform, service delivery, decision making

“We need a paraprofessional!” Variations on this common call for help are finding their way to the doorsteps of principals and special education administrators in the form of impassioned, at times frantic, often exasperated pleas from classroom teachers, special educators, and parents requesting more support for students with disabilities in inclusion-oriented schools. In many cases, these requests have been fulfilled in a sincere effort to be helpful, particularly for students such as those with autism, intellectual disabilities, behavioral challenges, and multiple disabilities, who rightfully are gaining more access to supported general education classrooms. The LRE (least restrictive environment) provisions of the IDEA (Individuals with Disabilities Education Improvement Act, 2004) retain a strong preference for placement in general education classes for students with disabilities, including those with severe disabilities (Rebhorn & Smith, 2008), and *do not* require students with disabilities to be able to perform at or near the grade-level of their peers without disabilities before placement in the regular class can be considered the LRE.

One of the most common responses to general class placement of students with more intensive special educational needs has been to hire more paraprofessionals. Requests for more paraprofessionals have fueled increases in their use despite the absence of supportive data or a sound theoretical basis for assigning the least qualified, often inadequately supervised personnel to students with the most complex learning characteristics (Giangreco, Suter, & Doyle, 2010).

Assigning paraprofessionals is further complicated because this support is often perceived positively by teachers even though it may not work well for students. Teachers in a large-scale study in the United Kingdom (UK) reported the use of paraprofessionals had a positive impact on their job satisfaction, stress, and classroom organization; yet these same paraprofessional services were negatively correlated with student achievement in math, English, and science (Webster et al., 2010). Data collected in a subset of those schools provided a plausible explanation for the negative achievement findings, namely, qualitative differences between teacher-to-student and assistant-to-student interactions (Rubie-Davies, Blatchford, Webster, Koutsoubou, & Bassett, 2010). One conclusion that may be drawn from these data is that something needs to change, but assigning more paraprofessionals may not be the answer. The UK data are consistent with earlier U.S. research that concluded “paraprofessionals have served as an analgesic for the perceived pressures of including more diverse populations of students with disabilities. Unfortunately, to date we

¹University of Vermont, Burlington, VT, USA

²St. Michael's College, Colchester, VT, USA

Corresponding Author:

Michael F. Giangreco, University of Vermont, Center on Disability and Community Inclusion, 208 Colchester Ave., Mann Hall 301A, Burlington, VT 05405-1757, USA

Email: Michael.Giangreco@uvm.edu

have no compelling evidence that this model is an effective educational support for students with disabilities” (Giangreco & Broer, 2005, p. 24).

Although a small number of published guidelines and decision-making tools exist (Giangreco, Broer, & Edelman, 1999; Mueller & Murphy, 2001), in the absence of any widely accepted or research-based tools for making decisions about when paraprofessional support is needed, some schools have developed their own processes and practices. Their efforts attempt to (a) meet students’ educational support needs, (b) be responsive to school personnel and families, and (c) stem the tide of increasing paraprofessional use. This third purpose is especially notable given what is known about the inadvertent detrimental effects associated with overreliance on paraprofessionals (e.g., unnecessary dependence, interference with teacher engagement, limited access to competent instruction, interference with peer interactions, stigmatization; Giangreco, 2010; Malmgren & Causton-Theoharis, 2006) and persistent related concerns such as inadequate supervision, insufficient training, and turnover (French, 2001; Ghery & York-Barr, 2007; Giangreco & Broer, 2005; Wallace, Shin, Bartholomay, & Stahl, 2001).

By questioning whether assigning a paraprofessional is an appropriate support, we are not questioning whether calls for help from school personnel and families are real. People who work in schools are committed to helping students grow and learn. Similarly, parents raising a child with a disability devote a lifetime to ensuring their development and well-being. In most cases school personnel and parents do not ask for more help when school is going well. So when resourceful and dedicated people ask for help, the likelihood is that something is amiss.

It can be useful to think of requests for more paraprofessional support in terms of communicative intent. People are calling out for help in a way that they know how, by asking for a paraprofessional, even though this request may not address their root concerns; the task is to identify the underlying issues so they can be addressed. If schools respond exclusively to the request for a paraprofessional, without fully understanding the meaning behind the request, it increases the likelihood of masking the underlying issues and delaying attention to them.

Challenging the use of paraprofessionals should not be misconstrued as blaming paraprofessionals or infer that they do not have a valued place in schools. Used wisely, paraprofessionals can assist teachers and special educators by engaging in supplemental, teacher-planned instruction and by undertaking roles allowing teachers and special educators more time to work directly with students and collaborate with each other (Causton-Theoharis, Giangreco, Doyle, & Vadasy, 2007). The overuse and misuse of paraprofessionals is not caused by paraprofessionals and therefore will not be solved by simply reducing their numbers or providing them with more training and supervision. The complex set of

intertwined issues that have led to our current circumstance might be more accurately considered as symptomatic of unaddressed root needs in both the general and special education systems and therefore alleviated by pursuing alternatives (e.g., resource reallocation, coteaching, peer supports, capacity-building to support all students) (Giangreco, Broer, & Suter, 2011; Giangreco, Halvorsen, Doyle, & Broer, 2004).

Ironically, by creating school-based processes to help justify whether a paraprofessional is needed or the extent to which one is needed, schools actually may be contributing to and perpetuating the overuse and misuse of paraprofessionals. Quite simply, we keep asking the wrong questions. In an effort to address these issues, the purposes of this paper are to (a) describe key contextual issues associated with school-based paraprofessional decision making and (b) offer an alternative framework for making decisions to support students’ educational needs that schools may consider in developing processes and practices to fit their local context.

Contextual Issues Associated With School-Based Paraprofessional Decision Making

Operating From a Reactive Posture

Schools typically have clear models of general education service delivery (e.g., same-age students in single-grade classrooms, multi-age models, house systems, high school content area departments) and substructures (e.g., literacy block, unified language arts and social studies, embedded service learning, scheduled planning periods for grade-level or departmental collaboration). In these and other models, schools have made purposeful decisions about how they organize students and allocate resources, especially teachers, to deliver instruction.

School service delivery models are predicated on being able to absorb a certain amount of expected fluctuation in enrollment numbers and diversity of student need. While local standards for class size vary, most schools have a range within which teachers are expected to function with existing resources. At the point class size gets beyond those ranges, on the high or low side, it typically triggers discussions about adding or consolidating classes to preserve the model of service delivery that has been proactively determined.

Despite decades of calls for merging general and special education systems (Stainback & Stainback, 1984), most schools that have included more students with a wider range of disabilities have substantively preserved their existing general education service delivery models in ways that have not sufficiently accounted for increasing student diversity. Attempts to meet the needs of students with disabilities in general education often have been addressed from a reactive

stance, by adding on services without substantively reconceptualizing service delivery in ways that integrate general and special education and align with schools' stated missions.

School personnel in reactive mode may perceive themselves as being at the brink of capacity and ill equipped when faced with a perceived stress (e.g., a new student with a disability who has significant support needs). It is this reactive posture and inattention to developing proactive models to account for the full range of student diversity that often leads schools to add more paraprofessional staff. Not surprisingly, what constitutes perceived capacity is relative. A recent study documented regardless of whether a school had 1 special education paraprofessional for every 3 students receiving special education or 1 for every 10, they reported perceiving themselves as being underresourced or at the brink of their capacity (Giangreco et al., 2011). So when perceived stresses occur in a reactive school, calls emerge for the sort of help that has been requested and approved in the past—often this means more paraprofessionals. Extricating schools from this perpetual and unhelpful cycle of reactivity requires more than continuing an incremental add-on approach to supports, it necessitates rethinking how schools might proactively account for the full range of student diversity.

Justification Models Are Inherently Problematic

School administrators and teams are being asked to provide documentation justifying their desire to hire more paraprofessionals. School-based processes to guide their decision making, with titles such as *Determination of Need for a Paraprofessional (1:1 > 60% the day)* are being designed to consider whether a particular student needs a one-to-one paraprofessional for substantial periods of the school day. Unfortunately, the very nature of how such tools are designed presupposes at worst a dichotomous question (e.g., Does the student get assigned a paraprofessional, yes or no?) and at best a graded question (e.g., During what circumstances during the day does a student get a paraprofessional?). In either case, posing justification questions is fundamentally problematic because it inhibits both logical and creative problem solving by restricting potential solutions to a narrow, predetermined set of possibilities that focus on paraprofessionals as *the answer* rather than among a broader array of possibilities.

Justification approaches may send unintended messages and set up unhealthy dynamics among administrators, school faculty, and families. When confronted with some manner of unmet educational support need, it is not surprising for teams engaged in a paraprofessional justification process to take away the unintended message that this is the only type of support available. If teams view their school's

paraprofessional justification process as simply a hurdle to be cleared or a necessary game to be played to get the only help available, most teachers find themselves quite capable of filling out forms and providing ample justification. Many of the criteria focus substantially and inappropriately on student characteristics and identified or potential concerns (e.g., self-care, mobility, communication, behavior, instruction, safety), rather than on exploration of team, school, and systems issues. It is not difficult to honestly complete such forms and justify a paraprofessional for almost any student with a significant disability.

When calls for more paraprofessional help occur, while acknowledging a real concern exists, we should not simply ask for a justification of the request in an effort to approve or disapprove it—that would be asking the wrong question. Rather, teams need to ensure there is a clear and accurate understanding of the issues and engage in processes designed to select solutions that match the need. For example, if a teacher needs assistance planning lessons to include students who have different learning outcomes, adding a paraprofessional does not match the need compared to alternatives such as (a) ensuring collaborative planning times for teachers and special educators, (b) ensuring the special educator's caseload allows sufficient time to provide instructional support, and (c) providing professional development to build capacity.

Myth of the Prototypical Student Who "Needs" a One-to-One Paraprofessional

Often inherent in the development of school-based processes to determine the need for paraprofessional supports is the notion that there are some prototypical types of students with disabilities for whom the assignment of a one-to-one paraprofessional is necessary and a foregone conclusion. We respectfully suggest that such prototypes are mythical and that seeking to identify them is illogical and problematic for the students who might be identified because they would be subjected to the litany of inadvertent detrimental effects mentioned earlier.

Variations from school to school suggest that these mythical prototypes are socially constructed. This is evidenced by the fact that students with a particular constellation of characteristics routinely receive one-to-one paraprofessional supports in one school but not in another. At times such differences can be found within the same school for students with similar characteristics, based on differential advocacy from parents and professionals or historical patterns of practice.

Certainly some students require different and more intensive supports than others, yet there is nothing inherent about a student's characteristics that necessitates a paraprofessional per se, as opposed to other combinations of supports that may represent less restrictive and more appropriate

options (e.g., increased teacher engagement, peer supports, coteaching, multilevel instruction, classroom paraprofessional, assistive technology). We are not suggesting that student characteristics be ignored but that an exclusive or primary focus on student characteristics is more appropriately replaced by exploring a person–environment fit that considers the interactions between individual student needs (e.g., curricular, instructional, social) and environmental considerations (e.g., personnel capacity and roles, classroom environment, teaching formats) that typically necessitates changes or alternate supports at the team, school, and systems levels.

Alternative Framework for Making Decisions and Providing Supports

Given the complex nature of schools, it is common for multiple concerns to exist at both the classroom and school levels. It is unlikely that any single solution will adequately address all identified needs. Recent research on alternatives to overreliance on paraprofessionals documented that schools engaged in such change efforts pursued multiple interrelated actions to improve educational opportunities and outcomes (Giangreco et al., 2011).

Understandably teachers want to address their immediate student and classroom concerns. However, only in some cases will classroom-level changes be sufficient to yield both appropriate and sustainable remedies. So when stop-gap measures are instituted to address immediate needs, they need to be acknowledged as temporary so as to not delay attention to root issues at the school/district level. This requires mechanisms for concerns identified at either level to inform changes at the other. Individual teams and schools are encouraged to be proactive by initiating the types of actions described in the subsequent sections which describe a framework of supportive actions that can be taken at the (a) school/district level and (b) classroom/team level.

School/District Actions

The value of pursuing changes at the school/district level include (a) helping more school personnel and students, (b) facilitating transitions between schools within a district, (c) providing a higher level of consistency and equity in service provision, (d) integrating concurrent school/district initiatives, (e) providing a framework within which to more effectively allocate resources, and (f) contributing to continuous school improvement.

Shared understanding about inclusive education and LRE. As students with an increasingly wide range of disabilities are placed in general education classrooms, an essential first step for school personnel and families is to develop a shared understanding about the inclusion of students with disabilities and ensure its consistency with the LRE provisions of

the IDEA (2004). Unless this initial step is explicitly addressed, there is an increased likelihood that mismatched expectations will lead to potential, yet avoidable, inefficiencies and conflicts.

Reaching a shared understanding is complicated by the fact that there is no single, agreed on definition of *inclusive education*. Doyle (2008) suggests that inclusive education is more than mere physical presence in general education classes, but rather is an interrelated set of values from which we make decisions. Giangreco (2011) suggests that the following set of practices constitute inclusive education when each of the elements occurs on an ongoing daily basis:

1. *All* students are welcomed in general education. The first placement options considered are the general education classes in the school a student would attend if not disabled.
2. Disability is recognized as a form of human diversity. As such, students with disabilities are accepted as individuals and not denied access based on disability.
3. Appropriate supports are available, regardless of disability label or severity. Given their portability, supports are provided in typical environments, rather than sending students to specialized settings to receive needed supports.
4. Students are educated in classes reflecting the naturally occurring proportion of students with and without disabilities (e.g., substantially more students without than with disabilities).
5. Students, irrespective of their developmental or performance levels, are educated with peers in the same age groupings available to those without disability labels rather than with younger students. Students with disabilities need not function at or near the same academic level as their classmates (though some do) to benefit from an age-appropriate placement.
6. Students with and without disabilities participate in shared educational experiences while pursuing individually appropriate learning outcomes with necessary supports. Educational experiences are designed to enhance valued life outcomes that seek an individualized balance between both the academic–functional and the social–personal aspects of schooling. Too often, fragmented approaches or those inaccurately labeled as inclusive (e.g., reverse mainstream; placement only in art, music, and physical education; providing inadequate supports; sink-or-swim approaches with considering changes in how classrooms function) delay the advance of thoughtfully designed, appropriately supported, inclusive education (Davern et al., 1997).

Schools pursuing their own, shared understanding of inclusive education need not necessarily adopt the aforementioned elements verbatim but rather use them as starting point to clarify what inclusive education means in their school. In addition to referring to the language of the IDEA and its corresponding regulations, schools can refer to available training materials to ensure that their interpretations of inclusive education are consistent with the IDEA LRE provisions (Rebhorn & Smith, 2008; WestEd, n.d.; Wright's Law, n.d.).

Guiding principles about educational support services. Establishing a set of guiding principles helps clarify and communicate a school's underlying philosophy to providing educational supports services consistent with IDEA (2004), No Child Left Behind Act (2001), and promising practices related to the provision of educational support services (Giangreco, 1996; Jorgensen, McSheehan, & Sonnenmeier, 2009). The following nonexhaustive list offers some examples.

- All students with disabilities deserve access to, and their primary instruction from, highly qualified teachers and special educators.
- Support services should be both educationally necessary and relevant.
- Support services should address identified education needs while being only-as-specialized-as-necessary (e.g., the least restrictive support option).
- Teams should explore natural supports (e.g., general education supports, peer supports) before considering more restrictive supports, especially considering the assignment of a one-to-one paraprofessional.
- Students with disabilities should have a voice in determining their own supports.
- In situations where paraprofessionals are utilized, they must be adequately trained, have appropriate roles (e.g., implementing teacher-planned supplemental instruction, not be expected to make pedagogical decisions), and be adequately supervised.
- Schools avoid unhelpful double standards whereby students with disabilities receive supports in ways that would be unacceptable for students without disabilities (e.g., receiving primary instruction from a paraprofessional instead of highly qualified educator).
- If a one-to-one paraprofessional is assigned as a temporary measure, plans are established to evaluate its impact and fade the supports as much and as soon as possible to encourage student independence and appropriate interdependence.

What are the principles that will guide your work pertaining to educational and support services? Explicitly discussing such principles, documenting them, and regularly

revisiting them can provide a practical mechanism by which decisions about educational support services can be judged for their appropriateness and quality.

Clarifying roles of all team members. Clarifying the appropriate roles of paraprofessionals is a persistent problem identified in the literature (Giangreco et al., 2010; Riggs & Mueller, 2001). Because the overarching role of paraprofessionals is to assist teachers and special educators, too often an emphasis on clarifying the roles of paraprofessionals ignores the logic and importance of first determining the roles of other school professionals (e.g., teachers, special educators, related services providers, administrators) and the family (e.g., student, parents) before determining appropriate roles of paraprofessionals.

A tool has been developed to assist schools in clarifying team member roles (Giangreco et al., 2011; online appendix found at <http://rse.sagepub.com/supplemental>). Following a brief premise, instructions for use, a set of conceptual underpinnings, and five roles shared by all team members, it includes a small set of key roles for teachers, special educators, related services providers, administrators, paraprofessionals, and families based on contemporary literature regarding supports in inclusion-oriented schools. For example, the proposed roles for general education teachers focus on them contributing to the education of students with disabilities and demonstrating educational ownership by (a) cocreating opportunities that facilitate the valued membership; (b) serving as a primary adult role model to demonstrate acceptance and inclusion of individuals with diverse characteristics; (c) knowing the student's learning characteristics, performance levels, and individualized learning outcomes; (d) engaging students with disabilities in classroom instruction and activities, (e) retaining a prominent role in curricular and instructional planning, adaptation, and decision making with special educators; (f) applying differentiation, universal design, multilevel instruction, and curriculum overlapping; (g) facilitating interactions between peers with and without disabilities; and (h) codirecting the work of paraprofessionals. The tool serves as a starting point for schools to discuss and formulate their own roles.

Collecting and understanding service delivery data. Ensuring appropriate supports for students with disabilities requires having a baseline understanding of key service delivery variables associated with a school's capacity to support its students. Some of these variables include (a) percentage of students eligible for special education, (b) percentage of students with disabilities eligible to attend the school who are also taught in the school's general education classrooms as their primary placement (80% of the time or more), (c) the ratio of a school's special educator availability in FTE to total school enrollment, (d) special educator time use and caseload parameters (e.g., number of students on various special needs plans, grade range supported, number of paraprofessionals supervised, extent of pull-out instruction),

(e) ratio of special education paraprofessional FTE to students receiving special education, (f) percentage of special education paraprofessionals assigned in a one-to-one format, and (g) ratio of special educators to special education paraprofessionals in FTE (Suter & Giangreco, 2009).

Certain general education data can also be informative in developing appropriate supports for students with disabilities such as: (a) availability of schoolwide supports (e.g., literacy specialist, learning lab, general education paraprofessionals), (b) average general education class size and range, (c) percentage of economically disadvantaged students, (d) percentage of English-language learners, (e) proportion of students with and without special needs placed in general education classes, (f) number of special educators with whom any single teacher works, and (g) ongoing opportunities for teachers to meet with special educators and paraprofessionals.

Research in middle and high schools suggests understanding total student load (TSL, i.e., the total number of students with whom a teacher interacts) is a service delivery variable of importance related to teacher–student interactions and achievement (Ouchi, 2009). TSL levels about 80 allow teachers opportunities to know their students, respond to student work, and have sufficient time out of the classroom to make themselves available to students for individual assistance. This allows students to know their teachers understand and care about them—a key foundation of the learning process and ultimately to student achievement. Exploring general and special education service delivery variables allows schools to establish a baseline and provides a wealth of information in considering how they might contribute to school system health.

It is essential for schools to establish mechanisms to track these key variables over time in an attempt to understand their relationship to students' opportunities and outcomes. Recent research suggests that when schools target service delivery variables (e.g., special educator caseloads, percentage of paraprofessionals assigned to students one-to-one) and take corresponding actions to address them they experienced progress. Whereas when schools did not target and act on such service delivery variables they tended to neither progress nor remain stable on those variables, instead they head in the opposite direction (Giangreco et al., 2011), thus highlighting the importance of goal setting and self-monitoring.

Self-assessment of general and special education practices. The tool Guidelines for Selecting Alternatives to Overreliance on Paraprofessionals (Giangreco & Broer, 2003; <http://www.uvm.edu/~cdci/evolve/gsa.html>) provides a field-tested planning process designed to assist schools in determining actions to strengthen inclusive educational opportunities for their students with disabilities (Giangreco et al., 2011). First this approach, which relies on representation of major stakeholder groups (e.g., families, people with disabilities,

teachers, special educators, administrators, paraprofessionals), starts with a screening process focused on potential problems associated with inappropriate paraprofessionals utilization. Then it shifts to a set of 20 self-assessment indicators reflecting desirable practices in general and special education in six categories: (a) school and classroom environment and practices, (b) teacher practices, (c) special educator practices, (d) teacher and special educator collaboration, (e) family information and participation, and (f) student participation and reciprocal support. The tool is predicated on the notion that the more schools do a quality job of engaging in these 20 self-assessment indicators, the less likely they will be either overreliant on paraprofessionals or utilize them inappropriately.

Building a service delivery model to account for full range of student diversity. We encourage schools to build models of service delivery that can absorb expected fluctuations in student enrollment to account for the full range of student diversity presented in their community. In part, this means building a model far enough back from the metaphorical brink of capacity that it can modestly expand and contract without getting dangerously close to the edge when pushed by predictable system stressors. A model of service delivery is designed to support teachers and students, as well as to reduce the perceived need to request more paraprofessionals, by proactively ensuring planned layers of supports that are thoughtfully integrated and regularly evaluated to improve functioning.

While virtually all schools have some layers of support, not all students (especially those with disabilities) access them. For example, many schools employ literacy specialists who work with students struggling in language arts and many high schools have a dedicated space (e.g., Learning Lab) staffed by a teacher and which often include peer tutors and technology access to assist general education students who need extra help. Yet in our experiences students with disabilities may not be accessing these readily available supports, because presumably a special educator has been assigned to meet their needs. The foundational principles of teaching and learning do not change because a student has a disability label; so general education teachers and specialists have much to offer students with disabilities in collaboration with special educators.

Schools are encouraged to conduct an inventory of their existing layers of support, both general education and special education, available at four levels: (a) classroom (e.g. teacher engagement, peer supports, classroom-based paraprofessional), (b) school (e.g., special educators, literacy specialist, learning center, school counselors, school nurse, school psychologist, service learning coordinator), (c) district (e.g., curriculum coordinator, low-incidence disability specialist), and (d) external (e.g., local disability organizations, state-supported services, consultants). This facilitates everyone's awareness of the array of currently available resources that might meet an identified need.

Once existing resources are clearly understood at all four levels, schools are positioned to identify redundancies and gaps and explore options for adjusting or filling them. Asking and listening to teachers, parents, and especially students with disabilities will help illuminate potential needs. Here are just a few examples of actions to consider: (a) assigning one or more paraprofessionals as “floaters” to address temporary needs (e.g., paraprofessional absences, transition of a new student), (b) assigning a special educator or school psychologist trained in PBIS (Positive Behavioral Interventions and Supports) as a behavior support specialist to conduct functional behavior assessments and develop positive behavior support plans, (c) strategically hiring general education paraprofessionals where extra hands are needed (e.g., kindergarten), (d) hiring a low-incidence disability specialist (e.g., autism, severe/multiple disabilities) to share within or across schools, (e) in high schools assigning paraprofessionals to departments where they have compatible skills (e.g., math, English) under the direction of the content area teachers, (f) establishing teacher-to-teacher support or mentoring, (g) using technology to share curricular and instructional work (e.g., differentiated lesson or unit plans), and (h) master scheduling changes to facilitate coplanning and coteaching opportunities.

Classroom/Team Actions

Implementing inclusive education at the classroom/team level, while avoiding overreliance on paraprofessionals, requires thoughtful attention to (a) inclusive environments, (b) individualized curriculum, (c) purposeful instruction, and (d) necessary supports. The following subsections offer examples and key considerations that can be used to undertake contextually individualized classroom/team level actions.

Inclusive Environments. Consider the following questions to assess whether the physical aspects of the classroom are arranged in a manner that facilitates belonging, participation, and learning for all students.

- Is the student with a disability located where the teacher can readily monitor, prompt, cue, and provide feedback?
 - Is the student with a disability appropriately and purposely grouped with classmates who do not have disabilities with natural proportions maintained?
 - If a paraprofessional is in the classroom, does his or her proximity to the student facilitate or interfere with teacher and peer interactions?
 - Are the settings and materials arranged in a manner that facilitates learning (e.g., only lesson materials on desk) by accounting for chronological-age appropriateness as well as sensory, physical, intellectual, health, and behavioral characteristics?
- Is the student appropriately seated (e.g., correct-sized desk and chair, facing teacher) or positioned for learning (e.g., appropriate adaptive seating)?
- When considering people in inclusive classrooms some of the suggested school-level actions also are vital to establish at the classroom/team level, particularly having (a) a shared understanding of inclusive education and LRE, (b) guiding principles about support services, and (c) clarification of team members’ overlapping and intersecting roles. Consider the following additional questions to assess whether the people in inclusion-oriented classroom are poised to facilitate belonging, participation, and learning for all students.
- Does the classroom teacher have an expectation of ownership for the instruction and learning of students with disabilities? Or does the teacher perceive some students with disabilities as primarily the responsibility of the special educator or paraprofessionals?
 - Do the classroom teacher and the special educator, rather than a paraprofessional, function as the primary liaisons with the family?
 - Does the teacher interact with the students with disabilities in similar ways (e.g., personally, instructionally) and proportionally as much time as students without disabilities?
 - Is the special educator sufficiently available to be present in the general education classroom to collaborate with the teacher (e.g., appropriate caseload size and configuration, schedule)?
 - If a paraprofessional is present in the classroom, does the teacher have primary responsibility for how that person is deployed to best serve the needs of the classroom?
 - Have team members received role-consistent professional development to appropriately include students with disabilities (e.g., multilevel instruction, facilitating peer interactions)?
 - Has the family been consulted regarding the extent to which they would like or not like to have classmates informed about the nature and implications of their classmates’ disabilities?
- Individualized curriculum.** A key element of inclusive schooling is identifying curricular content that is important, interesting, and at the appropriate level of difficulty. Quality curriculum selection (a) is based on students’ needs, interests, and performance data; (b) built on earlier learning, (c) is challenging yet reasonably attainable; (d) strikes an individualized balance between a focus (e.g., highest priorities) and breadth of curricular content, and (e) does not impose limits on what a student can learn and therefore

provides ample opportunities for students to surprise us with their capabilities. When curriculum does not meet such foundational standards, student learning is compromised and a host of problems can arise such as student disengagement, frustration, and a variety of behavior problems (e.g., withdrawn, off-task, disruptive, aggressive). A paraprofessional may then be assigned to address these overt signs of dysfunction, missing the curriculum's role in the underlying problem and creating a classic support mismatch.

Although many teachers follow the tenets of quality curriculum selection, it can pose a challenge when students function at substantially different levels than most of their classmates, necessitating modified curricular content and new ways to account for participation in shared classroom activities. Most of these students can be appropriately included in shared activities via multilevel curriculum (e.g., different level and amount of content within the same curriculum area). A small number may require curriculum overlapping, where two or more curriculum areas are pursued within a shared activity. For example, a student with a severe disability is pursuing communication and socialization learning outcomes (e.g., making requests, describing, taking turns, responding to yes/no questions) within a science lab activity (Giangreco, 2011).

For students with disabilities, the high-priority focus of their curriculum is presumably documented in the annual goals and benchmarks or short-term objectives listed in their IEP (Individual Education Program). We say presumably because IEP quality varies substantially, with some more accurately representing priorities than others. Ensuring a breadth of curricular content is supported by the IDEA requirement that students with disabilities, including those with severe disabilities, have access to the general education curriculum (Dymond, Renzaglia, Gilson, & Slagor, 2007). This aspect of individualized curriculum content tends to not be as explicitly documented as IEP goals. Students need a purposely determined balance between an IEP focus on their highest priority learning outcomes and a breadth of their curriculum.

Consider the following questions related to selecting appropriate curricular content and potentially what changes a student's planning team might pursue.

- Do team members have sufficient knowledge about their students with disabilities as individuals and learners (e.g., strengths, interests, preferred learning styles, characteristics)?
 - Do team members have sufficient knowledge about their students with disabilities within curriculum content areas (e.g., baseline in reading, writing, math)?
 - In revisiting a student's IEP annual goals and objectives, do they accurately reflect the highest priority learning outcomes that can be reasonably attained in a year? Do these goals appropriately reflect parent and student input, including content that may be beyond what is typically included in the current grade-level curriculum (e.g., functional life skills)?
 - Within class units and lessons, has the team determined (a) which IEP goals should be pursued, (b) the subset of general education curriculum content the student should be accountable to learn, and (c) the breadth of curriculum to which they will be exposed?
 - Do special educators have sufficient content knowledge about the general education curriculum areas they are supporting?
 - In selecting appropriate curriculum, do team members have a shared understanding of the content, amount, and level (e.g., multilevel curriculum, curriculum overlapping)?
- Purposeful instruction.* Adherence to one-size-fits-all approaches or heavy reliance on teacher-directed, large-group instruction (e.g., lecture), tend to be incompatible with teaching mixed-ability groups. Conversely, classroom instructional practices that are activity-based, differentiated, cooperative, and build on classroom community are more compatible with teaching mixed-ability groups (Feldman & Denti, 2004; Udvari-Solner & Kluth, 2007). For such changes to be optimally effective requires classroom teacher engagement with their students who have disabilities (Giangreco, 2011) and collaboration with special educators that often requires a shift away from pull-out models toward more classroom based supports (Rea, McLaughlin, & Walther-Thomas, 2002).
- Consider the following questions related to purposeful instruction and potentially what changes a student's planning team might pursue.
- What instructional formats currently are being used and to what extent do they lend themselves to addressing the needs of students with different learning outcomes?
 - Does the classroom rely heavily on large group instruction?
 - During large group instruction are methods used to maximize student participation?
 - How much instructional time is participatory and activity based?
 - Are students encouraged to help each other learn?
 - To what extent is the classroom teacher instructionally engaged with students who have disabilities?
 - Are special educators sufficiently available for instructional preplanning, preteaching, and in-class instructional support?

- Does the teacher provide small group instruction for students with disabilities in mixed-ability groups or any individual instruction of the sort they would to other students?
- How much instruction for students with disabilities is provided by paraprofessionals?

Necessary supports. Students with disabilities are entitled to receive supports needed to be appropriately included in general education classes. Supports characterized as “only as special as necessary” (Giangreco, 1996, p. 37) are congruent with inclusive classrooms because they seek to ensure supports are educationally relevant and necessary while avoiding the inherent problems associated with well-intended “more is better” (p. 36) approaches (e.g., disruption in instructional opportunities, decreasing interactions with peers, stigmatization).

Providing appropriate supports requires identifying the function of the support (e.g., developing adaptations, selecting assistive technology, transferring information or skills, co-planning) and matching it to a need. A classic sequence misstep when identifying potential supports is to ask *who could be involved* (e.g., people associated with various disciplines) before asking *whether* they need to be and identifying *what* functions need to be served. Research suggests that the absence of a conceptually sound support service decision-making process creates a void that often gets filled by services that may not be educationally relevant and necessary or unduly restrictive (Giangreco, Edelman, Luiselli, & MacFarland, 1996, 1998).

The *Vermont Interdependent Services Team Approach* (Giangreco, 1996) is an example of a field-tested support service decision-making approach that considers *whether* and *what* questions before *who* (see Giangreco, Edelman, Nelson, Young, & Kiefer-O'Donnell, 1999, p. 466). It starts by having the team agree to and document the components of a student's educational program (i.e., priority learning outcomes, additional learning outcomes, general supports). Next the team explores each educational program component by considering *whether* the existing classroom staff can adequately address it. The classroom staff (e.g., teacher, special educator) is asked first, before asking extended team members in an effort to reach consensus. This purposeful sequence of asking classroom staff first reduces deferential reactions to possible recommendations by specialists. Just because a specialist could be involved does not mean they need to or should be. As more universally designed and generically available classroom supports increase, students with disabilities should require fewer specialized supports.

If the team members agree they need more support than is presently available they next identify and agree to the function of the support by responding to the question, “What kind of additional support is needed? (Giangreco et al., 1999, p. 466). Only then does the team consider who

might appropriately meet the identified need, with the least restrictive, most natural, and generically available supports considered first, rather than automatically considering specialists or paraprofessionals. The team is asked to revisit the educational relevance and necessity of the proposed supports before reaching final consensus. Although teams should always monitor the impact of support services, this is especially vital in situations when potentially restrictive supports (e.g., a one-to-one paraprofessional) have been enacted to stabilize a situation. In these cases, developing a plan to fade the restrictive support as much as possible should be established while simultaneously more appropriate options are pursued.

Conclusion and Future Research

The school/district and classroom/team level actions described in this article provide a framework for schools and teams to develop locally suitable strategies and processes for addressing the support needs of their increasingly diverse student enrollment. The framework elements are designed to help schools avoid the temptation of simply installing a conceptually flawed justification approach to making decisions about the need for paraprofessionals or developing service delivery models that are heavily and inadvisably built on the use of paraprofessionals as a primary element.

That said, we do not want readers to mistakenly conclude that paraprofessional supports should always be avoided. It is worth reiterating that ethically and conceptually sound paraprofessional services can continue to play a valued support role in schools for students with and without disabilities, so long as school leaders ensure that paraprofessionals (a) engage in appropriate roles (e.g., provide supplemental teacher-planned instruction, facilitate peer interactions, engage noninstructional roles resulting in more opportunities for students with disabilities to receive instruction from highly qualified teachers and special educators); (b) are sufficiently and continually trained for the appropriate roles they are asked to undertake; (c) explicitly are not asked to undertake inappropriate roles (e.g., provide the bulk of instruction or primary instruction, serve as the school's liaison with the family, make pedagogical decisions, plan lessons, adapt curriculum), and (d) are adequately supervised on an ongoing basis to ensure fidelity of instruction and other supports. In part, this requires that the ratio of professionals to paraprofessionals must be small enough and mechanisms established to allow for the adequate training and supervision of paraprofessionals by licensed educators. Utilizing paraprofessionals without adequate training and supervision is not only educationally problematic, it may constitute a violation of the free appropriate public education (FAPE) provisions of the IDEA (Etscheidt, 2005).

For the past couple of decades the research literature has been replete with documentation that, as a field, we have not sufficiently addressed longstanding paraprofessional issues such as the clarification of appropriate roles, training, and supervision. During this time many publications have simply identified the persistence of these problems and most of those that have dug deeper tended to document the seemingly obvious. For example, several studies have reported that when professionals take the time to train and supervise paraprofessionals, those paraprofessionals are capable of gaining new knowledge, acquiring better skills, and implementing what they have learned (see Giangreco et al., 2010, for a review). Although this is offered as positive, it also presents a potentially insidious danger—namely that we will be lulled into the overly simplistic notion that the answer to service delivery inadequacies in special education is merely better training and supervision paraprofessionals—which undoubtedly is necessary but not sufficient.

To avoid this pitfall, future research regarding special education service delivery needs to clearly situate itself within conceptual or theoretical paradigms that are consistent with critical provisions of federal education laws and quality educational practices (e.g., least restrictive environment, access to the general education curriculum, access to instruction from highly qualified teachers, self-determination). For example, just because a paraprofessional *can be* trained to deliver some aspects of instruction does not mean he or she necessarily *should be*, especially if it represents an inequitable double standard that would be viewed as unacceptable for students without disabilities (e.g., receiving their primary instruction from paraprofessionals rather than teachers).

Given its status as a pervasive component of educating students with disabilities, inclusive service delivery (e.g., strategic deployment of special educators and paraprofessionals in inclusive schools) remains one of the most understudied and least understood aspects of special education. This is unfortunate and somewhat surprising because the effectiveness of service delivery models and practices can either support or interfere with the implementation of evidence-based curricular, instructional, and social/behavioral approaches. Evidence-based curriculum and instruction needs to coexist with corresponding and congruent service delivery practices, so it is recommended that service delivery components be embedded in future in vivo research on curricular and instructional approaches to facilitate implementation. In addition, as we consider the potential efficacy and impact of different service delivery configurations that might be viable at different grade levels (e.g., elementary, middle, high school), it is important to recognize that individual service delivery elements and multielement models are two or more steps removed from direct student outcomes (e.g., academic achievement, social/behavioral outcomes). Therefore, although exploring causal relationships

through experimental studies is always welcome, it is likely that service delivery studies will yield data allowing for contributory, rather than causal claims. As such, research on service delivery issues seems particularly suited to a wide range of research, both qualitative and quantitative, such as correlational studies, including the exploration of nested relationships at various levels (e.g., schools, classrooms) using multilevel modeling. Qualitative studies and school-initiated action research based on direct observations in schools and interviews with relevant stakeholders (e.g., teachers, special educators, students, parents, administrators, paraprofessionals) could (a) provide real-world examples where few currently exist, (b) describe the impact of changes in service delivery, (c) illustrate the contributory chains of reasoning between service delivery elements and positive student outcomes, and (d) describe real-world change processes used to put those elements in place and align them with other school issues (e.g., scheduling, funding, staff development).

Although there are many pieces of the service delivery puzzle for schools to consider and tackle, having an overarching framework can help guide the process. Through persistence and collaborative efforts, the expertise within your own system can yield contextually relevant approaches to improved educational opportunities and outcomes. Positives changes should be easier to reach when we start and then continue asking the right questions.

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About the Authors

Michael F. Giangreco, PhD, is a professor of education at the University of Vermont, assigned to the Center on Disability and Community Inclusion. His current interests include inclusive education and special education service delivery.

Mary Beth Doyle, PhD, is an associate professor and chair of education at St. Michael's College, Colchester, Vermont. Her current interest focuses on developing rich and interesting learning opportunities for students with disabilities in inclusive classrooms.

Jesse C. Suter, PhD, is a research assistant professor of education at the University of Vermont, assigned to the Center on Disability and Community Inclusion. His current interests include special education service delivery and wraparound services for students with emotional and behavioral challenges.