

## ABSTRACT

FERRELL, KIMBERLY ANN. Curriculum and Assessment Policies and Practices in a Day Treatment Center in North Carolina. (Under the direction of Dr. Tamara V. Young and Dr. Kevin P. Brady).

The purpose of this qualitative single case study was to describe current instructional policies and practices in a one-day treatment center in North Carolina for students with emotional and behavioral disorders (EBD). The following research questions guided the study: (1) What are the curriculum policies, practices, and philosophies of day treatment centers in North Carolina? (2) What are the assessment policies, practices, and philosophies of North Carolina day treatment centers? and (3) What is the role of the principal in promoting student instruction and achievement in North Carolina day treatment centers?

Data were collected from interviews with administration, teachers, and instructional assistants; key documents (e.g., school improvement plan, mission and belief statements, Common Core curriculum, school executive evaluation, yearly professional developments); and a focus group with teachers. Open coding was used to identify themes related to curriculum and assessment policies, practices, philosophies, and roles of instructional leaders.

Overall, data revealed one key theme underlying the curriculum, instruction, and assessment of EBD students in day treatment centers: “teaching to the individual needs of each child.” Regardless of whether the area being addressed was curriculum policies and practices, assessment policies and practices, or the role of the principal in promoting instructional quality and student achievement, all policies and practices were based on the best approach for each individual student. In the day treatment setting, mental health was the first priority; academics were secondary. Nevertheless, teachers endeavored to teach the

state-mandated curriculum and comply with North Carolina's testing guidelines. The Common Core® and NC Essential Standards® were the curricula used to guide instruction. To meet the needs of the students and comply with their IEPs, teachers commonly used differentiated and individualized instruction, and employed Google Chromebooks® and the APEX® curriculum to facilitate instruction. Teachers also modified the curriculum as appropriate. The teachers in the day treatment center believed that the professional development about the curriculum they received was insufficient, and they wanted to know about how to meet the needs of their special population of students. Teachers followed the North Carolina assessment program, which included the use of EOGs, EOCs, formative assessments, and CASE 21® as benchmarks. Following the students' IEPs and making testing accommodations were primary assessment practices. Some support for implementing state assessments through professional development was provided by the district, but the teachers wanted additional professional development. The teachers also lacked the opportunity to build professional learning communities with their colleagues in the district or in similar settings. Overall, they felt isolated from their peers working in traditional settings.

The teachers and the principal at the day treatment center agreed that the principal should be a leader who offered support for the curriculum; disciplined students; provided a safe and orderly environment; facilitated information; and supported teachers. However, the demands associated with providing disciplinary action and maintaining a safe environment made it difficult for the principal to be an instructional leader.

The findings suggest that preparation programs and school districts should not only provide professional development to principals of day treatment centers regarding policies associated with special needs students, but, in order to improve instructional effectiveness,

training on Common Core and Essential Standards, mental healthcare services, and ways to facilitate differentiated and individualized instruction should be provided. If principals in day treatment facilities are not given the necessary tools to meet student needs, then at-risk youth could be led by those poorly prepared to advocate for students' achievement.

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Curriculum and Assessment Policies and Practices in a Day Treatment Center  
in North Carolina

by  
Kimberly Ann Ferrell

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2013

APPROVED BY:

---

Dr. Tamara V. Young  
Committee Chair

---

Dr. Paul Bitting  
Committee Member

---

Dr. Kevin P. Brady  
Committee Co-Chair

---

Dr. Kenneth H. Brinson, Jr.  
Committee Member

---

Dr. Beverly L. Joseph  
Committee Member

## **DEDICATION**

This dissertation is dedicated to my parents Charles and Dorothy Ferrell, and my wonderful daughter Marissa. To my parents, thank you for your love, support, and patience during this process. Thank you for the endless hours that you spent helping me raise my daughter and providing guidance during this enormous endeavor. To my beautiful daughter, thank you for understanding that each moment that I spent away from you put me a step closer to obtaining my goal. Also, I would like to dedicate this dissertation to my mentor and friend, Dr. Beverly Joseph, for her dedication, support, and her passion for being a trailblazer in the development of day treatment centers in Franklin County and her commitment to serving all students regardless of their disabilities and the challenges they face.

## **BIOGRAPHY**

Kimberly Ferrell was born in Wake County, North Carolina in 1967. She is the youngest of three daughters. Her love for children began at an early age while teaching Sunday school for youth.

She completed her Bachelor of Arts Degree in Early Childhood Education from Fayetteville State University in 1991. In 1991 she received her first teaching job as a second grade teacher in a rural county in North Carolina. During her tenure as an elementary teacher, she completed her academically intellectually gifted certification. Then, in 2002 she received a Masters of School Administration from North Carolina State University. After receiving her administrative licensure, she became assistant principal for two years. In 2004 she was named principal at an elementary school, where she served for four years. In 2006 she was named Principal of the Year. Currently, she serves as principal of an elementary school in Youngsville, North Carolina, where she has been for five years.

Her greatest passion outside of education is being a foster parent. She enjoys providing for children that are in crisis. Her greatest joy is spending time with her daughter and family.

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I acknowledge Dr. Tamara Young, my dissertation co-chair, for her guidance and support, which were crucial to my success during this process. When I felt like giving up, she made it clear that quitting was not an option. I am grateful for the meetings and advice that she provided. After every meeting I was confident that I could complete this task. The thing that impressed me the most about Dr. Young is her level of commitment and dedication that she exhibited. Her words of advice will always be remembered. Also, I would like to acknowledge my dissertation co-chair Dr. Brady for his knowledge of special education law and his ability to make it relevant. To Drs. Brinson and Bitting, thank you for your feedback and advice, they were a vital part of this process.

To my friend and mentor, Dr. Beverly Joseph, thank you for your support and encouragement and, most of all, your love and patience. You have always urged me to move beyond good to great. I am eternally grateful for your assistance and guidance through this process.

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## CHAPTER ONE: INTRODUCTION TO THE STUDY

In this era of accountability, federal and state mandates are holding schools accountable for improving the quality of education for all students; regardless of race/ethnicity, socioeconomic background, or English Language Learners (ELL) and disability status. Of particular interest to many school districts has been the increased emphasis on the academic performance of students with disabilities required by No Child Left Behind (NCLB). Accordingly, there have been a plethora of studies that have highlighted both the potential and realized advantages and disadvantages of NCLB on students who receive special education services (Kane & Staiger, 2002; Salvia & Ysseldyke, 2004). Towles-Reeves, Kampfer, Garrett, Kearns, and Grisham-Brown (2006), for example, stated that if NCLB is to be met—the goal of creating higher standards for all students—then provisions will be made for students with varying exceptionalities. Nagel and Crawford (2005) concluded that initiatives implemented to ensure that students with disabilities would achieve high standards—new reading programs, extended school days, summer school remedial programs, and school choice—were an important benefit of NCLB. However, they also cautioned educators about the success of NCLB initiatives would depend on the effectiveness of implementation. Additionally, teachers, related service providers, staff members, and administrators in Texas expressed mixed feelings about the impact of NCLB on students with disabilities (Vannaset, Mahadevan, Mason, & Temple-Harvey, 2009). In particular, they believed that NCLB had a positive impact on student learning because of the push to use best practices and the requirement for high quality teachers serving students with

disabilities. However, they believed that requiring students to participate in all state assessments was a considerable drawback of the federal law.

Many scholars have also emphasized the challenges of implementing NCLB and its detrimental effects on teacher and learning. For instance, Jameson and Huefne (2006) declared that it is virtually impossible for schools with a special needs population to remain in compliance with the federal legislation because NCLB calls for highly qualified teachers, but it does not adequately fund the requirement. Mibourne (2001) pointed out that NCLB amplified pressure on educators and students, which results in misuse or misinterpretation of assessment data, leads to the teaching of test-taking skills as an alternative to teaching the curriculum, and results in schools to neglect content areas that are not tested.

Despite the plethora of studies examining the experiences and achievement of students with disabilities in this time of heightened accountability, there has been little research on the consequences of NCLB and related state mandates on students with emotional and behavioral disorders (EBD). In the United States, EBD students are the fourth largest population of students receiving IDEA services (Meadan & Mason, 2007). Emotional and behavioral disorders can influence students' educational performance, social interactions, and personal relationships because externalizing behaviors, such as aggression and violence, and internalizing behaviors, such as withdrawal and depression, often interfere with student learning (Lane, 2006; Lane, Barton-Arwood, Nelson, & Wehby, 2008). Given these challenges, EBD students are unlikely to pass statewide assessments. In fact, students that are identified as EBD have lower academic performance outcomes than students with other

disabilities. To ensure that we are able to promote the achievement of all students with disabilities, it is important to advance our understanding of EBD students' learning experiences and outcomes.

### **Alternative Settings for Students with Emotional and Behavioral Disorders**

Although some EBD students have experienced success in the general education classroom, most have not (Walker & Charlotteis, 1990). EBD students are the first to leave schools and the last to be encouraged to return to them. Because many students with EBD struggle with being integrated into a mainstream environment (Kauffman, 2005; Muscott, 1997), they are often placed into exclusionary settings to receive better behavioral and therapeutic support than what is typically offered at a traditional school ( U.S. Department of Education, 2009). Indeed, placing EBD students in alternative settings is a popular practice in North Carolina. As Hughes (2006) pointed out, “despite the movement toward inclusion, students with EBD in North Carolina continue to be placed in segregated, self-contained settings, including day treatment educational centers” (p. 26). In some alternative settings, such as DTCs, students may rarely have access to appropriate curriculum and instruction in reading and mathematics (Delpit, 1995; Donovan & Cross, 2002). One explanation for the lack of quality instruction in alternative settings is that “the diverse and specialized needs of youth in the exclusionary settings result in significant challenges to developing and sustaining a quality educational program” (Gagnon, 2010, p. 207).

The Individuals with Disabilities Education Act Amendment of 1997 (IDEA, 1997) and NCLB require states to increase students with disabilities participation in high-stakes assessments. The expectation is that students with disabilities be held to the same high expectations as their peers. To meet state and federal guidelines, EBD students participate in district and state assessments (Gagnon & McLaughlin, 2004) that measure the attainment of general curriculum, which in North Carolina is The North Carolina Standard Course of Study. EBD students that have cognitive disabilities access the general curriculum through the North Carolina Standard Course of Study Extend Content Standards. However, the unique needs of EBD students, the demands of accountability policies (Gagnon, 2002), and the increase in the number of students in DTCs have given rise to concerns about whether DTCs are providing quality educational experiences and students have access to the general curriculum in North Carolina.

### **Day Treatment Centers for Students with Emotional and Behavior Disorders**

About 14% of EBD students are served in separate facilities or alternative schools (U.S. Department of Education, 2009), and the placement of students in these settings, including day treatment centers, has increased by 13% over the last decade (USDE, 2002), (Gorney & Ysseldyke, 1993). In fact, there are over 77,000 students with EBD that are served in day treatment centers (DTCs) or residential schools in the United States (U.S Department of Education, 2009) and 67 percent of secondary students with EBD are placed in day treatment centers (Gagnon & Van Loan, 2008). A day treatment program is “a highly structured, intensive, non-residential, mental health program that offers a blend of clinical intervention

and special education to children and adolescents, as well as social and clinical support to their families [in a] therapeutic environment that facilitates the coordinated delivery of mental health and education services” (Armstrong, Gosser, & Palma, 1992, p. 18).

Generally, day treatment programs provide crisis intervention and social skills development with a strong emphasis on behavior management and positive supports. The primary goal for day treatment centers is to prepare students to transition back to their public or home school (Grosenick and George, 1987). To qualify for the medically necessary services of DTCs, students must have a mental health diagnosis as defined by the DSM-IV-TR and documentation to support the fact that they are not able to benefit from a traditional academic or vocational school setting. Although there has been a substantial increase in the enrollment of EBD students in DTCs, and they are playing an important role in meeting the social, behavioral, and academic needs of EBD students, we know little about day treatment centers, especially about the types of curriculum and assessments that are used in these settings to meet accountability requirements. To address this gap, this study will examine the curriculum and assessment policies and practices in DTCs.

### **Purpose of the Study**

Services for emotionally disturbed children in the United States have developed in a fragmented manner, and are generally inequitable, ungainly, largely reactive, and lacking in uniformity (Taylor, 1981). EBD students’ performance on achievement tests likely reflect this lack of quality in services they receive. For example, in reading and mathematics, middle grade students in alternative school settings in North Carolina, including DTCs, showed

substantially lower levels of proficiency than the general student population on end-of-grade tests (NCDPI, 2000). Since day treatment centers are a temporary placement and their ultimate goal is for the student to return to their home or base school, it is vital that DTCs provide their students quality learning experiences so that they can return to a traditional school setting. Unfortunately, there is little evidence that examines the curriculum policies, instructional approaches, and assessment practices that guide DTCs' efforts to prepare students academically. By expanding our knowledge of the policies and practices of day treatment centers that provide educational services to EBD students, policymakers and practitioners can become better informed about how to refine current policies and practices to improve the experiences and academic outcomes of this vulnerable population.

Since the enactment of NCLB, school accountability for student achievement is greater than ever. This study will describe what types of curriculum and assessment policies and practices are occurring in day treatment centers to help EBD students meet the high expectations specified in NCLB. With a history of inadequate educational services in day treatment centers, such as placing little emphasis on education (Grizenko, Sayegh, & Papineau, 1994) and receiving little assistance with transitioning to their public or home school (Katsiyannis, 1993), as well as an increase in the number of students in day treatment centers and heightened emphasis on passing state assessments (Gagnon & Leone, 2006), it is imperative that we examine the school curriculum and assessment practices in day treatment centers to understand what curriculum and assessment practices are used in these settings.

Hence, the purpose of this study is to shed light on the current curriculum and assessment policies and practices in day treatment centers for students with EBD. The following research questions--the first two adopted from Gagnon's (2002) work--will guide this study:

1. What are the curriculum policies, practices, and philosophies of day treatment centers in North Carolina?
2. What are the assessment policies, practices, and philosophies of day treatment centers in North Carolina?
3. What is the role of the principal in promoting instructional quality and student achievement in day treatment centers in North Carolina?

### **Significance of the Study**

Because many EBD students face challenges with receiving therapeutic support and appropriate educational resources that enhance their ability to be successful in traditional schools (U. S. Department of Education, 2009), DTCs were developed to provide highly structured and intensive programs for EBD students that struggle to be successful in traditional schools. Building on the research of Gagnon (2002), this study provides an in-depth look into one day treatment center with the aim of improving our understanding of the curriculum and assessment policies and practices in day treatment centers. The findings will provide information that will allow us to refine state and federal curriculum, resources, and assessment policies that impact EBD students. Since the success of day treatment programs depends heavily on qualified, caring faculty who are informed about best practices in curriculum and assessment for this population, identifying current practices and needs will

shed light on what additional pre-service or professional development training may be necessary for educators in day treatment center settings. Additionally, learning more about the role of a principal of a DTC and the specific demands related to being an instructional leader in this setting will improve our understanding of what special knowledge, skills, and dispositions are necessary for principals of day treatment centers. These insights can be used to make recommendations for content that should be added to the curriculum of principal preparation programs. Furthermore, the ultimate goal of day treatment centers is to prepare students to transition back to their home school. Improving our understanding of the curriculum and assessment policies and practices in day treatment centers may help educators develop better transition plans for day treatment center students returning to their home schools. Finally, by expanding the scholarship on this area of research that is woefully understudied, this study can hopefully improve the educational experiences of EBD students, improving both their educational outcomes and future life circumstances.

### **Overview of Research Design**

To answer the research questions, I will use qualitative case study design. Qualitative inquiry is a method for examining social phenomena and relationships that occur in their natural environments (Creswell, 2007). Qualitative research is guided by the participant's view. Creswell (2009) defined it as "an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting" (p. 15). Qualitative design is appropriate for this

study because I am seeking to understand curriculum and assessment in day treatment centers from the point of view of those who work in this setting, and I wish to closely examine the data within a specific context.

Merriam (2009) explained, “a case study design is employed to gain an in-depth understanding of the situation and meaning for those involved. The focus of a case study is in process rather than outcomes, in context rather than a specific variable, in discovery rather than confirmation. Insight gleaned from case studies can directly influence policy, practice, and future research.” (p. 19). Furthermore, when multiple sources of evidence are used, the case study research method of inquiry is utilized.

Conducting a single case study will allow me to provide an in-depth and holistic investigation that is needed to explain the curriculum and assessment policies and practices in a bounded entity, a single day treatment center. The case study method will also allow me to move beyond the statistical results of Gagnon’s findings (2002), providing clearer understandings of the conditions that help explain curriculum and assessment in a day treatment center. In particular, it will allow me to investigate a contemporary phenomenon within its real-life context when the boundaries are not clearly evident between phenomenon and context (Yin, 2012). Further, the literature on curriculum and assessment in day treatment centers and the role of the principal as instructional leaders in day treatment center is sparse. Because case studies are “particularly well-suited to new research areas or research areas for which existing theory seems inadequate” (Eisenhart, 1989, p. 548), conducting a

case study will be particularly useful for learning about the relatively unknown area of study—instructional leadership in DTCs.

### **Limitations and Delimitations of the Study**

There are two limitations and one delimitation to this study. First, participants being interviewed may feel the need to provide incomplete or inaccurate information to protect their interests as employees. To offset this potential threat to validity, I will take several steps to ensure confidentiality; including removing all identifying information from the data I collect, including interview manuscripts, and make explicit to participants these efforts to protect their identity. I will also establish rapport with participants by explaining that my intent is to understand and not evaluate. Second, this study does not include students' views. Because this is an especially vulnerable population and their observations of curriculum and assessment practices can be influenced by their medical condition, they were not included in this study. Third, also because of the needs of the population, and in the difficulty of obtaining consent, I did not observe teacher-student interactions. I will ask teachers to provide examples to ensure that their comments accurately reflect their practices. Lastly, this study only attempts to describe, it does not examine impact of curriculum and assessment policies and practices—a delimitation of this study. Establishing a causal relationship between curriculum and assessment practices and student achievement is beyond the scope of this study.

### **Definition of Key Terms**

*Alternative learning programs.* ALPs are defined as services for students at risk of academic failure, behavior problems, and/or dropping out of school, and they meet the needs of individual students (NCDPI, 2000). They serve students at any level who are suspended and/or expelled, have dropped out and desire to return to school, have a history of truancy, are returning from juvenile justice settings, and whose learning styles are better served in an alternative setting. They provide individualized programs outside of standard classroom settings in a caring atmosphere in which students learn the skills necessary to redirect their lives. Alternative learning programs for at-risk students typically serve students in an alternative school or alternative program within the regular school.

*Assessment.* A process of administering test and collecting data for the purpose of making decisions about students (Salvia & Ysseldyke, 2001).

*Collaboration Around Student Achievement (CASA).*

*Collaborative Assessment Solution for Educators in 21 (Case 21).* Case assessments assist schools and districts in using data to diagnose student needs and provide instruction to ensure that students have mastered the curriculum and are prepared for the next level of learning ([www.te21.com](http://www.te21.com)).

*Continuum of services.* A broad array of special education services offered by the school district for students with disabilities who are in need of special education services. It also provides the basis for the IEP team's service recommendations, informs parents of options

available for their children with disabilities, and provides a basis for schools to assess their progress toward the most effective implementation of the IDEA.

*Curriculum.* Curriculum is often represented in official written documents. Specifically, it is the content students are expected to learn as a result of their educational experience (Nolet & McLaughlin 2002).

*Day treatment centers (DTCs).* “Highly structured, intensive, non-residential mental health programs that offer a blend of clinical intervention and special education to children and adolescents, as well as social and clinical support to their families [in a] therapeutic environment that facilitates the coordinated delivery of mental health and education services” (Armstrong, Grosser, & Palma, 1992, p.18).

*Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR).* “The manual provides the official definition that clinicians and researchers use to define mental health disorders worldwide” (Frances & First, 1998).

*Differentiation of Instruction.* The use of multiple teaching strategies to address the different learning styles that students possess. Because students have different abilities, instruction should address the multiple ability levels of a diverse student population (Hall, Strangeman, & Meyer, 2011).

*English Language Learners (ELL).* A person who is learning the English language in addition to their native language (Calderon, Slavin & Sanchez 2011).

*Emotional and behavioral disorder (EBD).* Students that are identified as EBD based on the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV-R) (American Psychiatric Association, 2004).

*Full service model.* A special education program where models are used to meet the needs of students. Models range from small group instruction in a resource room setting, team teaching with general education staff, collaborative classes, and consultative services. Services are provided based on the needs of individual students (Dryfoos, 1994).

*Free Appropriate Public Education (FAPE).* Special Education and related services that; (a) have been provided at public expense, under public supervision and direction, and without charge; (b) meet the standards of the state educational agency; (c) include and appropriate preschool, elementary school, or secondary school education in the state involved; and (d) are provided in conformity with the individualized education program required under this law [20 U.S.C.A 1401 (9)].

*Individuals With Disabilities Education Act (IDEA).* Congress has amended and renamed the special education law several times since 1975. The reauthorized statute is the Individuals with Disabilities Education Improvement Act of 2004 and is known as IDEA 2004. The act ensures that (a) all children with disabilities have available to them equal access, a free appropriate public education (FAPE) that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment and independent living; (b) receive education in the least restrictive

environment (LRE); and that the rights of children with disabilities and parents of such children are protected. (Wright & Wright, 2006).

*Individualized Education Plan (IEP)*. Required for students with learning disabilities. “Because each student with learning disabilities has unique needs, and individual program must be tailored to meet those needs” (A Reaction to Full Inclusion, 2004, p. 9).

*Least Restrictive Environment (LRE)*. A continuum of placement options provided to students identified with disabilities under IDEA. A least restrictive placement is one where the student is placed to the best extent possible with their nondisabled peers (Lerner, 2003).

*No Child Left Behind Act 2001 (NCLB)*. The research-oriented Comprehensive School Reform Initiative evolved into the No Child Left Behind Act of 2001, which was intended to strengthen American elementary and secondary schools in general and to close the achievement gap between disadvantaged students and their more advantaged peers (U.S. Department of Education, 2009). The key requirements of the law include annual proficiency tests in grades 3-8, a highly qualified teacher in every classroom, research-based instruction, increased parental rights, school choice, and public reporting of progress by schools, school districts and states (Wright & Wright, 2006).

*North Carolina End of Course Test (EOC)*. It is the assessment that is based upon content knowledge. Testing results are used to determine adequate yearly progress and school accreditation (North Carolina Department of Public Instruction, 2010).

*North Carolina End of Grade Test (EOG).* The test designed to measure a student's performance on the goals, objectives and the grade-level competencies specified in the *North Carolina Standard Course of Study* (North Carolina Department of Public Instruction, 2010).

*Philosophy.* A philosophy guides ones decisions about the goals and objectives, the use of materials, and the organizing and ordering of instructional tasks (Radencich, 1995).

*Policies and practices.* The policies and practices affecting students are those aspects of a school's operation that organize students' experiences within the institution. The policies and practices in both classrooms and in the entire school provide the context for teacher-student interactions around instruction (Danielson, 2002).

*Section 504.* "No otherwise qualified individual with a disability...shall, solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or subjected to discrimination under any program or activity receiving federal assistance" (Wright & Wright, 2006).

*Special education.* "Specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability..." Special education encompasses a range of services and may include one-on-one tutoring, intensive academic remediation, services in the general education classroom, and 40-hour Applied Behavioral Analysis (ABA) programs. Special education is provided in different settings, including the child's home (Wright & Wright, 2006).

### **Summary and Overview of Study**

Because federal and state accountability systems focus directly on student achievement, school districts have to ensure the academic success of all students, even those in alternative placement settings. This study will describe current curriculum and assessment policies and practices in a particular setting, day treatment centers, with the goal of improving the achievement of students with emotional and behavior disorders. This study will address three research questions: (a) What are the curriculum policies, practices, and philosophies of day treatment centers in North Carolina? (b) What are the assessment policies, practices, and philosophies of day treatment centers in North Carolina? (c) What is the role of the principal in promoting instructional quality and student achievement in day treatment centers in North Carolina?

Chapter One explained the need to understand curriculum and assessment policies and practices in day treatment centers. Chapter One also specified the research questions guiding this study, explained the significance of the study, detailed limitations of the study, and defined relevant key terms. Chapter Two provides an overview of the literature on EBD students, special education legislation, and day treatment centers. Chapter Three describes the methodology that guides the study. It provides detailed information about site selection, participants, data collection methods, and the analysis procedures used in the study. Chapter Four presents the findings for the study. Chapter Five summarizes key findings and discusses theoretical and practical implications from this study's findings for educators and policymakers. Lastly, limitations and directions for future research are described.

## **CHAPTER TWO: REVIEW OF THE LITERATURE**

This chapter will describe the theoretical and empirical literature related to the research questions. This review will focus on: (a) students with emotional behavioral disorders (EBD); (b) special education legislation, in particular, the three mandates that dictate services for EBD students—Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act of 1973 (Section 504), and the American with Disabilities Act (ADA); (c) day treatment centers, notably their historical development, effectiveness, curriculum and assessment policies; and (d) the principal’s role in leadership in special education.

### **Emotional and Behavioral Disorders**

To understand DTCs, we must first understand who they serve; students identified as EBD. Although there are similarities between the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) and the IDEA classification, the two classifications constitute two different perspectives on children’s adjustment disorders (House, 2002). The DSM-IV-TR focuses on identifying problematic patterns of behavior that cause great personal suffering or obvious impairment in life adaptation (mental disorders) or are judged to be appropriate objects of therapeutic treatment or other intervention. In contrast, IDEA focuses on identifying psychological or medical disabilities that would prevent a child from benefitting from a public education unless appropriate remediation is made.

The American Psychiatric Association (2004) defined the criteria for a student to meet the IDEA criteria as EBD as:

- (i) a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: (a) An inability to learn that cannot be explained by intellectual, sensory, or health factors; (b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (c) Inappropriate types of behavior or feelings under normal circumstances; (d) A general pervasive mood of unhappiness or depression; (e) A tendency to develop physical symptoms or fears associated with personal or school problems.
  
- (ii) The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance. (CFR §300.7 (a) 9)

Despite a national trend toward inclusion of students with disabilities in general classes and accountability systems, students with emotional and behavioral disorders (EBD) often have difficulty remaining part of the mainstream educational environment (Kauffman, 2005; Muscott, 1997) and are often placed in exclusionary settings that may offer greater behavioral and therapeutic support than the regular public environment. For students ages 6-21 who are served under IDEA, those with EBD are more likely to be placed in restrictive settings than youth in any other disability classification (U.S. Department of Education, 2009). In fact, more than 77,000 students with EBD are educated in separate day treatment

or residential schools. The next section will explain the laws that govern the educational experiences of students with EBD, including those in DTCs.

### **Special Education Legislation**

In the last thirty years, several civil rights statutes were enacted to prohibit discrimination in public schools, educational programs, and organizations or programs receiving federal funding. There are three major laws that protect the rights of persons with disabilities, including those students identified as EBD, and prohibit discrimination based on their disabilities: section 504 (§ 504) of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) and the Individuals with Disabilities Act (IDEA). This section will delineate the similarities and differences between these federal mandates and then explain the connection between these mandates and day treatment centers that educate many EBD students.

#### **Section 504 (§ 504) of the Rehabilitation Act of 1973**

Section 504 of the Rehabilitation Act of 1973 states, “No otherwise qualified individual with a disability...shall, solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or subjected to discrimination under any program or activity receiving federal assistance” (34 CFR 104.31-104.39). Section 504 is a broad civil rights law that applies to students and other individuals with disabilities. Section 504 requires all public schools to provide any student with a disability an equal educational opportunity and ensure that eligible students will not be subject to discrimination.

To be eligible for protections under Section 504, an individual must have a physical or mental impairment that substantially limits at least one major life activity, such as walking, seeing, hearing, speaking, breathing, reading, writing, performing math calculations, working, caring for oneself, performing manual tasks, and other activities (Wright & Wright, 2006). If a student has an “impairment” that “substantially limits” one of more major life activities, but does not need special education services, the child is still eligible for protections under Section 504. Section 504 also requires schools to perform an evaluation that draws information from a variety of sources. The school may develop a 504 Plan but the plan does not have to be written. Also, Section 504 does not require a meeting before a change in placement. Students who are not eligible for special education under IDEA but are eligible for day treatment services under the DSM-IV-TR may receive educational services through a 504 plan.

### **Individuals with Disabilities Education Act**

In 1975, the Individuals with Disabilities Education Act (IDEA) was signed into law to assure that state and local educational authorities provide students with disabilities a free and appropriate public education (FAPE) and that public agencies do not discriminate against students with individualized educational programs.

The Individuals with Disabilities Education Act (IDEA) originated as the Education for All Handicapped Children’s Act in 1975. Unlike Section 504, which was a non-funded statute, Congress allocated funds to IDEA to encourage the development of programs for

disabled students (Guernsey & Klare, 2001). This law is administered by the Department of Education's Office of Special Education and Related Services (OSERS). Since it was first passed, the law has undergone numerous amendments and reauthorizations. The most recent change was effective July 2005 and the statute was titled The Individuals with Disabilities Education Improvement Act (IDEIA). The funding statute has six guiding principles:

1. Zero rejects principle which stipulates that under no circumstances can the schools argue that it does not have to serve an IDEIA eligible student.
2. Nondiscriminatory testing
3. Parental involvement
4. Free appropriate public education
5. Least restrictive environment, and
6. Due process. (20 U.S.C. § 1400 *et seq.*, 2004)

### **Least Restrictive Environment**

Much of the literature related to least restrictive environment (LRE) focuses on mandates that have been developed through due process hearings and court decisions. Due to the complexity and vagueness of the definition of LRE in PL94-142 and IDEA, court cases have been the leading factor for determining specific state policies (Crockett & Kaufman, 1999; Douvanis & Hulsey, 2002; Howard, 2004; Thomas & Rapport, 1998; Yell, 2006).

The least restrictive environment case law embedded in IDEA mandates that each state must establish:

Procedure to assure that, to the maximum extent appropriate, children with disabilities ... are educated with children who are not disabled, and that special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. (20

U.S.C.1412 (5) (B)

The least restrictive environment ensures that students with disabilities are educated with nondisabled peers to the maximum extent appropriate. The removal of a student should only occur when supplementary aids and services cannot be achieved in the regular classroom. Also, when selecting the least restrictive environment, it is important for school personnel to take in consideration any potential harmful impact on the child or service quality (34C.F.R. Sect. 300.522).

To determine if a child's placement was the least restrictive environment, Howard (2004) examined court cases as "tests." Howard concluded that the court cases were only utilized to settle contentious disagreements between parents and districts. The cases did not address students with disabilities as a group. Howard proposed a two-pronged framework to help administrators determine LRE. The two-pronged framework consists of administrators reviewing LRE based on his review of the major court cases in conjunction with keeping abreast of changes in the law and court procedures as it relates to placement and LRE cases.

He also advised congress to clarify what factors should be included in the determination of LRE.

Deno (1970) argued that the primary role of special education was to provide developmental capital to all educational systems instead of direct instruction to students in pull-out programs. The goal of the model was to allow a variety of service options to target the needs of students with disabilities. The original Cascade Model by Deno provided seven placement levels in which students with disabilities could receive services. Placements levels ranged from the least restrictive—the general education classroom, special education classroom, special resource classroom, day treatment programs—to the most restrictive settings, which include, hospitals or domiciled settings, such as residential treatment centers. The continuum of services is based on the students' needs and is consistent with IDEA (1997), which allows students the right to be educated in the least restrictive environment. The Cascade Model or the continuum of services is used in schools to implement the least restrictive environment (LRE) that is embedded in IDEA and state regulation governing special education (Peterson, Zabel, Smith, & White, 1983).

### **NCLB and Special Education**

There are some significant changes that all schools must abide by to ensure compliance with NCLB. The key requirements of the law include annual proficiency tests in grades 3-8, a highly qualified teacher in every classroom, research-based instruction, increased parental rights, school choice, and public reporting of progress by schools, school

districts, and states (Wright & Wright, 2006). In 2005 annual proficiency testing was required for every student in math and reading every year in grades 3 through 8 (Wright & Wright, 2006). Schools had to begin to test students in science in 2007. The purpose of the annual testing was to ensure that a child is not left behind or allowed to be trapped in a school that is failing.

NCLB legislation also requires that highly qualified teachers are recruited to implement new highly qualified standards for special education teachers. USDE's (2004) definition of highly qualified requires that public elementary and secondary school teachers obtain full state certification or pass the state teacher licensing examination. Teachers must be certified in the subject area knowledge for core subject taught. According to NCLB, it is clear that special education is not an academic content subject. However, the law requires special education teachers to have the same requirements as general education elementary and middle school teachers, unless they are providing consultation or instructional support services. The special education classroom teacher is expected to meet the highly qualified requirements for the academic content subject as well.

One goal of NCLB is that all children will read at grade level by the end of grade three (Wright & Wright, 2006). NCLB includes the legal definition of reading, defines the five essential components of reading, and defines diagnostic reading assessments. As the IEP is developed, parents need to be familiar with the essential components of reading instruction and the requirements for identifying researched-based reading programs.

NCLB also afforded increased parental rights (Wright & Wright, 2006). At the beginning of each school year, districts that receive Title I funds must notify parents that they may request specific information regarding the qualifications of their child's teacher. If a child attends a Title I School that fails to meet its Adequate Yearly Progress (AYP) goal for two consecutive years, the parent may transfer their child to a school within the district that is non-failing. If all schools in the district fail to meet their AYP goals for two consecutive years, the child may attend a better performing school in another school district. If a student has to transfer, the student may remain in the better performing school until he or she completes the highest grade in that school. If a child attends a Title I school that fails to meet its AYP for three consecutive years, NCLB specifies provisions for supplemental education to be provided to students from low-income families.

To ensure that students are provided a free and appropriate education (FAPE), procedural safeguards were established under the Individuals with Disabilities Education Act (IDEIA) 2004. Procedural safeguards are a written explanation describing the educational rights and responsibilities mandated by the Individuals with Disabilities Education Improvement Act (2004) when a child is referred for an evaluation and throughout the special education process (Fitzgerald & Watkins, 2006). Congress stated that the procedural safeguards required by IDEIA must include, but are not limited to:

1. An opportunity for parents or guardian to examine all relevant records with respect to the identification, evaluation, and educational placement of the child, to obtain an independent educational evaluation of the child;

2. Procedures to protect the right of a child whenever the parent or guardian are not known, unavailable, or the child is a ward of the State, including the assignment of an individual to act as a surrogate for the parents or guardian;
3. Prior written notice (PWN) to the parents or guardian whenever the local education agency proposes to initiate or change, or refuses to initiate or change, the identification, evaluation, or educational placement of the child or the provision of a FAPE to the child;
4. Procedures designed to ensure that the procedural notice fully informs the parents or guardian, in the parents' or guardians' native language, unless it is not feasible to do so, of all procedures available; and
5. An opportunity to present complaints in regard to any matter relating to the identification, evaluation, or educational placement of the child, or the provision of FAPE to the child. (IDEIA, 2004)

The Individuals with Disabilities Education Act IDEA (1997, 2004) also ensures all students with disabilities will be provided a Free and Appropriate Public Education (FAPE) regardless of inability to behave in school. To protect their right to a free appropriate public education, however, and to ensure that those with behavioral disorders are not excluded from the educational process because of the very disabilities the IDEIA sought to address, special procedures must be followed beyond those that are implemented for most students (Osborne & Russo, 2006). Disciplinary procedures are developed to maintain a safe and orderly environment as well as protect students with disabilities rights.

Because of current legislation (IDEIA and NCLB), educators are mandated to hold all students to the same high academic standards. With an emphasis on holding students accountable, day treatment centers are under pressure to help EBD students meet the same standards as their peers. These high standards are mandatory for high school graduation requirements as well as reading and math standards for school-age children. Reading and mathematics, in particular, are targeted by NCLB, and many educational opportunities are contingent upon scores on accountability tests (Coleman & Vaughn, 2000; Maccini & Gagnon, 2007). DiPaola and Walther-Thomas (2003) explained that NCLB legislation is redefining K-12 education to close the achievement gap between disadvantaged and minority students and their peers. As such, with NCLB EBD students have more opportunity than previous years to expect that their experiences in DTCs will bring their achievement closer to that of their peers.

### **Americans with Disabilities Act**

In 1990, Congress passed the Americans with Disabilities Act (ADA), thereby expanding many of the protections of § 504 to most private entities receiving any assistance from any federal agency. Although there have been no provisions for funding, public schools are required to comply, or risk losing future federal funding for school programs (29 U.S.C. § 706 (7) (B), 1998). There are seven subsections to this civil rights law and three are vital to the implementation and compliance regulations for public schools. The subparts of the law are:

- A. General provisions
- B. Employment practices
- C. Program accessibility
- D. Pre-school, elementary, and secondary education
- E. Postsecondary education
- F. Health, welfare, and social services
- G. Procedures

Public schools must comply with subsections B, C, and D, which pertain to employment practices, program accessibility, and preschool, elementary, and secondary education.

The intent of these subsections is to protect students that have, have had, and/or are perceived to have a physical or mental impairment which substantially limits one or more major life activities, such as caring for oneself, performing manual tasks, talking, walking, seeing, hearing, speaking, breathing, learning, or working, among others (Wright & Wright, 2006). The passage of the 1990 legislation also ensured that the number of students being diagnosed with attention deficit hyperactivity disorder (ADHD) and the parents of those children that had been diagnosed with ADHD were now granted protection and deemed eligible for services or accommodations. A significant proportion of children (approximately half) with attention-deficit/hyperactivity disorder also has oppositional defiant disorder (ODD) or conduct disorder. The rates of co-occurrence of attention-deficit/hyperactivity disorder with these other disruptive behavior disorders are higher than with other mental disorders (American Psychiatric Association, 2004). Some students who are identified

ADHD with a co-occurrence of ODD or conduct disorder are eligible for day treatment services—even though they may not be identified as disabled under IDEA—because ADA went beyond the conditions covered under the Individuals with Disabilities Education Act (IDEA) of 1997.

### **Historical Development of Day Treatment Centers**

At the end of the 1800s an increasing number of children were placed in the judicial system due to a lack of therapeutic services necessary to meet the mental health needs of these children (Kauffman & Smucker, 1995). In 1922 juvenile court clinics incorporated the first multi-disciplinary teams to work with children. These clinics were staffed by social workers that were later included as part of a multi-disciplinary team that cared for the children. These early clinics provided the foundation for current community mental health centers throughout the country (Pumariaga & Vance, 1999). In 1964 the Joint Commission on Mental Health of Children (JCMHC) assembled to gather data on the status of services provided to emotionally disturbed children in the United States. The goal was to make recommendations that would eventually lead to the development of a continuum of improved services that targeted treatment and education for emotionally disturbed children. The JCMHC resulted in a movement to de-institutionalize mental health services, provide less restrictive environments, and reduce the cost of mental health care to patients (Knight, 1995). In the 1970s and 1980s a more hospital-based model of care and a movement toward localization of child care mental health began to develop. However, due to the lack of financial assistance, there was a split between psychiatric hospital-based services and

community-based health services. This separation of services between the two forms of treatment modalities allowed public mental health funds to be allocated to hospitals, leaving fewer resources for community-based care. Since the mid 1970s, there has been a dramatic increase in the creation of alternative learning settings in the United States that are designed for students with learning or behavior problems which put them at risk for dropping out of school (Raywid, 1994).

Alternative education programs are not new public education. Alternatives to inclusive education have existed since the beginning of public education (Young, 1990). However, the alternatives that are most familiar to us gained recognition in the late 1950s and early 1960s. At that time, inclusive education was criticized for being racist and exclusive to the promotion of only certain individuals (Raywid, 1981). The Elementary and Secondary Education Act (ESEA) of 1965 emphasized excellence instead of equity. By the late 60s, the alternative movement was criticized both outside of public education and within the public education system (Lange & Sletten, 2002). Although educational philosophies, purposes, and facilities vary widely, alternative schools share certain characteristics. They are usually small, located within a larger school, and have a greater staff-to-student ratio than conventional schools (Koetke, 1999). Also, there is generally more opportunity for individualized instruction, use of unconventional approaches and organizational structures, and a sense of community and personal caring (DeBlois, 2000). Alternative settings are typically student-centered, have a noncompetitive learning environment that measures

improvement and shuns comparisons between students, and have instructional programs stressing a specific philosophy or school culture (Koetke, 1999).

Day treatment is the most intensive non-residential program that can be provided over an extended period of time. It is a structured treatment service in a licensed facility for children or adolescents and their families that build on students' strengths and addresses identified needs (Child and Adolescent Day Treatment (MH/DA): Medicaid Billable Service, 2011). This medically necessary service directly addresses the child's diagnostic and clinical needs, which are displayed by the presence of a diagnosable mental, behavioral, and/or emotional disturbance as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) (Child and Adolescent Day Treatment (MH/DA): Medicaid Billable Service, 2011).

Eligible students are between the ages of 5 to 17 who have Medicaid or North Carolina Health Choice (NCHC). Therapeutic interventions are coordinated with the student's academic or vocational services available through an educational setting. A Memorandum of Agreement (MOA) is established between the day treatment provider and the local education agency (LEA) to ensure that everyone understands that the primary purpose of the day treatment is to serve children, who as a result of their mental health and/or substance abuse treatment needs, are unable to benefit from participation in academic or vocational services at a developmentally appropriate level in a traditional school or work setting (Child and Adolescent Day Treatment (MH/DA): Medicaid Billable Service, 2011)

The interventions provided in day treatment are designed to reduce symptoms, improve behavioral functioning, increase the student's ability to cope with and relate to others, promote recovery, and enhance the child's capacity to function in an educational setting (Child and Adolescent Day Treatment MH/DA: Medicaid Billable Service, 2011). Day treatment must address the age, behavior, and the developmental functioning of each child to ensure safety, health and appropriate treatment interventions within the program milieu (Child and Adolescent Day Treatment (MH/DA): Medicaid Billable Service, 2011).

Intensive services are designed to reduce symptoms and improve the student's level of social, emotional, or behavioral functioning, including but not limited to:

1. Functioning in an appropriate educational setting;
2. Maintaining residence with a family or community based non-institutional setting (foster home, Therapeutic Family Services); and
3. Maintaining appropriate role functioning in community settings. (Child and Adolescent Day Treatment (MH/DA): Medicaid Billable Service, 2011)

Day treatment is a day/night service that is available year round for a minimum of three hours a day during days of operation (Child and Adolescent Day Treatment (MH/DA): Medicaid Billable Service, 2011). During the school year, the day treatment program must operate each day that the schools in the local education agency (LEA), private or charter school, are in operation, and the day treatment operating hours must cover at least the range of hours that the LEAs, private or charter schools operate. Furthermore, day treatment programs may not operate as after-school programs only, but can include time spent off site

in places that are related to achieving service goals, such as normalizing community activities that facilitate transition/integration within the school setting, or visiting a local place of business to file an application for part time employment. At least 25% of the treatment services may take place outside of the licensed facility (Child and Adolescent Day Treatment (MH/DA): Medicaid Billable Service, 2011).

The staff of the day treatment program is required to collaborate with the school and other service providers prior to admission and throughout the duration of the services Child and Adolescent Day Treatment (MH/DA): Medicaid Billable Service, 2011). The roles of the day treatment staff and the educational staff are established through the MOA. If a MOA does not exist, providers must establish written policy which defines the various roles. Educational instruction and treatment interventions are determined based on staff function, credentials of the staff, the child's Person Centered Plan (PCP), and the IEP/504 plan. Educational instruction cannot be billed as a day treatment service.

Day treatment programs are generally more intensive than a public school or outpatient setting, but less restrictive than an inpatient or residential facility (Powell, 2000). The programs generally provide a multi-modal treatment approach and oftentimes have an educational program within the site. This allows the child to maintain their community ties and generalize treatment to their natural environment (Hussey & Guo, 2002). Educational and clinical services can be provided through group and individualized counseling, special education services, art therapy, physical and speech therapy and family therapy.

The goal of day treatment program is to go beyond the primary symptoms to a holistic approach that addresses the child's social system in addition to the disorder. Day treatment provides holistic treatment by allowing the child to remain in his or her original family and community setting as opposed to getting treatment in a residential facility (Grizenko, 1997). Also, attending a day treatment program prepares the children to transition to outpatient services without disrupting the child's academic goals since most programs provide schooling within the day treatment program (Granello, Granello & Lee, 2000; Robinson et al., 1999). Day treatment programs also address secondary symptoms such as poor peer relationships, self-esteems issues, and family dynamics (Grizenko et al., 1993). Some treatment programs provide individualized instruction that targets the academic needs as well as a curriculum for social emotional behaviors.

In North Carolina, day treatment centers are one of the more restrictive educational placements within the continuum of services for children 5 through 17 (20 or younger for those who are eligible for Medicaid). According to the Division of Medical Assistance Enhanced Mental Health and Substance Abuse Service Manual (2011), eligibility criteria is determined by: (a) an Axis I or II MH/SA (2011) Mental Health/ diagnosis (as defined by the DSM-IV-TR or its successors), other than a sole diagnosis of a developmental disability; (b) for children with a substance abuse diagnosis, the American Society of Addiction Medicine Patient Placement Criteria (ASAM-PPC) is met for Level II.I.; (c) evidence that less restrictive MH/SA rehabilitative services in the educational setting have been unsuccessful as evident by documentation from the school (i.e., functional behavioral

assessment, functional behavioral plan, Individual Education Plan, 504 Plan, or behavior plans); and (d) the child exhibits behavior resulting in significant school disruption or significant social withdrawals.

### **Effectiveness of Day Treatment Centers**

When children had comparable levels of behavioral difficulty, Grizenko (1997) found that students in day treatment programs have greater improvement in behavior, social skills, and family functioning than their peers receiving outpatient treatment. In addition, research indicates that clinicians refer children to day treatment programs when they have higher levels of psychopathology and family difficulties which are not as easily served in an outpatient setting (McDermott al, 2002; Ware et al., 2001). This finding indicates that referrals are appropriately falling along the treatment continuum, with less severe disturbed behavior disorder being treated in outpatient services, and more severe cases being referred to day treatment. Alternative programs such as day treatment centers are designed to provide flexible curricula, behavioral, emotional, and cognitive support. There are seven essential components of an effective alternative program serving students with disabilities: (1) functional assessments; (2) functional curriculum; (3) effective and efficient instructional techniques; (4) programming for effective and efficient transitions; (5) comprehensive systems; (6) appropriate staff, resources, and procedural protections for students with disabilities; and (7) educational climates that are supportive of the student's social/emotional needs (Quinn, Osher, Hoffman, & Hanley, 1998).

Butchart (1986) concluded that alternative schools also report reduced discipline problems and violence. Smith, Gregory, and Pugh (1981) found that, in addition to such academic indicators, behavioral and emotional measures also reveal encouraging results for students in alternative education programs. Students in alternative schools reported higher levels of satisfaction with their school and confidence that the school will meet their needs than students in traditional schools. The effects of alternative education seem to extend beyond the school years as well. Morley (1991), for example, found that dropouts who had returned to school and graduated from an alternative education program tend to become productive citizens after graduation.

Another measure of the effectiveness of day treatment centers is their ability to transition back to their home or public school (Grosenick, George & George, 1987). The majority of students do transition back to their home schools or to less restrictive settings (Baenen, Glenwick, Stephens, Neuhaus, & Mowrey 1986; Gagnon & Leone, 2006). Baenen and colleagues (1986) reviewed a large number of studies that used rate of reintegration to evaluate child day treatment programs. They found that this rate was 65% to 70% for children with diagnoses comparable to those typically treated in inpatient settings, 80% to 90% for children with less serious psychopathology. Kutash and Rivera (1995) also concluded that day treatment programs are an effective way to prepare disturbed children for reintegration into regular schools while keeping them with their families.

Kellmayer (1998) offered a 10-point checklist of effective alternative programs for disruptive youth that included: size, site, voluntarism, participatory decision making,

exemplary alternative schools, separate administrative unit, distinctive mission and family atmosphere, flexible teacher roles and program autonomy, access to social services, and use of technology. What is most interesting about Kellmayer's checklist is that it does not explicitly detail how alternative programs, such as DTCs, incorporate curriculum and assessment to meet students' academic goals. One reason this information is lacking is that there has been little attention to describing and intentionally shaping curriculum and assessment policies and practices in alternative settings. However, with heightened accountability, this is no longer an option. The next section discusses what we know about curriculum and assessment in DTCs and explains how this study expands our knowledge base.

Table 1: Kellmayer's 10-Point Checklist of Effective Alternative Programs for Disruptive Youth (1998)

Category	Specifications
Size	Classes should have no more than a 15:1 student: teacher ratio in order to provide for a great deal of small-group and individual activities.
Site	The facility should strive to establish a full-day program in a rich and supportive environment. At minimum students should have access to computers and other forms of technology, science laboratories, counseling and employment services and recreational facilities? Cost per pupil should be about the same for students who attend traditional school in the same system.
Voluntarism	Participation in the alternative program for disruptive students should be voluntary for administrators, teachers, and staff. Employees should not be assigned to a program in which they do not wish to work.
Participatory Decision Making	Students and staff members should have a real voice in the day-to-day operation of the alternative program. Parents and members of the community should be involved in the programs planning and operation.
Exemplary Alternative Schools	Successful alternative programs attempt to achieve many of the same academic goals as do traditional programs. It is how alternative and traditional programs attempt to achieve these goals that differentiate them in relation to curriculum. The alternative program for disruptive students should be related to students' academic and personal concerns.
Separate Administrative Unit	Effective alternative programs should have a separate administrative unit.
Distinctive Mission & Family Atmosphere	Alternative schools for disruptive students should have a clear mission, a sense of community and commitment, and shared values. Characterized by a culture of concern and caring, alternative programs for disruptive students should strive to develop a sense of family among all participants: students, teachers, support staff, and administrators.
Flexible Teacher Roles & Program Autonomy	Because of the distinctive mission of alternative programs for disruptive students and the concept of school as family, teachers, counselors and administrators who work in successful alternative programs accept a much broader and more flexible role than do teachers in traditional programs.
Access to Social Services	Because alternative programs for disruptive students serve disaffected as well as disruptive students, arrangements should be made to provide students with access to social services on an as-needed basis. These social services should be available to students at the school site, if possible.
Use of Technology	Students who are placed in alternative schools for disruptive students should have the same level of access to technology as students who attend traditional schools.

### **Curriculum and Assessment in Day Treatment Centers**

In their seminal nationwide study, Knitzer, Steinberg, and Fleisch (1990) examined instructional practices in programs for students with EBD. They coined the term *curriculum bleakness* to describe the instructional and curricular approaches that they observed. They noted that in alternative settings instructional curriculum was implemented through individualized worksheets. Students also sat in their seats for long periods of time during instruction. They also observed a limited amount of direct instruction approaches, instructional engagement between teachers and students, and classroom discussion as well. In 1999 *Effective Treatment for Mental Disorders in Children and Adolescents* noted similar concerns, concluding that “many special education programs for students with emotional and behavioral problems target behavioral change, but place less emphasis on academic achievement” (p. 252). With limited emphasis on academic achievement in day treatment centers, students in day treatment centers may not be able to learn the standards specified in the curriculum. Joseph Gagnon’s (2002) findings discussed two types of curriculum, the prescribed curriculum and the school-developed curriculum. The teachers and principals reported that a prescribed curriculum was more commonly used. Interestingly, the schools did not know the extent that the prescribed curriculum was linked to the local, district, and state curriculum guidelines. Several principals reported that the school staff did not receive any information regarding the curriculum from the local schools. Gagnon (2002) concluded that although district and state standards may act as a link to the general curriculum, this was not the case necessarily for students who have IEPs. For students with IEPs it is better to

have a standard state curriculum. When the curriculum is not related to the local school's district, the students are put at a greater disadvantage. Gagnon argued that more collaboration is needed between day treatment, residential schools, local schools and the state department of public education. Planned staff development and sustained staff development are key components for promoting collaboration and alignment. Additional research and discussion is necessary to explore the benefits and the drawbacks of day treatment, residential schools and the autonomy regarding the establishment of a prescribed school curriculum (Fuhrman, 1999; Heubett & Hauser, 1999; Lin, 2000; Olson, Jones, & Bond, 2001; Thurlow, Nelson, Teelucksingh, & Ysseldyke, 2002).

With federal and state accountability systems directly reviewing student data to determine if students are achieving and schools reporting achievement data to the public, there is a shift in public accountability for students with disabilities. In the past, schools were focused primarily on individualized education programs (IEP) and the school system compliance with procedures (Thurlow et al., 2000; Department of Education, 2002a). Students' performance was not incorporated in the accountability model. However, as a result of the inclusion of students with disabilities in accountability systems, alternative settings must move away from Knitzner, Steinburg, and Fleisch's (1990) observation of curriculum bleakness and incorporate new instructional approaches to ensure students are learning the content.

Research has begun to identify some curricular and instructional approaches that are effective with students who have EBD. These approaches include: (a) more time spent on

engaging students in the classroom, rather than rely on worksheets; (b) direct instruction in learning strategies; organizational skills, and study skills; (c) instructional activities that incorporate experiential approaches, hands-on tasks, projects, and higher order thinking skill; (d) curriculum and instruction that are culturally relevant, developmentally, appropriate , and have some connection to students' interest and the world they live in; (e) curriculum-based measurement, ongoing evaluation of students' academic progress; (f) direct instruction in and opportunity for real world practice of social skills, conflict resolution, anger management, and problem solving technique (Bos & Vaughn, 2009; Johns, Crowley, & Guetzloe, 2002; Schloss, Smith, & Schloss, 2001). Gaylord, Quinn, McComas & Lehr, 2005 and Lehr and Lange (2003) indicated that, for this particular population of students, extra supports are required (e.g., counseling, smaller class sizes, extra academic assistance, and well-prepared teachers) to help educate them.

Assessment is the systematic approach used for collecting information that can be used to make inferences about characteristics of people or objects (Reynolds, Livingston, & Wilson, 2009). Assessment is not only used for collecting data, it is used to appraise students' knowledge, understanding and their abilities or skills. It is typically linked to a course or a program's intended learning outcomes (Marriot & Lau, 2008). Additional methods of student assessment have been derived on the basis that they produce active, reflective and self-regulating learners (Elango, Jutti, & Lee, 2005). This approach to assessment has changed the way educators perceive student learning and assessment This new perspective was driven by the need for classroom assessments that recognize, teach, and assess

knowledge, skills and abilities that students must have beyond the classroom. As a result, authentic forms of assessments were introduced because of their potential to test complex mental abilities such as writing and problem solving skills (Reynolds, Livingston, & Willson, 2009; Waldrip, Fishers, & Dorman, 2009).

Joseph Gagnon's (2002) national survey of *Educational Accountability in Day Treatment and Residential Schools for Students with Emotional and Behavioral Disorders* found: (1) local and state assessments were the primary assessment tool; (2) principal and teachers reported that 81-100% of the students participated in local and state assessments; (3) norm-referenced or criterion-referenced assessments were available as alternate assessments; (4) assessment accommodation policy were primarily based on state and district guidelines; (5) assessment data were shared with parents, guardians, and teachers; and (6) assessment data were most often used to determine areas of improvement and to help enhance instruction and curriculum. In North Carolina, General Statute 115C-110.20 addresses school based accountability, which includes alternative settings such as DTCs. According to the North Carolina General Assembly, "the mission of public schools is to challenge with high expectations each child to learn, to achieve, and to fulfill his or her potential." With that mission as its guide, the State Board of Education shall develop a School-Based Management and Accountability Program. The primary goal of the program shall be to improve student performance (NCDPI, 2012).

The purpose of the accountability program in North Carolina is:

- (i) To assure that all high school graduates possess those minimum skills and that knowledge though necessary to function as a member of society;
- (ii) To provide a means of identifying strengths and weakness in the education process in order to improve instructional delivery; and
- (iii) To establish additional means for making the education system at the state, local, and school levels accountable to the public for results (NCDPI, 2012).

Students with disabilities have to be included in the accountability system in order to be part of the education reform (Elliott, Erickson, Thurlow, & Shriner, 2000). This study will attempt to describe if and how reforms are taking place in DTCs. As a starting point, this work extends the efforts of Gagnon (2002; 2010) and colleagues (Gagnon & Leone, 2006; Gagnon & McLaughlin, 2004) which rely on Gagnon's comprehensive study.

### **Review of Gagnon's Work**

Since Gagnon (2002; 2010) is a point of departure, I want to explain how this work complements his efforts. Table 2 compares Gagnon's (2002) study and this study.

Table 2: Comparison Table between Gagnon (2002) and This Study

Gagnon (2002)	This Study
<ul style="list-style-type: none"> <li>Quantitative (271 principals and 229 teachers, grades 1-6)</li> </ul>	<ul style="list-style-type: none"> <li>Qualitative (one school, one principal and eight instructional personnel, grades K-12 )</li> </ul>
<ul style="list-style-type: none"> <li>Describes curriculum and assessment policies, practices, and philosophies as it related to characteristics of teachers, students, and principals</li> </ul>	<ul style="list-style-type: none"> <li>Describes curriculum and assessment policies, practices, and philosophies of a single school</li> </ul>
<ul style="list-style-type: none"> <li>Examines variance between 216 schools and 48 states (i.e., how these compared across program type, organization structure, accreditation, primary accountability, participation in assessments, and reporting assessment results)</li> </ul>	<ul style="list-style-type: none"> <li>Within school variation</li> </ul>
<ul style="list-style-type: none"> <li>Collected data from 2001- March 2002 (does not reflect NCLB)</li> </ul>	<ul style="list-style-type: none"> <li>Collected data in 2013 (post-NCLB; heightened accountability era)</li> </ul>
<ul style="list-style-type: none"> <li>Does not explain the role of the principal as an instructional leader</li> </ul>	<ul style="list-style-type: none"> <li>Seeks to explain the role of the principal as it relates to being an instructional leader in DTCs</li> </ul>

Gagnon's (2002) national survey *Educational Accountability in Day Treatment and Residential Schools for Students with Emotional and Behavioral Disorders* is the most comprehensive work on the curriculum and assessment policies and practices of residential and day treatment centers in the U.S. to date. Based on information gathered from a survey sent to a random selection of residential and day treatment schools for students with emotional and behavioral disorders, the study focused on the characteristics of students, teachers, administrators, and schools, current school-level curricular, and accountability, and entrance and exit policies. While this study utilizes Gagnon's (2002) research questions, it

departs from his work in several important ways. First, Gagnon focuses on the “what” of policies and practices. His research does not explain “why” day treatment centers choose certain curricular and assessment policies and practices. Second, Gagnon focuses on school-level policies. This work attempts to capture information at the school and teacher levels, examining similarities and differences within a single day treatment center. Third, because this study is qualitative, I can learn about policies and practices that exist but were not listed as options for survey responses. Fourth, and quite important, is that Gagnon collected data from January 2001 through March 2002. Certainly, his results do not reflect the enactment and implementation of NCLB. Indeed, many of his findings indicated a lack of alignment between day treatment centers’ and residential schools’ curriculum and assessment policies and practices and state requirements—the very routines NCLB sought to change. That is, the context has changed dramatically, and it is quite likely that what is currently happening in day treatment centers as a result of NCLB may be significantly different than Gagnon’s findings.

Lastly, unlike Gagnon (2002), this research also seeks to learn more about the role of the principal of a day treatment center and the specific demands related to being an instructional leader in this setting. The principal’s role is crucial to success as public schools strive to meet the challenges of implementing curriculum and assessment practices that comply with federal regulations and special education mandates.

### **Principal's Role in Leadership in Special Education**

With the federal mandates of No Child Left Behind (NCLB) and the re-authorization of the Individuals with Disabilities Education Act (IDEIA), principal leadership in special education has changed. The principal's mission is no longer seen in the light of manager but rather as instructional leader (Warger & Eavy, 2001). To be an effective instructional leader, school administrators have to have more than basic knowledge of special education laws in order to comply with federal regulations of IDEA, state guidelines, and school district obligations. Warger and Eavy (2001) contend that it is imperative that principals are knowledgeable in special education law as it relates to (a) free and appropriate education (FAPE) (b) least restrictive environment (LRE) (c) due process (d) related service (e) procedural safeguards. "The principal's role is critical to success as public schools strive to meet the challenges of implementing the new IDEA requirements" (Warger, Eavy & Assoc., 2001, p. 1). Unfortunately, Thune (1997) found that principals are leading and operating educational programs with a limited amount of knowledge about state and federal mandates. Additionally, Brookshire (2002) determined that school leaders must make decisions that are directly related to special education policies, procedures, and laws; especially those laws that will create liability issues for the school and the district. It will be costly when principals fail to follow the letter of the law. For example, Tucker (2002) reported that a federal judge ordered the Washington, DC public schools to pay \$1 million to two contract schools, Educational Transition Services and Rock Academy, for providing services to students. As a

result of this order, the school district threatened to close their schools. The amount that the schools owed the city was more than \$1.7 million for past services.

Principal leadership is the key factor in serving students with special education as well as supervising special education teachers in effective schools (Bateman & Bateman, 2006). Since leadership is the number one factor related to effective schools services, the principal must be leaders of all programs especially special education (Gersten, Keating, Yovanoff, & Harniss, 2001). Despite the popular view that principals need to not only understand special education laws, supervise special education teachers, and lead special education programs, principals are feeling unprepared for educating students with disabilities because although the principal's leadership role is crucial to the success of the school, in recent years states have moved away from mandating preparation programs that include coursework on special education policy, procedures, laws, and practices (Goor & Schwenn, 1997).

Effective instructional leaders who have a greater understanding of students with disabilities and the federal policies and practices governing those disabilities, IDEIA (2004) and NCLB (2002), will be more prepared to provide better services and support to the teachers and students. As Goor and colleagues (1997) indicated, aspiring principals must develop competencies in special education that will facilitate the unification of general and special education reform efforts.

McLaughlin (2009) identified three characteristics of effective leaders in special education: 1) they have knowledge of federal and state special education rules as well as

understanding instructional strategies and techniques utilized by special educators to ensure student achievement; 2) they create a school-wide culture that accepts and integrates all students and identifies special education services and supports that provide students with access to curriculum; and 3) they ensure that students receiving special education services participate in state and local assessments and that data are utilized in the school improvement process. School principals have to be instructional leaders to both general and special education teachers in their role. Frost & Kersten (2011) indicate that principals are not always prepared to be instructional leaders to special education teachers, new legislation ensure that principals assume responsibility for program effectiveness and student achievement.

Rhys (1996) and Nardone (1999) confirmed the gaps in training regarding the preparation of principals in their knowledge of special education legal issues, especially in compliance and procedural safeguards mandated in IDEA. The 1990 version of IDEA requires that school administrators participate in IEP meetings so appropriate services may be determined (Goor et al., 1997). Yet, many principals will delegate these responsibilities to others, which will increase the district's liability (Goor et al., 1997). Decisions are sometimes made that will not protect the rights of students and parents. Furthermore, sometimes placements are inappropriate and credence is not always given to placement in the least restrictive environment. Principals are also responsible for helping to facilitate transition planning for students with special needs as they progress through the educational system (Alper, Schloss, & Schloss, 1996).

Instructional leaders must focus on rigorous academic outcomes for all learners (Gupton, 2003; Klinger, 2001). Their actions should promote a culture of disciplined professional inquiry dedicated to research-based practices that will ensure that their decisions are data-driven and expected outcomes for all learners are achieved. Additionally, the attitude of the principal toward the education of children with disabilities will greatly determine the success of special programs (Chance, 2009). Morton (2000) stated that many general education principals and some special education principals are unfamiliar with strategies that are effective in educating students with disabilities. Principals must be able to facilitate a collaborative environment for planning and problem solving between general and special educators as well as other stakeholders who may have need to be involved with the educational process (Williams & Katsiyannis, 1998). It is imperative that school leaders understand how to mobilize their communities to tackle challenges and problems that have not been successfully addressed (DiPaola & Walther-Thomas, 2003).

Principals are vital in the life of special education students as it relates to their needs. Yell (2006) noted that “principals are responsible for ensuring that students in special education receive a meaningful program and provide leadership in resource and budget management to ensure that special education programs receive necessary support” (p. 22).

In addition, principal leadership is a leading factor in special education placements. Evan et al. (1992) noted that “although placement decisions for students with disabilities are made by each student’s IEP team, the behavior and perceptions of the principal strongly influence placement decisions” (p. 137). Leaders must ascribe to a transformational

leadership style in order to promote the success of students with disabilities (Jung & Soski, 2002). Transformational leadership “involves an engagement between leaders and followers bound by common purpose” (Chance, 2009). The underlying “principle of transformational leadership is the concept of a leader’s commitment to moral purpose and personal values” (p. 95). A transformational leader has a vision and can communicate the vision to the staff involved. This is a leader who can motivate the employees and transform them by “raising the level of morality in others (Northouse, 2007, p. 177).

In a study conducted by DiPaola and Tschannen-Moran (2003), principals reported that there was a need for additional knowledge and skills to enhance their ability to facilitate development, implementation, and evaluation of appropriate programs for students with disabilities. Kellmayer’s (1998) advice to principals who work in alternative programs for disruptive students was not to let the pressure of working with difficult students shake the principal’s level of professionalism or commitment. In particular, Kellmayer said, “No matter how difficult their behavior may be, try not to become upset or angry. Hold students accountable for their behavior, but do not become punitive. Always go back to the theory, do what quality literature suggests as appropriate, and be a professional” (p. 28).

According to Yell, Thomas, & Katsiyannis (2012) principals must understand special education mandates that are connected to funding for the continuation of special education programs (Jackson & Kelley, 2002). According to Harlin-Fischer (1998) in implementing a full continuum of services for students with disabilities, there are 10 basic competencies for school administrators:

1. Procedural guidelines for all parties involved;
2. Impartial due process procedures (eligibility and placement);
3. Rules for assessment and evaluation;
4. Ethics regarding confidential information;
5. Functional behavioral assessment and behavior intervention plans;
6. Positive and negative effects of attitudes of teachers;
7. Positive effects of modeling appropriate behaviors for students with disabilities;
8. Preserving a commitment for the highest educational goals and quality of life for students with disabilities;
9. Collaboration among all stakeholders; and
10. A full continuum of services for all students with disabilities.

Goor & Schwenn (1997) investigated components of a program that impacted principal leadership in special education. The program components targeted four essential areas. An effective principal believed that all children could learn, and all children should be welcomed in the school community. The instructional leader should also be held accountable for the education of all the children in the school building. They also pointed out that the role of the principal is to support teachers with disciplinary issues and be committed to compliance requirements. Another key factor for principal leadership in special education was the hiring of effective teachers and paraprofessionals to meet the needs of the students. In order to hire highly qualified teachers, the principal should understand what constitutes a highly qualified teacher under NCLB.

Bays and Crockett's (2007) study concluded that in working with students with disabilities, principals need to include in their instructional leadership practices: (a) vision

that includes effective instruction; (b) developing norms of trust, collaboration, and academic achievement; (c) engagement of teachers and provision of meaningful support; and (d) monitoring of instruction and strategies. Enhanced instructional leadership should improve special education for students with unique educational needs and should enhance meeting the annual targets for improvement.

Another key component of being an instructional leader for special education students is ensuring that the teachers are highly qualified. Beginning in the 1970s teachers only needed to have a college degree and a teaching certification in special education in order to teach. Over time, these requirements have changed drastically. Most recently, with NCLB and the reauthorization of IDEA a special education teacher has to be highly qualified in the core academic subjects. The term “*core academic subjects*” was adopted by IDEA from the 1965 ESEA and refers to language arts, mathematics, and history along with other subjects. According to the reauthorized IDEIA 2004, special education teachers:

[a] Must obtain full State certification as a special education teacher or passed the State special education teacher licensing examination, and holds a license to teach in the State as a special education teacher; [b] the teacher has not had special education certification or licensure requirements waived on an emergency, temporary, or provisional basis; and [c] the teacher holds at least a bachelor’s degree. (Wright & Wright, 2006)

As this overview of some of the literature on principals as instructional leaders for special education shows, principals play an important role not only in the compliance of

special education laws, but also ensuring that resources, such as teachers, and instructional practices are meeting the needs of students with disabilities. As such, if we seek to improve, the academic achievement of students with EBD in day treatment centers, we must understand the role of the principal as instructional leader in these settings.

### **Summary**

This chapter reviewed the theoretical and empirical literature related to day treatment centers. The review focused on five areas: (a) students with emotional behavioral disorders (EBD), (b) special education legislation, in particular, the three mandates that dictate services—Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act of 1973 (Section 504), and the American with Disabilities Act (ADA); (c) Least Restrictive Environment (LRE); (d) day treatment centers, notably their historical development, and, effectiveness, curriculum and assessment and policies; and (e) the principal’s role in leadership in special education. The review demonstrated that we know little about curriculum and assessment policies in day treatment centers and explained why principals need to be instructional leaders for students in special education. The review also showed that learning more about day treatment centers will allow us to better meet the needs of EBD students. The next chapter will describe the methodology for this study.

## **CHAPTER THREE: METHODOLOGY**

In this chapter, I describe the methods that were used to collect and analyze the data for this study. Specifically, this chapter explains how one type of qualitative research, case study, guided data collection and analysis. This chapter also addresses the trustworthiness and reliability of the research design as well. This chapter concludes with a discussion of the researcher's role and ethical considerations.

### **Review of the Purpose of the Study**

The purpose of this study is to describe current curriculum and assessment practices for students with EBD in day treatment centers. The following research questions (the first two adopted from Gagnon's (2002) work) guide this study:

1. What are the curriculum policies, practices, and philosophies of day treatment centers in North Carolina?
2. What are the assessment policies, practices, and philosophies of day treatment centers in North Carolina?
3. What is the role of the principal in promoting instructional quality and student achievement in day treatment centers in North Carolina?

This study describes what types of curriculum and assessment policies and practices are occurring in day treatment centers to help EBD students meet the high expectations specified in NCLB. With a history of inadequate educational services in day treatment centers, such as

placing little emphasis on education (Grizenko, Sayegh, & Papineau, 1994) and receiving little assistance with transitioning to their public or home school (Katsiyannis, 1993), as well as an increase in the number of students in day treatment centers and heightened emphasis on passing state assessments (Gagnon & Leone, 2006), it is imperative that we examine school curriculum and assessment practices in day treatment centers to ensure that these populations of students are receiving quality educational experiences. The results of this study can be used to provide insight to policymakers and educators about the curriculum and assessment policies and practices that impact the educational outcomes of EBD students in day treatment centers.

### **Research Paradigm**

Qualitative methodology is appropriate for research questions that wish to examine and seek to describe, interact, or explain a phenomenon (Creswell, 2009). Qualitative research is defined as “an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The research builds a complex, holistic picture, analyzes words, reports, detailed views of informants, and conducts the study in a natural setting” (Creswell, 2007, p. 15).

Because qualitative research allows researchers to gain new insights into problems about which some information already exists (Creswell, 2009; Hoepfl, 1997), using a qualitative research approach for this study allowed me to provide new perspectives that were not captured with Gagnon’s (2002) investigation. For example, Gagnon’s study focused on two

key areas: (a) characteristics of students, teachers, principals, and programs in alternative settings that served EBD students; and (b) current school-level curriculum and instruction, accountability, and entrance and exit policies. Conducting qualitative research guided by similar research questions allowed me to study teachers and principals in their natural setting, describing a day treatment center from their point of view, thereby permitting me to gain an in-depth understanding of the curriculum and assessment practices and policies. Furthermore, this study sought not only to identify practices and policies, but also explore how they came about and to what extent they are implemented, questions not examined by Gagnon (2002) or the current literature.

There are five common approaches to qualitative research: (a) ethnography, (b) ground theory, (c) phenomenological research, (d) narrative research, and (e) case study (Leedy & Ormrod 2005). “A case study design is employed to gain an in-depth understanding of the situation and meaning for those involved. The interest is in process rather than outcomes, in context rather than a specific variable, in discovery rather than confirmation. Insight gleaned from case studies can directly influence policy, practice, and future research” (Merriam 2009, p.19). Yin (2012) defined the case study research method as an “empirical inquiry that investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident, and which multiple sources of evidence are used” (p. 23). Stake (2006) explained that, “qualitative case study was developed to study the experiences of real cases operating in real situations” (p. 3).

This study is well-suited for single case study because an in-depth and holistic investigation is needed to examine the curriculum and assessment policies and practices in day treatment centers. Eisenhart (1989) stated that case studies are “particularly well-suited to new research areas or research areas for which existing theory seems inadequate.” (pp. 548-549). Case study method allowed me to move beyond Gagnon’s (2002) statistical results which do not provide a clear understanding of the conditions that explain curriculum and assessment processes in a day treatment center.

### **Sample Selection: Site and Participants**

There were four criteria guiding selection of the research site. First, in order to examine curriculum and assessment practices for all K-12 students, I needed to examine a site that included students across a wide range of grades. Second, because this study focused on EBD students, the second criteria was that the day treatment center provided services for students that were identified EBD. I also sought out a day treatment center that provided individualized intervention based on a variety of educational and psychotherapy approaches. This third criteria allowed me to access and describe a wide range of possible curriculum and assessment practices and philosophies. Lastly, I needed access to the setting. Because of the vulnerable nature of the students and potential concerns of teachers and administrators of being evaluated, I selected a school in which I was allowed full access to teachers and administrators. Therefore, a day treatment center located in a southeastern state was selected for this study. The DTC was located in an alternative school located in an urbanized township. This center had a total of 27 students with a student-teacher ratio of 6:1 with 17

full-time teachers. Students that attended had the opportunity to overcome their behavioral challenges and transition back to their home school.

Inclusive sampling procedures were used to select participants. Inclusive sampling was best suited for this study because the entire population of participants was small, making it feasible to be inclusive. Also, excluding anyone from such a small pool of participants could also be perceived as political. The participants in this study included both administrators and instructional faculty. The instructional personnel and administrators provided information about formal and informal curricula and assessment policies; described the day treatment center's interactions with state and local governments to meet accountability mandates, and explained their role in promoting instructional quality and student achievement in the day treatment center. The principal of the school where the day treatment center was housed, the director of the day treatment center, and instructional faculty that provided services to EBD students were included. They were asked to describe curriculum and assessment policies and their practices. A total of six instructional personnel were asked to participate: one teacher of students in K-5 grades, two teachers of students in grades 6-8, one teacher of students in grades 9-12, and two instructional assistants. This sample included all instructional personnel in the day treatment center.

### **Data Collection**

Qualitative research, broadly defined, means “any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification”

(Strauss & Corbin, 1990, p.17). Qualitative research “uses narrative and descriptive approaches for data collection to understand the way things are and what they mean from the perspective of the research respondents.” (Mills, 2003, p. 4) There are six typical sources for qualitative data: documents, archival records, interviews, direct observations, participant-observations, and physical artifacts. The primary sources of data that were used in this study were interviews, focus groups, and documents (e.g., school mission statement, curriculum, handouts from professional development or staff meetings, and curricula or assessment materials). The principle of triangulation guided selection of data sources. Triangulation is the use of multiple data sources, informants, investigators, methodological approaches, theoretical perspectives, or sites (Denzin, 1970; Kimchi et al., 1991) within the same study. For this study, I used different types of data sources—documents, interviews, and a focus group—to triangulate the data. The use of different data sources in the same study allowed each source to compensate for another source’s limitations (Brewer & Hunter, 2006). Using different types of informants, administrators, teachers, and instructional assistants, was another approach to triangulating the data for this study. Here, different types of participants’ viewpoints were compared to one another, and produced a rich picture with multiple perspectives.

***Interviews.*** Interviews allow the researcher to access study participants’ thoughts, feelings, and intentions, which are difficult to access through observations (Patton, 2002). Face-to-face interviews also allow the researcher to gain information for the study by establishing a strong rapport with the interviewee and from non-verbal cues (Rubin & Rubin

1995). The underlying purpose of an interview is to get a detailed account of a phenomenon being studied from an informant. Interviewing participants allowed me to have open dialogue with DTC informants, which let me produce a full account of the curriculum and assessment policies and practices in the day treatment center.

Participants were interviewed using an open-ended, semi-structured questionnaire based on the three research questions (Appendices A-D). Semi-structured interviews allowed participants the opportunity to speak openly and freely. Many of the interview questions were adapted from Gagnon's (2002) dissertation. Other questions were based on items from a study of principals' instructional leadership (Ruffin, 2007). I also developed questions that would solicit information about the school context. Overall, I endeavored to include questions that addressed the concepts specified in the research questions. Before the interviews began, I reviewed the informed consent statements with the participants and requested their signature to indicate that they understood the purpose of the study and agreed to participate (Appendices E-H). With the consent of the participant, interviews were electronically recorded with two audio recorders. The recordings were transcribed verbatim by the researcher to aid interpretation of the data and to ensure the accuracy of information (Silverman & Marvasti, 2008). The interviews were conducted at a time that was convenient for the participants, during planning periods and on a teacher work day. The interviews lasted approximately an hour in length, and all the interviews were held on site at the DTC (Appendix I).

Interview data were kept confidential. Data were stored securely in computer files that were password-protected, and all identifying information was replaced with pseudonyms for the participants and the day treatment center. Participants were not asked to write their name on any study materials, and all identifying information was removed from all communications and tape recordings. No reference was made in oral or written reports, including this dissertation which could attribute comments to any participants in the study. When I described the demographic characteristics of the teachers, I intentionally collapsed the data to hide their identities, thereby maintaining confidentiality of their remarks, which encouraged frank responses and protected them from reprisal.

*Documents.* Documents for this study were comprised of school and teacher-generated documents related to curriculum and assessment policies and practice, such as: assessment and curriculum policies, instructional policies, staff development agendas, program philosophy or mission statement, the Common Core Standards, Student Handbook, and the School Improvement Plan. Both when setting up the interviews and during the interviews, I asked participants for documents that they believed would help me understand curriculum and assessment policies and practices in their day treatment center. Documents usually do not stand alone are not typically rarely sufficient to conduct a qualitative study, however they provide sources for support for other things such as interviews and observations (Edmondson & Irby, 2008 ). Thus, findings from these documents were used to supplement themes emerging from the interviews and focus group.

*Focus Group.* A focus group in essence could be considered a group interview. Focus groups investigate a particular set of issues through group discussion (Barbour , 2008). Focus groups allow for numerous perspectives and permit participants to share ideas with one another (Edmondson & Irby, 2008). Study participants were asked to provide their perspectives about formal and informal curricular and assessment policies, describe the day treatment interactions with state and local governments to meet accountability mandates, and explain their role in promoting instructional quality and student achievement in their day treatment center. I facilitated the focus group and made every effort to give all participants the opportunity to answer prompts (Appendix J). Some of the same questions (Appendix K ) from one-on-one interviews were posed in the focus group questionnaire. With the consent of participants, the focus group was audio-taped and transcribed to ensure richness and reliability.

The focus group was entirely comprised of teachers because they ultimately are responsible for student learning. The focus group interview was conducted after the individual interviews and allowed me the opportunity to further explore themes apparent in the interviews. Combining data from the focus groups with individual interviews helped reveal insights that were not immediately evident from the individual interviews and brought attention to similarities and differences in teachers' perspectives, thereby allowing me to discern if contextual conditions and teachers' experiences and beliefs influence their interpretation of policies and their instructional practices. The focus group discussion lasted 1 hour and 30 minutes.

**Field Notes.** I also took field notes during the interview process. Ary, Jacobs & Razavieh (2009) explained that field notes have two components: descriptive and reflective. “The description component includes a complete description of the setting, the people and their reactions and interpersonal relationships, and accounts of events.” (p. 429) The reflective component includes the observer’s personal feelings or impressions about the events, comments on the research method, decisions and problem, records of ethical issues, and speculations about data analysis” (p. 431). Ritchie and Lewis (2003) defined field notes as “an opportunity to record what researchers see and hear outside the immediate context of the interview, their thoughts about the dynamics of the encounter, ideas for inclusion in later fieldwork and issues that may be relevant at the analytical stage” (p. 133). The field notes from the interviews allowed me to document participants’ non verbal communication or behavior.

### **Data Analysis**

Data analysis is the “process of making sense and meaning from the data that constitute the finding of the study” (Merriam, 2009, p. 178). Open coding was used to identify themes for each of the interview questions. Codes allow the researcher to deconstruct and then synthesize data to develop a more meaningful interpretation of the analysis (Edmonson and Irby, 2008). I searched for recurring words or thematic constructs relevant to the research questions to create the codes.

### **Ethical Considerations**

I submitted an application for IRB approval from North Carolina State University, which was approved, and adhered to IRB guidelines. To ensure confidentiality, I used a pseudonym for the site and participants (e.g., pseudonyms for the teachers and principals represented places in North Carolina) and did not mention the specific geographical location. Additionally, the participants were provided an introductory letter describing the purpose and the significance of the study and outlining their role in the process. The participants were asked to sign a written consent to acknowledge permission to participate in the study with the understanding that they can terminate the interview at any time. I collected informed consent forms from participants before the interviews began. Also, at the beginning of the interview, I explained the purpose of the study and the goals that I hoped to achieve.

### **Trustworthiness**

Seale (1999) explained that “trustworthiness of a research report lies at the heart of issues conventionally discussed as validity and reliability” (p. 266). Patton (2001) remarked that validity and reliability are two factors with which any qualitative researcher should be concerned with when designing a study, analyzing results and judging the quality of the study. Silverman concurred, remarking: “validity and reliability are two important concepts to keep in mind when doing research, because in them the objectivity and credibility of research are at stake,” (2004, p. 283). In order to establish trustworthiness, I triangulated the data, addressed researcher bias via research reflexivity, and provided thick descriptions of the results. Triangulation is the process by which a variety of methods are used to study one

phenomenon (e.g., sources, types of participants, theoretical approaches, research methodologies) to strengthen the design, increase the credibility, and interpret the findings (Campbell & Fiske, 1959; Denzin, 1970; Polit & Hungler, 1995). Triangulation also increases confidence in the data, helps develop innovative ways of understanding a phenomenon, illuminates unique findings, allows for challenging or integrating theories, and provides a better understanding of the problem (Jick, 1979). Using a variety of methods of data collection methods (in this case, interviews, a focus group, and documents) strengthened the study's credibility and enhanced the completeness and confirmation of the data in the research finding (Merriam, 2009). Researcher's reflexivity is the critical self-reflection by the researcher regarding assumptions, worldview, biases, and relationship to the study that may affect the investigation. I did this by specifying a statement of subjectivity prior to conducting the study. Lastly, I provided a thick description of the findings to contextualize the study. As such, readers have the ability to determine the extent to which their situation matches the research context, and whether the findings can be transferred. Additionally, providing a thick, rich description helped explain context as well as behaviors so that outsiders can gain meaning from the behaviors of the teachers and principal in the day treatment center.

### **Statement of Subjectivity**

The purpose of this qualitative research study was to describe current curriculum and assessment policies and practices in day treatment centers for students with EBD. As I reflected on my role as the researcher in this study, I recognized that there may be biases I

needed to address. First, I am an educational professional. I began my career in education as an elementary school teacher. After teaching for 10 years and completing my administrative internship at the elementary level, I received an assistant principal position at a new elementary school in 2006. After three years of service, I needed a new challenge; so, in 2009, I was named principal at another school in the county where I am currently employed. I have served as the principal for this school for the last five years. As a principal, I am aware of the role of principals as instructional leaders in schools. Moreover, I have a day treatment located in my school, which was developed in our county as part of my doctoral internship program.

I became interested in this topic because during the course of my internship, a number of mental health facilities in North Carolina closed. Pines, a residential treatment hospital, in Virginia that served some county students closed. Eckerd Wilderness Camp, which was a residential treatment facility also closed. I learned that some students who underwent treatment in hospital settings were returning to the county without a plan to be educated based upon their needs, which primarily were therapeutic in nature. Also, two years ago, the county where I am employed had one of the three highest suspension rates for exceptional students in the state of North Carolina. I believe that students whom we did not know how to serve were being suspended for behaviors that were possibly attributable to their disabilities. I wanted to be a part of the solution rather than a part of the problem.

My goal for undertaking this topic was to become more acquainted with the full continuum of services that were available to every child who was disabled. I had a desire to

increase my knowledge of policies and procedures that governed exceptional children programs and develop a better understanding of how I may advocate for the number of children who have been inappropriately placed or inappropriately suspended due to a lack of services.

This research has the potential for providing information that can assist in the development of policies that will ensure the success of EBD students not only in the day treatment program in my school, but DTCs across the country.

### **Summary**

To expand our knowledge of day treatment centers' efforts to support or hinder student performance, I conducted a qualitative case study of the curriculum and assessment policies, practices, and philosophies of one day treatment center. As detailed in this chapter, data were collected through interviews with administrators, teachers and, instructional assistants; documents; and a focus group of teachers in a single day treatment center in North Carolina. Open coding was used to reveal emergent themes about curriculum and assessment policies and practices and instructional leadership in day treatment centers. The next chapter describes key findings.

## **CHAPTER FOUR: FINDINGS**

This chapter begins with a brief description of the purpose of the study and the methodology used to answer the research questions. Then, a detailed description of the school context is provided. Next, the results, which are organized according to the three research questions and emergent themes, are presented. This chapter concludes with a summary of the findings.

### **Overview of Research Questions and Methods**

The purpose of this study was to describe the current curriculum and assessment policies and practices in day treatment centers for students with EBD. The following research questions, (the first two were adopted from Gagnon's (2002) work) guided this study:

1. What are the curriculum policies, practices, and philosophies of day treatment centers in North Carolina?
2. What are the assessment policies, practices, and philosophies of day treatment centers in North Carolina?
3. What is the role of the principal in promoting instructional quality and student achievement in day treatment centers in North Carolina?

A single case study design was used to provide an in-depth and holistic investigation of a phenomenon we know very little about, curriculum and assessment policies and practices in day treatment centers. Eisenhart (1989) stated that case studies are “particularly well-suited to new research areas or research areas for which existing theory seems

inadequate” (pp. 548-549). Data were gathered from interviews, documents, and a focus group from a day treatment center in North Carolina. I used open coding procedures to identify emergent themes that were related to the research questions. The results, which provide details about the curriculum and assessment policies practices, philosophies as well as the role of the instructional leader in a day treatment center in North Carolina, will be presented in this chapter.

### **School Setting and Culture**

#### *Setting and Facilities*

The Day Treatment Center is located in a rural community in the Piedmont section of North Carolina. It is situated in the center of three major interstates and down the street from a strip mall and a housing development. The Day Treatment Center is located in a building that was erected in the early 1920s. It is typical of many buildings designed during that era. It is brick with a flat roof and a smoke stack that possibly was used as a source to heat the building during earlier years. The lawn is well-manicured, and low cut shrubs have been planted alongside the walkways. Presently, the building is heated with baseboard heat. It was originally built as a high school for African American students and was in operation for 50 years. It was considered to be a school that was a “separate but equal” public institution for the African American students in this particular area until desegregation forced it to close its doors as a high school in 1969. A historical marker was erected in July 1999 for the school.

Despite the building's age, it is well kept and appropriately maintained for educational use. The hallways are clean and free of debris. The hallways were painted institutional beige. The cafeteria is operational, and the floors in the gymnasium are well-maintained. There is also a media center, which day treatment students can access, located in the center of the main hallway. As you walk down the hallways, you can view the mission statement of the alternative center as well as the mission statement for the day treatment facility. The mission statement and purpose of the school reads:

The Mission of the Center is to provide an alternative educational setting in a safe, nurturing, learning environment. We stress respect for self and others and we recognize that all children have the potential to be successful. Our school is one where there are continuous collaborative and collective efforts from our faculty, staff, parents, students, and the community to ensure that students are being equipped to become life-long learners. There are high academic and social expectations for all students and we continually strive to make sure that each young person leaves us with a healthy self-concept and the ability to make sound, appropriate and ethical decisions, as well as becoming globally-prepared for the 21st century.

Student work was not displayed in the hallways; however a couple of teacher-made bulletin boards did adorn the walls. A police substation is also housed within the facility and a full-time police officer serves the facility. Because the building has been maintained as a viable educational facility and the school itself is steeped in history, a mini-museum has been

established within the halls of the school and is maintained by the Museum Heritage Association. The museum houses historical artifacts that recount the school's history from its early beginnings until its closure in 1969. The words of the alma mater serve as the heading of each individual area of the museum. Upon entering the double doors of the facility, I felt the atmosphere was one of a controlled environment. The hallways were completely empty. Not a single word could be heard. As students walked down the halls to the cafeteria, they walked single file with the teacher at the front of the line and the qualified professional at the back. Students were not allowed to speak to each other; they could only speak to the teacher when he or she had been recognized by an instructor and permitted to do so. One incident that I observed was a middle school student in crisis. She had refused to follow reasonable requests in the classroom. The qualified professional as well as the counselor prevented her from entering outside of the domain of the day treatment facility. I did not witness them placing their hands on her; however, it was obvious that they maintained control of the situation and physically barred the door so that she could not exit to go into the main hallway. Although the student cursed and used inappropriate language and did not respond positively when they told her to let me get through the door, the staff continued to speak to her in a controlled monotone voice, even though the student's voice continued to escalate.

Every classroom in the building was equipped with 21<sup>st</sup> century technology including ACTIVBoards and projectors, and each high school student was provided a Chromebook for instructional use. Also every teacher was provided a personal laptop to support instruction.

### *School Culture*

Now utilized as an alternative school located in the Piedmont area of North Carolina, the school is a Positive Behavior Intervention and Support School (PBIS) and was recognized as a Green Ribbon School from the Department of Public Instruction (DPI) for the 2010-2011 school year. Having reopened its doors for students in 2005, it currently serves students in kindergarten through twelfth grade. Some participants shared that the day treatment center spawned from the alternative school because of the additional mental health needs of this population. Other participants said that it was the brain child of the former Exceptional Children's Director, who had worked closely with the former mental health center who had previously operated a day treatment center in the county. There are two service delivery models that are housed in this building. The long term program provides services for students across the county in middle and high school who have violated district and state rules or statutes. Students in the long term program represent all socio-economic statuses. The superintendent's office assigns students to the long term program once a hearing is held after a student violates state, district, or school rules and policies and a central office referral committee assesses whether placement is in a student's best interest. Whereas middle school students are assigned to the facility for a minimum of 45 days, high school students are assigned for a semester. The school emphasizes that students maintain and improve their academic performance. The students learned in both one-on-one and small group sessions. Daily instruction in character education was also provided. The curriculum was aligned to the standards of the Common Core. The school, including the alternative school and the day

treatment center, did not receive any recognition on the ABCs for school performance for the 2011-2012 school year.

In addition to academic instruction, the day treatment center provided therapeutic interventions for students with mental health disabilities. Students housed in the day treatment center were usually from low socio-economic backgrounds because Medicaid is the primary funding source for students receiving day treatment services. These students came from across the county. A treatment model is used to address at-risk students' needs through small classes, a very structured environment, and an "out-of-the-box" attitude that incorporates non-traditional instructional teaching based on brain-based learning. The day treatment center was located downstairs on the east hallway of the building. It utilized four classrooms, an elementary class, middle school class, and a high school class. The fourth classroom was completely void of furniture and was used as a cool down room. According to the staff, this room was used often.

Students could be between the ages of 5 and 20 years old, and have not been successful in a traditional school setting because of behavioral and/or emotional disabilities. The students received ongoing mental health therapeutic interventions throughout the school day. In addition to functional skills, students were engaged in social skills development, behavioral/symptom interventions/management, adaptive skills training (e.g., personal care, leisure, etc.), enhancement of communication and problem solving skills, positive behaviors support activities and reinforcements, case management services, and specialized instruction to address curricular and/ or special education needs. Students who received day treatment

were provided individualized educational instruction integrated with intensive mental health treatment. These treatment plans were based on the specific needs of the students to improve everyday functional skills.

The program offered a team approach to services, utilizing qualified mental health professionals, special education teachers who were highly qualified, and paraprofessionals. Licensed mental health professional staff also served students in the program. The facility presently has a principal who serves as the instructional leader for the alternative school as well as the day treatment center. There was a director for the day treatment center whose only role was to supervise the mental health components of the program. The program also included a counselor, an exceptional children (EC) behavioral support liaison who served both the alternative school as well as the day treatment, four highly qualified teachers who served students in grades K-5, 6-8, and 9-12, and two instructional assistants. Two of the teachers who served the students in the alternative school also served middle and high school students in the day treatment center in science and math. Additional staff included a licensed clinician, two case managers, and clerical staff that support both facilities.

#### *Demographics of Staff*

The student teacher ratio within the facility was 10: 1. Five of eight staff members held a master's degree or higher. All staff members were highly qualified in their content areas with certification ranging from administration, special education, reading, math, science and social studies. There were two licensed instructional staff with more than 25 years experience; four licensed instructional staff with 5-19 years of experience; and two

staff with 5-12 years of experience. Ages of staff ranged between 30 and 56 years. Fifty percent of the staff was African American and 50% of the staff was White. The staff's experience at the site ranged from 1 to 8 years.

### *Demographics of Students*

Presently there were 27 students in the day treatment center. Of the 27 students, 17 had IEPs, one had a 504 plan, and the remaining students were not identified with any special needs. Minority students make up 44% of the student population. Seventy-eight percent of the population was male and 22% of the population was female. Eighty-one percent of the population was eligible for free lunch and 7% of the population was eligible for reduced lunch. Having briefly reviewed the research questions and described the school setting and culture, the next few sections of this chapter will describe the findings associated with the three research questions.

### **Findings 1: Curriculum Policies, Practices, and Philosophies**

The first research question guiding this study was: What are the curriculum policies, practices, and philosophies of day treatment centers in North Carolina? Curriculum is often represented in official written documents and specifies what students are expected to learn. Day treatment facilities and public schools can utilize the same curriculum, however, the approach and the timeline for presenting the curriculum may be different. In public schools curriculum is always stressed first, and then the student second. However, in this day treatment, the paradigm shifted, and the student was stressed first, and the curriculum second.

Although curriculum is important, the student’s mental stability was the first priority and determined the timeline in which the curriculum will be completed. To describe the curriculum policies, practices, and philosophies of day treatment centers in North Carolina, I interviewed the principal, director, four teachers, and two instructional assistants in one day treatment center in North Carolina. Table 3 provides a summary of the themes associated with the first research question.

Table 3: Summary of Findings for Curriculum

	<b>Themes</b>
Curriculum	Common Core
Practices	Individualized Instruction, Differentiated Instruction, and Small Group Instruction Chromebooks® and APEX ® Limited Professional Development
Philosophies	Flexibility Teach Them Where They Are Modified Common Core Mental Health as The First Priority

## **Curriculum Policies**

### *The Common Core Standards*

The teachers and instructional assistants indicated that the Common Core had recently been implemented as the standard curriculum used for all students in the day treatment center. As Mrs. Charlotte stated, “We are using the Common Core curriculum to guide our instruction.” The Common Core is a national K-12 curriculum for Language Arts and mathematics (Ainsworth, 2010) that was adopted in North Carolina in 2010. So far, 48 states have adopted the Common Core Curriculum (Ainsworth, 2010). It is a researched-based curriculum that is grounded in higher order thinking skills. The skills are presented in a progressive manner. The standards are clear and consistent in terms of what students are expected to learn, and what teachers are expected to teach. The standards are rigorous and address real life learning experiences. With the Common Core Curriculum students are expected to be either college ready or career ready when they graduate from high school. Mr. Durham emphasized that, “He liked the fact that the Common Core allowed him to go deeper into the content area for EC children.” The participants indicated that NC Essential Standards was also the curriculum they used to guide instruction. The NC Essential Standards are aligned with Common Core Literacy Standards and they are in the area of science, social studies, information and technology, world languages, arts education, occupational course of study, healthful living, guidance, and English as a second language (NCDPI, 2012).

## Curriculum Practices

### *Individualized Instruction, Differentiated Instruction, and Small Group Instruction*

To teach the Common Core and NC Essential Standards, the instructors used individualized instruction. Individualized instruction is personalizing instruction so that it meets the needs of the individual student as specified in their IEPs or 504 plans (Wright & Wright, 2006). Some examples of individualized instruction the teachers in this DTC used were varying the pace of the instruction and changing the method of instruction. Because all of the students who were served in the day treatment have been unsuccessful in the traditional school setting, individualized instruction was necessary to optimize success. The teachers and instructional assistants all emphasized individualization based upon each student's individual education plan and needs. For example, Ms. Chapel Hill said, "A lot of our students have IEPs and so we use their IEP goals so that their individualized instruction is adapted to meet Common Core standards."

Participants believed that the Common Core standards were not designed with the exceptional learner in mind. For example, when asked about instructional practices, Mrs. Chapel Hill, who teaches students in grades six, seven and eight for math and science, indicated:

It's difficult to provide instruction to all three grade levels within my given hour, but I do the best I can to individualize instruction so that I can meet the needs of all my students. I normally start my eighth graders on some type of review activity from the day before. The sixth graders begin a lesson with me and the seventh graders are

usually on the computer. I allow them to view a video that will introduce whatever the lesson is and then I flip flop the grade levels. It really just depends on what I'm teaching that day and what I taught the previous day.

Mrs. Chapel Hill's statement indicates that it was difficult to implement the Common Core standards in the day treatment classrooms due to time constraints, the mixture of grade levels within one class period, and the differing abilities of the students. Consequently, individualized instruction was necessary not only because of the different attributes of students and the classroom structure, but also because of the emotional and behavior problems of the students. Indeed, some of the teachers indicated that on some days, they may not teach at all because of the lack of emotional stability of the students that day.

Differentiated instruction was also used to help students learn the curriculum.

Differentiated instruction is the use of multiple teaching strategies to address the different learning styles that students possess (Hall, 2002). Mr. Durham shared his approach to providing differentiated instruction, reporting:

I think you have to look at the strategy that's going to go with that student. I know a lot of my students have different levels of learning and ways they learn. Some of them are visual, auditory. You've got to know different strategies that you can design assessments for that are going to help that student.

Since students have different abilities, instruction must address the multiple ability levels of each student. The differentiating of instruction allowed struggling students to access the rigorous curriculum the same as his or her non-disabled peers. Mrs. Cary described

differentiated instruction in her classroom, remarking: “We have more than one subject in a class period. Sometimes we have big time differential learning going on. I might have earth science in one class and at the same time physical science, chemistry or biology.” Mrs. Cary’s comment demonstrates that the teachers focused their instruction on the needs of a small group or an individual student so that the students would have the best possible learning experience. Mrs. Chapel Hill also explained how the structure of classes facilitated differentiated instruction. “I teach math and science for the middle school. We have lots of flex grouping. Since it is an alternative setting, we can collaborate. There are no bells. If I need to see a seventh or eighth grader, I can.” Additionally, as Mrs. Cary pointed out, “They don’t give homework here because a lot of times there’s no way they’ll get it done. They have no help. So, I think probably one of the best things about this setting is that you can be flexible.” The teachers disclosed that they often used various strategies focusing on the differing learning styles within one classroom. One teacher, for example, shared, “I try to touch each of the learning modalities within each class so every student has the opportunity to have instruction presented in his or her preferred learning style.” On the whole, individualized and differentiated instruction were both facilitated by the flexibility teachers were afforded, and both individualized and differentiated instruction allowed the teachers to meet the academic needs of the students.

Many of the students at the day treatment center have an IEP and the teachers understood that although the Common Core was the curriculum, the IEP drove the instruction. Mr. Durham commented, “I take the data that has been given to me. I use that data to design my

lessons for the students. If a student has individual needs, I can use the data to help me with that too.” All teachers individualize their instruction at some time throughout a student’s stay.

The student teacher ratio at the day treatment center was 10:1. Even with class sizes this small, there was still a need for small group instruction. In many cases, the class had to be broken down into even a smaller group in order to support students’ academic growth. Ms. Cary described how she used small group instruction, remarking: “With small group instruction, students can retake the quizzes. I also have students help each other in small groups. I can usually tell who understands the materials because they are helping each other.” The teachers also used small group instruction as an intervention on a regular basis. The teachers believed small group instruction increased class participation and support student engagement.

#### *Chromebooks® and APEX®*

All students in grades nine through twelve were issued a Chromebook® when they were admitted to the day treatment center. A Chromebook is a personal computer that runs the Google chrome operating system. Because it permits access to internet-based programs, Chromebooks allowed students to access the APEX learning system. With access to the internet, as Mrs. Cary stated, “The students have the opportunity to post their individual assignments via email or in Google docs.” The utilization of the Chromebooks also allowed the students to work at their individual pace on specific skills. Generally, Chromebooks

supported both individualization and differentiation for all of the students in the day treatment center.

The day treatment center used a prescribed curriculum, APEX®, which is an internet self-paced program for students that are served in grades nine through twelve. The APEX curriculum was based on the Common Core State Standards (CCSS) and it provided students individualized instruction in English/language arts, mathematics, science, and social studies. The APEX program also offered students electives such as health, music, art, and foreign language. The APEX learning system was the perfect complement to the Chromebooks and supported both individualization and differentiation in instruction for the students on the Common Core.

#### *Limited Professional Development in Curriculum*

To guide their implementation of formal policies, teachers often receive professional development that emphasizes instructional strategies related to policies. Because the curriculum was brand new, all of the teachers expressed that they were somewhat overwhelmed and welcomed any professional development that they could receive. Mr. Fayetteville stated, “We do a lot of in house professional development. I took math foundations and reading foundations at the district school office.” Collectively, everyone agreed that there had been some professional development in the area of the Common Core. All participants agreed that it was new, and they were still learning as much as they could about the standards. When asked about the professional development she had received, Mrs. Chapel Hill shared that she “had gone to a couple of Common Core professional

developments, as well as PBIS although it's not really related to the curriculum. I have not had too many professional developments though." The professional development at the district level was limited. Mrs. Cary said, "We have some departmental meetings at the district office but that I have only been invited to a couple of them since being employed here." One the whole, seldom did the teachers get invited to district level professional development. The main source of information about curriculum policies came from the principal, who attended district level meetings and shared information with the staff at the day treatment center. In brief, the school district provided limited professional development and principal about curriculum. As such, much of their instructional practice was not shaped by external direction and support.

### **Curriculum Philosophies**

#### *Flexibility*

Curriculum philosophy represents a teacher's beliefs about teaching and learning the curriculum. The teachers agreed that the Common Core and The North Carolina Essential Standards was the curriculum that guided instruction in kindergarten through twelfth grade at the day treatment center, and individualized instruction was expected. The teachers relied on staff development and teacher collaboration to meet the challenges of the new curriculum. Because of its newness, they admitted that they sometimes felt overwhelmed and depended upon each other's support and whatever support they could receive from the district or teachers they may have known in other districts. According to Mrs. Cary:

It is so individualized [here] that each student has to be taken into consideration so I would think that's the name of the game here. Whatever you end up being dealt is what you have to deal with. Most of us are flexible to whatever the counselor or principal assigns us in our schedule and we are open and always say whoever you send in my room for science is going to hear it. Do you know what I am saying? We are very flexible and open.

Overall, these teachers had to be flexible in two ways. First, because implementing the Common Core was difficult as a result of it not being designed with their students' needs in mind and limited professional development, the teachers had to be flexible about how they learned about and implemented the curriculum. Second, because of changes in scheduling and the variability in the emotional or behavior status of the students, the teachers had to be flexible about when they were able to carry out instruction.

#### *Teach Them Where They Are*

Mr. Fayetteville's thoughts about his approach to teaching and learning students in the day treatment center captured the sentiments expressed by the instructional staff about their philosophy of teaching and learning. Mr. Fayetteville stated:

You teach them where they are. You have to find out where they are and begin there and then try to pull them up, through the ranks, as far as you can. You cannot teach over their heads either. If they are in the 9<sup>th</sup> grade and they are supposed to be in

Algebra I, and they cannot add or subtract, you have to start with adding and subtracting.

This philosophy seems necessary given that, as Mr. Fayetteville shared, the students come to the day treatment center on many different instructional levels. The staff was expected to assess each student individually to determine the instructional level. Furthermore, due to the emotional behavioral issues, many students were not on grade level. Indeed, some students could be as much as three to four years behind academically. Teachers had to teach the students at the current level of the students, and providing differentiated instruction provided them the means to accomplish this goal. Mrs. Chapel Hill discussed teaching students where they are at, sharing:

Sometimes you get students throughout the semester who have been added to our program [it's challenging]. So you have to judge where the new students are and what they've learned and what they need to learn. Then you have to modify the curriculum to meet their needs. Sometimes you have to fill in some gaps in learning. So that can be complicated, sometimes it can be like a juggling act to figure out where everyone is and make sure everyone's on task each day.

In addition, the students who came to the day treatment center are usually transient. In other words, they may have moved several different times throughout their academic career. They also may have been suspended frequently or for long periods of time from their traditional schools, therefore making gaps in learning prevalent. It was imperative that the

teachers consider where the students were and begin instruction there. Due to the rigor of the Common Core, some students still needed the foundational skills in order to be successful. Overall, the teachers would consider the students' academic levels and teach them what they needed to know to progress.

### *Modified Common Core*

The instructional staff recognized that many students had IEPs, so they utilized the IEP goals to address their individualized instruction and attempted to adapt the Common Core Standards to meet the goals and objectives of the IEP. They believed that the Common Core was rigorous, and for some of the students to experience any level of academic success with it, the staff would have to modify the curriculum so that they would be able to address the varying abilities of the students. This theme of modifying the Common Core was evident in a statement by Mrs. Charlotte: "The Common Core has been accepted [as the philosophy] and that is what is used. We modify it [Common Core] to meet the needs of our students." Pre-testing was completed for each student to determine where they were academically, and a review of the IEP was completed to ensure that the curriculum was modified to address the needs of each student. This was further illustrated by Mr. Durham who shared that because you must teach where the students are functioning, differentiated instruction was necessary to target student needs, giving them the skills to be successful with the Common Core curriculum.

### *Mental Health as the First Priority*

The day treatment center is an alternative setting for students with significant behavioral and emotional problems. The students had been identified and admitted to the day treatment center based upon the mental health definition of day treatment (MH/SA, 2011). This diagnosis is separate and apart from any IDEA classification that the student may have. The focus in the day treatment center was to address the mental health issues first and then provide academic instruction secondly. The students received ongoing mental health treatment throughout the day. Treatment included the implementation of character education, therapeutic skill development, behavioral/symptom interventions/management, adaptive skills training, communication and problem solving skills, individual and group counseling, and positive behavior support activities. Each classroom had a certified teacher as well as a qualified professional and a paraprofessional to provide support for the students. With so much attention dedicated to mental health services, academics often took a back seat to mental well being. Mr. Greensboro discussed this focus on students' mental well being, remarking: "I am responsible for being accountable for all policies and practices; however it is for strange for me. The educational piece is not the most important piece and it is taking me a while to wrap my head around that." If a student is in crisis or having a "melt-down" academic instruction may not be provided for the entire day, or until the student is emotionally stable enough to benefit from academics. That is, in the day treatment center the student's emotional behavioral needs are met first, and their academic needs are secondary.

## **Findings 2: Assessment Policies, Practices, and Philosophies**

The second research question guiding this study was: What are the assessment policies, practices, and philosophies of a day treatment center in North Carolina? In order to hold educators as well as students accountable, national, state, and district formal and informal assessment policies have been established across the U.S. to provide data about student performance. Table 4 summarizes the findings for assessment practices, and philosophies and policies at the day treatment center in this study.

Table 4: Summary of Findings for Assessment

	<b>Themes</b>
Assessments	EOGs and EOCs  Formative Assessments and Case 21 Benchmark®
Practices	Follow the Individual Education Plan  Modified Instruction and Individualized Assessment
Philosophies	Professional Development for Assessment

### **Assessment Policies**

Assessments were provided through teacher-made tests, quizzes, observations, quarterly benchmarks, End of Grade (EOG) and End of Course (EOC) assessments. Teachers also used quizzes to monitor students' progress across short intervals of time. The quizzes

allowed the teachers opportunities to provide additional curriculum support as well as individualized instruction that targeted the needs of the student. At this day treatment center, quizzes were sometimes provided orally for students that struggled with being able to process information through written text. Teachers also used teacher observation as a monitoring tool for assessments.

#### *End of Grade and End of Course Assessments*

End of Grade Assessments was designed for students in third through eighth grades. These assessments will be aligned to the Common Core Standards and the North Carolina Essential Standards. Students will be assessed in English/language arts and mathematics. Students in the fifth grade will be assessed in science. Other content areas will be assessed based on the Essential Standards. Testing accommodations will be based on the accommodations that were used in the classroom and identified on the IEPs. Eligible students are administered the EOG tests with appropriate accommodations as designated by their IEP. Unfortunately, when the testing season begins, instruction comes to a halt. The impact on instruction is evident in Mr. Fayetteville's comments: "When it comes time for EOG testing; it's very crazy trying to meet all the students' accommodations. We're pulled to do all the testing. So when it comes time for assessments, we really don't do a whole lot of instruction."

End of Course Assessments were designed for students in ninth through twelfth grades. These assessments are related to the Common Core Standards and the North Carolina

Essential Standards. As a result of the Essential Standards, assessments were given in content areas that do not have EOC assessments. Every student that was entitled to be assessed on the EOC was assessed and appropriate accommodations were provided. Because each of the upper grade teachers were responsible for different courses, they expended a large amount of time and effort administering the different course exams to the different students and making the modifications as specified in students' IEPs. Mrs. Charlotte stated, "Last year I think I ended up giving over 40 EOCs right by myself. I think it was 42. Now, granted, the day treatment kids, some of them were only like five minutes long." This statement demonstrates the impact of carrying out state mandated testing in this environment, notably the time teachers must dedicate to testing largely because of the individualized nature of assessment in this environment.

#### *Formative Assessments and CASE 21® Benchmark*

Formative assessments are given on an ongoing basis at the day treatment center. Formative assessments are given for the purpose of informing instruction, assisting the teacher with knowing what to teach and when to teach it. Mrs. Charlotte shared, "Formative assessments are done daily through teacher observation and in questioning of students. It just depends on which class I go into and how I present the information." All of the teachers in the day treatment center used some type of formative assessment. The teachers used the information that they learned from these assessments to help determine what else they needed to teach. Mr. Greensboro said, "We use a lot of formative assessments." We have benchmarks that we give and the county mandates those. But, I know within my classroom, I

use a lot of formative assessments. Assessments would vary from student to student, depending upon their needs.” According to Mr. Durham, formative assessments and the Common Core allowed teachers to better prepare students to be successful when they return to their home schools. He explained:

I take data that’s been giving to me, if the county has available data, and just assess whether they have mastered the goals, and then I look at the Common Core, and see where we need to be. We have pacing guides. So usually I design my lessons and my assessments as close as I can with the pacing guides because our students on our side end up going back to their home schools eventually. So, it’s very helpful if I’m where I am as close to where those teachers are.

Another form of assessment that helped drive instruction was the CASE 21® assessment. All students received the CASE 21® assessment based on the new North Carolina Common Core and the Essential Standards for their specific grade. All of the teachers agreed that they did benchmark (CASE 21®) tests and End of Course tests with the students. these benchmark assessments were given on a quarterly basis and students’ scores could be accessed within 48 hours. The data were examined and the teachers then determined what needed to be taught as a result of the data.

## **Assessment Practices**

### *Modified Instruction and Following the Individual Education Plan*

Assessments were used at the day treatment center to inform instruction. There were times when instruction was modified as a result of what was learned about the needs of the students from these assessments. Additionally, all students were given pre-tests when they were admitted to the day treatment center. The pre-tests provided valuable information about what modifications would be appropriate for instruction. Mr. Durham described his preferred assessment practice, which he would use to guide the modifications he made, remarking: “I use five question quizzes. They fill out the quiz on the active board, or a review game. I don’t do multiple choice tests. A lot of my students have test anxiety. I modify my instruction based on these quizzes.” Overall, assessment-based modification assisted with ensuring that instruction was appropriate to meet student needs.

The IEP is a legal document that was developed to meet the individual needs of many students in the day treatment center. Many of the students at the day treatment center had an IEP, and the teachers understood that although the Common Core was the curriculum, the IEP drove instruction. That is, all of the teachers at the day treatment center were aware of the guidelines that governed assessment of students with special needs and their needs for accommodations. Mr. Durham’s remarks represented the IEP-driven assessment practices: “I follow the goals that are written in the IEP. If a student has an accommodation, I provide the accommodation in the class as well.” In other words, the accommodations that were used

during testing must be linked to the accommodations that were used during instruction.

Similarly, Ms. Chapel Hill shared:

The students can get basically any accommodation they need. We have lots of EC students, who receive the modifications aligned with their IEPs, such as separate setting, marks in books and extended time. You generally have to go by what is written on their IEPs. Classroom accommodations can cover a broad range. It's individualized to the student. It could be paper and pencil assessment, you may have extended time, separate setting and marking in the test booklet.

Overall, the IEP drove assessment practices in this setting.

### **Assessment Philosophies**

#### *Individualized Assessment*

Accommodating the individual needs of the students as specified by the IEP was the underlying belief guiding assessment practices. Depending upon the needs of each student, some students were assessed individually. For example, Mrs. Cary stated that, "since we have one-on-one individual assessment, we are able to work more individually. We can switch students to the class they need to be in, rather than one they might be assigned to according to their needs." Many testing accommodations were done in separate settings, whereby students were assessed in smaller environment.

### *Professional Development for Assessment*

Some professional development was provided for the teachers to improve their ability to use formative assessment to improve instruction. The amount and types of professional development varied among the teachers, but two teachers said they had been through NC Falcon® training two years ago, which was training about formative assessments that all teachers in the state of North Carolina were required to attend. The teachers also received training on how to use CASE 21 as well. CASE 21 was comprised of benchmark assessments that were used on a quarterly basis that aligned with the Common Core Standards. Of her Case 21 experience, Ms. Chapel Hill stated, “I went to CASE 21 training. That’s the company that makes the benchmarks. They showed us how to read and interpret our test scores, how to use the question bank and form our own assessments aligned with the Common Core.” They also learned how to use the information that they received from the assessments to help inform their instruction. Most of the teachers agreed that they had learned to use CASE 21 as a tool to support instruction at the district level. Overall, they believed the training in CASE 21 was helpful, and they used what they learned to implement it in the day treatment center; however, there was limited professional development provided in the general area of assessment.

### **Findings 3: The Role of the Principal**

The third research question guiding this study was: What is the role of the principal in promoting instructional quality and student achievement in a day treatment center in North Carolina? The role of the principal is to define the curriculum goals for the school and

provide direction for instructional programs (Council of Chief State School Offices, 2008). To do so, principals should understand how students learn and ensure that teachers are teaching the curriculum. Their actions should promote a culture of disciplined, professional inquiry dedicated to research-based practices that will ensure that their decisions are data-driven and expected outcomes for all learners are achieved (Gupton, 2003; Klinger, 2001). Table 5 provides a summary of the findings related to the actual and desired attributes of an instructional leader in a day treatment center.

Table 5: Summary of Findings for the Principal's Role

	<b>Themes</b>
Actual Attributes	Limited Role as an Instructional Leader Disciplinarian Provides a Safe and Orderly Environment Facilitator of Information Supporter of Teachers
Desired Attributes	Leader in Instruction and Curriculum Procurator of Curriculum Resources Creates a Safe and Orderly Educational Environment

### **Actual Attributes**

#### *Limited Role as an Instructional Leader*

Although instructional leadership is typically the primary function of the principal, the instructional leader in this day treatment center stated that his role was basically to keep up with the changing tide that was being handed down to the teachers. He stated that his role was mostly disciplinarian. He explained:

I wish that I were [an instructional leader]. Like I said, I really don't get to do that because of the way that it is set up. I am really not an instructional leader. I deal mostly with discipline and not the curriculum and assessments. The educational piece is a joke.

He also believed that his role was to keep up with the Common Core and to facilitate teachers obtaining additional training and any information related to the Common Core. He felt that as long as the teachers were doing what they were supposed to be doing, they should feel comfortable coming to him if there was a problem. Furthermore, Mr. Fayetteville believed that he had a limited role and limited influence as an instructional leader in the day treatment center. Because the primary focus of this setting was addressing the behaviors and mental health issues of students, who had failed in traditional school settings because of the extreme behaviors that the students presented, he felt that his primary role was to maintain order and safety first. Academics were a secondary focus.

### *Disciplinarian*

A disciplinarian maintains order on any school campus and ensures safety of faculty, staff, and students. Mr. Fayetteville stated that "his role was mostly that of a disciplinarian." He went on to explain that the district did not emphasize academics for the student in the day treatment center, sharing:

I deal mostly with discipline and not the curriculum and assessments. The educational piece is a joke. I don't think that the students are really benefiting from it. The district personnel feel that it is a mental health program on a school campus.

He shared that he thought all of the students that were enrolled were in crisis, and a large responsibility of his was to connect with the students so he could better understand their behavioral and emotional needs. Although there was a mental health director and supervisor on campus, that person focused his attention on students' mental health and offered no support with discipline or academics. As such, the largest portion of the principal's time was spent dealing with discipline issues. His opportunities to participate in curriculum matters were limited due to other demands he faced. Despite his focus on discipline, Mr. Fayetteville did want to improve student achievement.

#### *Provides a Safe and Orderly Environment*

One attribute of an effective school is that the school offers a safe and orderly environment (Council of Chief State School Offices, 2008). When you walked through the hallways of the day treatment center, one would notice that the halls were clear and quiet. Students walked in lines to the left of the hall. Additionally, as a PBIS school (even award winning—PBIS Green Ribbon School), signs and posters with expectations and procedures hung on the walls. Moreover, the location also served as a police substation. Safety was clearly a priority. Mr. Fayetteville highlighted this focus on safety, sharing: "I maintain order and put out fires on a daily basis." Mr. Fayetteville took this part of his job very seriously. Even the teachers indicated that they felt safe and secure, as Mr. Greensboro remarked of the principal, Mr. Fayetteville: "[He] provides a safe and orderly environment" which provides an atmosphere where teachers and students can attend to learning.

#### *Facilitator of Information*

With the adoption of the NC Common Core Standards, the flow of information from Principal Fayetteville meant the difference between success and failure because, for the most part, the staff from the day treatment center was isolated from the rest of the schools in the district, and their only source of information was through the principal, Mr. Fayetteville. The teachers did not have the opportunity to participate in many meetings, professional learning communities, or professional development with other schools or at the district level. Mrs. Chapel Hill commented on the principal's (Mr. Fayetteville) role as a translator of district policies and new practices, stating:

I know that sometimes he has to try to decipher what he learned at meetings that apply to us we are kind of unique. He explains assessment and responds to the teachers' instructional needs by providing them the information about the standards.

Principal Fayetteville recognized the importance of the flow of information to the staff and provided them whatever information that he had received from the district office. He made every effort to provide the information to the teachers that they needed. Of this practice of sharing what he learned, he remarked: "I must be willing to admit what I don't know. It is important to be able to find the answers and then give the answers to the teachers."

#### *Supporter of Teachers*

Another primary role of an effective principal is to provide support for his or her staff. Mrs. Cary remarked of the principal's, efforts to support teachers: "This particular principal [Mr. Fayetteville] plays more of a role to support us. He will ask us, what do you want, what

do we feel, what do we think, which I like. He's a support person for us." Because this day treatment center was viewed as a unique learning environment by the teachers who worked there, it was imperative that they felt supported in every aspect of their day. They described the Principal Fayetteville as trustworthy, a relationship builder, supportive of teachers and students, understanding, flexible, patient, and open-minded. Although the principal did not provide instructional leadership in the sense that he was deeply involved with aspects of teaching and learning, principal Fayetteville created an environment that facilitated others, notably teachers, to focus on teaching and learning.

### **Desired Attributes**

#### *Leader in Instruction and Curriculum*

They valued safety and order and believed that principals should make this tantamount. The learning environment that they envisioned would be one where the principal was an instructional leader that promoted the academic success of all students with the goal that when students transitioned back to their home schools, they would not lose what they had learned at the day treatment center. Although the Principal Fayetteville was not extensively engaged in shaping instruction to promote student learning, Mr. Fayetteville shared that he had the desire to be an effective instructional leader and wanted to increase the focus on instruction and student achievement. He believed that the students "needed more instruction" and instruction needed to be more rigorous. His concern was even that the school may be providing a disservice to students by not offering more rigors. Of this concern, he remarked: "When they go back to their schools, they lose everything." His hopes for

these changes were moderated by his understanding of ensuring that the environment was safe and orderly and discipline matters were appropriately handled. He felt that the design of the day treatment center, being a mental health facility based on a school campus, greatly limited his opportunity to be an instructional leader. The staff also shared a strong desire for the principal [Mr. Fayetteville] to be an effective instructional leader, someone who Mr. Durham characterized as “the overseer and is the leader over instruction.” On the whole, both teachers and Principal Fayetteville himself wanted the principal to be an instructional leader, but the nature of the school by design and the daily challenges associated with discipline prevented the principal from being highly engaged in guiding instructional practices in the day treatment center.

#### *Provides Teachers Instructional Support*

Principal Fayetteville acknowledged that the teachers faced many challenges to teach in the day treatment center and wanted to support the teachers in whatever way possible. This mindset was evident in the following statement: “I have one teacher who teaches 11 subjects and it is nerve wrecking so I mostly support them to get the answers they are looking for.” In fact, aside from being an effective disciplinarian, Principal Fayetteville believed that was one of his best attributes was his effort to support teachers in whatever way he could. For example, Mr. Fayetteville stated that he “ensures that training and workshops are set up so that the teachers can acquire the tools that they need in order to teach the students.” The teachers also conveyed that Mr. Fayetteville supported their instruction. This support was necessary because oftentimes day treatment center faculty were not afforded the opportunity

to participate in the district wide professional development. Additionally, with the limited number of instructors, teachers would often be responsible for teaching many subjects, which made participating in professional learning communities that met all of their needs difficult to form. Overall, both Principal Fayetteville and the teachers admitted that the principal was providing support, but they also conceded that they needed additional support. Quite simply, they greatly appreciated the support but it was not sufficient to meet their needs.

#### *Procurator of Curriculum Resources*

Another important role of an instructional leader is that of accessing, advocating for, and providing the appropriate and needed curriculum materials for his staff. The teachers' jobs at this day treatment center were difficult enough without the added stress of trying to figure out where their instructional resources were going to come from or creating those resources, especially since they relied on differentiated instruction. The teachers shared that they encountered considerable difficulties when new students were admitted because students' home schools did not provide the materials for the students transferred to the day treatment center. In fact, the teachers would have to create materials themselves in order to meet the specific learning needs of the students. Discussing the difficulties associated with finding materials on the Internet to teach the Common Core in a way that best suited students' instructional needs, Ms. Greensboro shared that it takes considerable effort to find or create instructional resources. Because of the time and effort associated with acquiring resources, the teachers really wanted the principal Fayetteville to be someone who acquired

instructional resources so that they would be able to promote the academic success of all students.

### *Creates a Safe and Orderly Educational Environment*

Principal Fayetteville declared that “school safety is at the top of my [his] radar” and resources had been dedicated to ensure a safe environment. The student Code of Conduct corresponded to the district Code of Conduct, and as evident from its status as a PBIS Green Ribbon School, the school had been recognized for its focus on student conduct and PBIS practices. In addition, there was a police substation located on the campus, and therapeutic support for student “melt downs” was provided by the counselor and the director of mental health as well. With all of these initiatives in place, the school provided a safe learning environment.

### **Summary**

This chapter presented the results for each of the research questions guiding this study. Research question was one: What are the curriculum policies, practices, and philosophies of the day treatment centers in North Carolina? The results indicated that the Common Core and NC Essential Standards were the standard curriculum used for all students in the day treatment center. The Common Core is a national K-12 curriculum for language arts and mathematics that has been adopted in North Carolina to ensure that all students are globally competitive and that they are able to confront real life learning experiences. The findings indicated that students’ mental health needs were stressed over the curriculum, and teachers

relied heavily on individualized and differentiated instruction and they used APEX® and Chromebooks® to assist with instruction. . Unfortunately, participants believed that they had not received sufficient professional development concerning how the Common Core could be adapted to meet the needs of exceptional children.

Research question two examined: What were the assessment policies and practices and philosophies of day treatment centers in North Carolina? At the day treatment center, North Carolina's testing guidelines was the formal policy guiding assessment activities, including participating in state-mandated assessments. The findings showed that assessments were provided through teacher-made quizzes, observations, benchmarks, EOGs, EOCs and CASE 21®—a benchmark assessment that is based on the NC Common Core and Essential Standards for reading and math. In addition, students' IEPs dictated the modifications and accommodations teachers made for students. Teachers had received some professional development that was aligned with the Common Core, and NC Falcon® while at the day treatment center; other teachers had attended professional development prior to becoming employed at the day treatment center. However, they wanted more professional development on assessment.

Research question three addressed: What is the role of the principal in promoting instructional quality and student achievement in day treatment centers in North Carolina? The results indicated that although there is a paradigm shift in the role of the principal where the principal has changed from being a building manager to an instructional leader, the principal at this day treatment center saw his primary role as a disciplinarian. The instructors

wanted support for the curriculum and the instruction at the day treatment center, and the Principal Fayetteville wanted to become more deeply involved with guiding teaching and learning in the day treatment center. The next chapter, Chapter Five, will review the key findings, identify the limitations of the study, describe practical implications, and recommend directions for future research.

## **CHAPTER FIVE: DISCUSSION AND CONCLUSIONS**

This chapter highlights the major findings for this study on the curriculum and assessment policies and practices of day treatment centers in North Carolina. This chapter also addresses the practical implications and limitations of the study as well. The chapter concludes with recommendations for future research on day treatment centers.

### **Review of the Purpose of the Study**

Since the enactment of NCLB, school accountability for student achievement is greater than ever. This study described what types of curriculum and assessment policies and practices are occurring in day treatment centers to help EBD students meet the high expectations specified in NCLB and other accountability mandates. With a history of inadequate educational services in day treatment centers, such as placing little emphasis on education (Grizenko, Sayegh, & Papineau, 1994) and receiving little assistance with transitioning to their public or home school (Katisyannis, 1993), as well as an increase in the number of students in day treatment centers and heightened emphasis on passing state assessments (Gagnon & Leone, 2006), it is imperative that we examine the curriculum and assessment practices in day treatment centers to fully understand what can be done to cultivate environments in day treatment centers that help them meet accountability requirements and ensure student success for students when they are at the facility and when they return to their home schools. As such, the purpose of this study was to explain the current curriculum and assessment policies and practices in a day treatment center for students with EBD. Adopted from Gagnon's work (2002), research questions one and two

focus on examining curriculum and assessment; the third question, unique to this study, draws our attention to the role of the principal as instructional leader.

1. What are the curriculum policies, practices, and philosophies of day treatment centers in North Carolina?
2. What are the assessment policies, practices, and philosophies of day treatment centers in North Carolina?
3. What is the role of the principal in promoting instructional quality and student achievement in day treatment centers in North Carolina?

To answer these questions, I employed single case study design. A day treatment center located in a southeastern state was selected for the site of the study. This center is located within an alternative school in an urbanized township. Data were collected from interviews with administrators, teachers, instructional assistants; pertinent documents; and a teacher focus group. I used open coding procedures to categorize the data into themes that were related to each of the three research questions.

Generally, the results indicated that:

1. The Common Core® and NC Essential Standards® were the curricula used to guide instruction. Differentiation, individualized instruction, Chromebooks® and the APEX® curriculum were instructional practices or tools used by teachers in the day treatment center. Teachers' curriculum philosophies were: individualizing instruction, teaching them where they are, modifying the

Common Core, and prioritizing mental health. Limited curriculum support was provided through professional development.

2. Participants reported that they followed the North Carolina assessment program, which included the use of EOGs, EOCs, formative assessments, and CASE 21® as benchmarks. Following the IEP and making testing accommodations were the primary assessment practices. The philosophies that guided teachers' assessment practices were providing individualized assessment as appropriate, and believing that IEP's must be followed. Some support for implementing state assessments was provided through professional development.
3. Participants viewed the principal as a leader who provided support for the curriculum, disciplined students, provided a safe and orderly environment, facilitated information, and supported teachers. Participants believed that a principal at a day treatment center should lead instruction and curriculum practices, provide teacher instructional support, facilitate curriculum resources, and create a safe and orderly educational environment.

### **Key Findings 1: Curriculum Policies, Practices, and Philosophies**

The first research question guiding this study was: What are the curriculum policies, practices, and philosophies of day treatment centers in North Carolina? Common Core and NC Essential Standards were the curricula teachers followed. The practices the teachers used to support the curriculum were differentiated and individualized instruction. Some professional development that teachers received supported instruction to support meeting the

Common Core Standards. Yet, the teachers wanted more training on how to meet the individual needs of the students.

Curriculum is often represented in official written documents. Specifically, it is the content students were expected to learn as a result of their educational experience (Nolet & McLaughlin 2002). The primary curriculum that was used in this day treatment center was the Common Core curriculum. The Common Core Standards provide a consistent, clear understanding of what students are expected to learn, as well as what teachers are required to teach (Ainsworth, 2010). The standards were designed to be rigorous and relevant to real world experiences, as well as grounded in higher order thinking skills, and reflect the knowledge and skills that students would be expected to know in order to be prepared for college and careers. The goal of the Common Core is to prepare students for the future, so that students would be able to compete successfully in the global economy. It was adopted in NC during the 2009-2010 school year, however, this year was its first year in use at this day treatment center. It was included in the student parent handbook and outlined in the school improvement plan. This finding that the Common Core was being implemented at this day treatment center suggests that (a) the academic goals for day treatment centers is the same as traditional schools and (b) there is a greater chance that students can successfully transfer back into their local schools because the content that is guiding instruction is the same.

Although the teachers in this study emphasized that it was extremely difficult to meet the individual needs of multiple students within a single classroom across multiple grade levels, all of the teachers believed that they worked tirelessly to teach the Common Core and

to differentiate the instruction as was needed for each student in their classroom. Additionally, multiple instructional approaches were utilized to support instruction including class discussion and the use of technology to support student engagement.

The teachers and instructional assistants all emphasized individualization and differentiation based upon each student's individual education plan (IEP) and needs. Of the focus on IEPs, Mrs. Charlotte indicated that "we are using the Common Core and its basic standards. However, a lot of our students have IEPs and so we use their IEP goals so that their individualized instruction is adapted to meet Common Core standards." In addition, each student was provided a Chromebook® throughout their stay at the day treatment center. Students were able to complete course work on the Chromebooks which corresponded to their specific individual needs. On one hand, this finding was in direct contrast to the findings in the nationwide study conducted by Knitzer, Steinberg, and Fleisch (1990) which examined practices in programs for students with EBD. They coined the term *curriculum bleakness* because they noted that in alternative settings instructional curriculum was implemented through individualized worksheets, and students were made to sit in their seats for long periods of time during instruction.

If Chromebooks facilitate students' investing in their learning and increase their interests in content, then Chromebooks are providing the opposite of curriculum bleakness, immersion and engagement. On the other hand, the Chromebooks may represent a contemporary version of the worksheet if they are not truly engaging and do not easily adjust to the instructional level of the students. Moreover, being responsible for meeting the needs of students at

different levels across different courses with particular modifications and goals may be so overwhelming to teachers with limited instructional resources that technology-enhanced curriculum bleakness may be the only viable option. Certainly, the use of Chromebooks with EBD students needs to be examined further—not for elimination, rather for modification to meet their needs.

Research has begun to identify some curricular and instructional approaches that are effective with students who have EBD. These approaches include: (a) more time spent on engaging students in the classroom, rather than rely on worksheets; (b) direct instruction in learning strategies; organizational skills, and study skills; (c) instructional activities that incorporate experiential approaches, hands-on tasks, projects, and higher order thinking skill; (d) curriculum and instruction that are culturally relevant, developmentally, appropriate, and have some connection to students' interest and the world they live in; (e) curriculum-based measurement, ongoing evaluation of students' academic progress; and (f) direct instruction in and opportunity for real world practice of social skills, conflict resolution, anger management, and problem solving technique (Bos & Vaughn, 2009; Johns, Crowley, & Guetzloe, 2002; Schloss, Smith, & Schloss, 2001). These strategies were not highlighted by faculty in the day treatment center. Lack of discussion does not necessarily indicate an absence in this setting, but it does suggest that these activities may not be emphasized or they are indeed absent. In either case, it begs the question: What about this setting, teachers, or policies impedes these practices.

Also, in 1999 *Effective Treatment for Mental Disorders in Children and Adolescents* noted that “many special education programs for students with emotional and behavioral problems target behavioral change, but place less emphasis on academic achievement” (p. 252). This study’s findings—mental health as a priority in this setting—echoed this theme. While learning is important, emotional and behavior issues ultimately impede learning; as such, the primary goal of mental stability cannot be understated, and all interpretations of activities within this setting must account for the challenges teachers and administrators face when trying to create an environment that promotes academic success.

All of the teachers stated that they had professional development in the Common Core. Some teachers acknowledged that they had special education training since many of the students were identified as exceptional. However, the teachers felt like more consistent ongoing professional development as well as district level support was needed to be fully aware of the new expectations of the Common Core. According to the (U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2002) when special education teachers are afforded the high quality needs-based, researched supported professional development, they are more likely to increase student achievement. Given that teachers in this setting are responsible for more curricula than traditional teachers—as one teacher explained, “I am teaching sixth, seventh, and eighth grade math and science”—then day treatment center teachers need significantly more professional development than their peers. It’s not just necessary to have a broader range of professional development, but because of the challenges the students face and the demands of teaching in a day treatment

center (e. g., IEP's, modification), then these teachers need high quality professional development.

### **Key Findings 2: Assessment Policies, Practices, and Philosophies**

The second research question guiding this study was: What are the assessment policies, practices, and philosophies of a day treatment center in North Carolina? Assessment is the systematic approach used for collecting information that can be used to make inferences about characteristics of people or objects (Reynolds, Livingston, & Wilson, 2009).

Assessment is not only used for collecting data, it is used to appraise students' knowledge, understanding, abilities, and skills. It is typically linked to a course or a program's intended learning outcomes (Marriot & Lau, 2008). Formal and informal assessment and teacher observations were in place. Additionally, teachers were very aware of the statewide testing policy, and they all stated that they gave either EOG or EOC tests. The North Carolina's statewide testing policy requires that all students, including students with disabilities, participate in state mandated assessments. The teachers agreed that most of their students do well on their end of grade or end of course assessments due to the small groups and individualized instruction that the teachers are able to provide because of the small class sizes and flexibility in the instructional design.

Formal, informal, and benchmark assessments were completed throughout the year. One form of assessment that helped drive instruction was the CASE 21® assessment. All of the teachers in the focus group had participated in the CASE21 training. This was evident by

viewing the staff development calendar and a teacher's description of the training: "They showed us how to read and interpret our test scores and how to use the question bank and form our own assessment, aligned with the Common Core." All students, according to the teachers, received the CASE 21 assessment based on the new North Carolina Common Core and the Essential Standards for their specific grade. In Gagnon's (2002) national survey of *Educational Accountability in Day Treatment and Residential Schools for Students with Emotional and Behavioral Disorders*, there was variability in the percent of students participating in mandating testing (81-100%). This day treatment center had 100% of students who were eligible to be tested. This difference may be due to the implementation of NCLB which makes it difficult to exclude students with disabilities from state mandated testing.

Additionally, this study, unlike Gagnon (2002), highlights the extensive use of formative assessments to inform instructional practices. Formative assessments allowed the teachers to better meet the individual needs of the students. For example, Mrs. Cary stated that, "since we have the one on one individual assessment we are able to work more individually and we can sometimes switch students to the class they need to be in more, rather than one they might be assigned to according to what their needs are." Similarly, another teacher shared: "We use a lot of formative assessments. We have benchmarks that we give and the county mandates those. But, I know within my classroom, I use a lot of formative assessments."

Research suggests that with limited emphasis on academic achievement in day treatment centers, students in day treatment centers may not be able to learn the standards specified in

the curriculum (Fuhrman, 1999; Heubett & Hauser, 1999; Lin, 2000; Olson, Jones, & Bond, 2001; Thurlow, Nelson, Teelucksingh, & Ysseldyke, 2000). In contrast, this study shows that despite challenges to teaching and learning in a day treatment center, the school and students are being assessed for learning and have demonstrated learning some of the curriculum. The teachers are avidly working to bring about success by utilizing some of the extra supports discussed by Lehr and Lange (2003) which have been shown to support this population of students (e.g., smaller class sizes).

### **Key Findings 3: Role of the Principal**

The third research question guiding this study was: What is the role of the principal in promoting instructional quality and student achievement in a day treatment center in North Carolina? The principal [Mr. Fayetteville] was perceived as being a leader in curriculum, a disciplinarian, one who provides a safe and orderly environment, and a supporter of teachers. The instructors wanted a principal who was a leader in instruction and curriculum, a provider of teacher instructional support, a procurator of curriculum resources, and a facilitator of a safe and orderly educational environment.

Instructional leaders must focus on rigorous academic outcomes for all learners (Gupton, 2003; Klinger, 2001). Their actions should promote a culture of disciplined professional inquiry dedicated to research-based practices that will ensure that their decisions are data-driven and expected outcomes for all learners are achieved. Most of the teachers agreed that Principal Fayetteville provided some instructional leadership for the school. Mr. Fayetteville also wanted to be an instructional leader, remarking of the role of instructional leader: “The

principal should be the driving force for instructional leadership or what we want as a school. Regardless of what is handed down from the district office, it's still his vision and he should be able to relate that vision to his teachers.”

Bays and Crockett (2007) concluded that in working with students with disabilities, principals need to include in their instructional leadership practices: (a) vision that includes effective instruction; (b) developing norms of trust, collaboration, and academic achievement; (c) engagement of teachers and provision of meaningful support; (d) monitoring of instruction and strategies. Additionally, enhanced instructional leadership should improve special education for students with unique educational needs and should enhance meeting the annual targets for improvement.

The teachers believed that the principal supported them and they wanted a principal who had the traits specified by Bays and Crockett (2007), remarking “the principal should be a driving force in providing a vision for the teachers,” “the principal should make sure services and programs are provided,” “provide instructional tools for teachers,” and guiding curriculum and instruction.

In this day treatment center the desired traits by the teachers did not completely match what the principal understood his primary role to be. The principal specifically stated that his role was mostly that of a disciplinarian and that it is more difficult to provide instructional leadership at an alternative school. Goor, Schwenn, and Boyer (1997) investigated components of a program that impacted principal leadership in special education. The program components targeted four essential areas. An effective principal believed that all

children could learn, and all children should be welcomed in the school community. The instructional leader should also be held accountable for the education of all the children in the school building. They also pointed out that the role of the principal is to support teachers with disciplinary issues and commitment to compliance requirements. What is quite evident is that placing EBD students together in one setting means that the challenges for providing instructional leadership, (e.g., facility management and discipline) may be exacerbated for leaders in this setting, and as such, far more difficult to be the instructional leader in special education—even if the principal wants to be an instructional leader. Researchers need to examine what are the barriers to being an instructional leader in a day treatment center and provide strategies on how to overcome them. Otherwise, principals in day treatment centers will continually fall short of the attributes desired by teachers and recommended by scholars.

### **Practical Implications**

The results from this study have significance for four primary stakeholders: principal preparation programs, districts with day treatment centers, state and national policymakers, and teachers and principals in day treatment centers.

Understanding the desired attributes of principals in this setting sheds light on how to better prepare principals for this setting. The teachers and the principal himself wanted the principal to be an instructional leader. One reason the principal was unable to focus on teaching and learning was because he had to deal with daily crises brought on by the behaviors of students with EBD. One solution could be hiring an assistant principal to address behavior related issues; freeing the principal to become more deeply engaged in

teaching and learning. Another explanation is that the principal did not receive adequate training on how to be an instructional leader in alternative settings that focused on exceptional children. Principals who lead day treatment programs should have a sound background in special education, not necessarily be licensed to teach students with disabilities, rather have more knowledge of special education than principals in traditional settings. For example, they should have extensive coursework understanding the policies and procedures that govern IDEA. If principals are not provided with the coursework or pre-service or in-service professional development needed to meet the needs of students in day treatment facilities, then the most at-risk youth could be led by those least prepared to advocate for their academic achievement. Principal preparation programs should become more inclusive with their course offerings to meet the increasing demand for leaders of alternative settings such as day treatment centers. In addition, principal preparation programs and school districts should establish coursework that provides principals with the knowledge and skills about how to provide differentiated instruction for the North Carolina Essential Standards and the Common Core Standards for students served in day treatment centers. Moreover, principal preparations programs and school districts should address specialized instruction and assessment for students in special education in day treatment centers. The professional development must address modifications to the standards that allow students with disabilities access to the same rigorous academic content standards that their non-disabled peers are allowed. Principals in day treatment centers not only have to know more about individualized and differentiated instruction, but also how to provide support for

teachers who implement individualized and differentiated instruction to students with special needs. Furthermore, principal preparation programs and school districts should include training related to the NC Testing Guidelines as well as modifications and accommodations for students with special needs.

At the same time, principals serving in day treatment centers must learn how to be a curriculum leader in that setting with unique conditions. Districts should cooperate with one another to provide professional development to these principals who are often experiencing different challenges than their peers in traditional settings and need specialized professional development and the opportunity to be in PLCs with other principals in similar settings. Finally, due to the fact that students that are enrolled in day treatment centers exhibit severe behavioral problems, principals need valuable training in ensuring a safe and orderly environment. Overall, principals' course work, pre-service and in-service training opportunities must support the principal's goals to be more supportive and responsive to the teachers and to be more involved as an instructional leader, while also ensuring a safe and orderly environment.

Because meeting students' mental health needs is more important than their learning, teachers and administrators must better understand the mental health services taking place in the day treatment setting. Hence, principals' preparation programs should include training that specifically addresses students with behavioral, emotional needs and mental health diagnoses. Districts should establish and maintain ongoing professional development with the local mental health centers to understand the philosophical differences that exist between

mental health services and school services. Teachers in this study shared that sometimes they cannot teach because of the outbursts and behaviors associated with students' disabilities. Additional training on responding to undesirable behaviors for teachers in this environment would support academic instruction.

In addition, the teachers indicated that due to the rigors of the Common Core, in an effort to move forward, many times teachers had to begin where students were academically. This situation meant starting with the basics for some students. Thus, state and national policymakers should consider making appropriate adaptations to the Common Core and the NC Essential Standards so that it will meet the individual needs of students in day treatment centers with learning difficulties. Furthermore, districts need access to and training for different types of formative assessments aligned with the Common Core Standards and NC Essential Standards, especially as it is related to providing differentiated instruction to students with learning disabilities. The state should also provide ongoing training related to the NC Testing Guidelines and its applicability for students with special needs. Lastly, day treatment teachers should be afforded the opportunities to establish learning communities with other special education teachers in the district or with teachers in similar settings across the state.

Several insights gleaned from this study can help us better understand the advantages and disadvantages of day treatment centers located within a traditional public school. One of the major challenges that teachers faced was limited professional development and a lack of a professional learning community. If a DTC is located within a traditional school, the teachers

in the DTC would have access to a wider range of instructional resources, more opportunities to attend school or district-based professional development programs, and the change to forge relationships and learn from teachers who teach similar subjects. Additionally, a phase-in approach could be applied, whereby the student slowly transitions back to the traditional classroom. Lastly, as it relates to the principal, principals of day treatment centers in traditional schools may face similar challenges as those located in alternative settings. The challenges or opportunities presented to principals in different settings needs to be examined further.

### **Limitations**

There were several limitations to this study. First, the day treatment center was located within an alternative school in a rural school district. A day treatment center within a different context or comprised of more or less students with more or less severe diagnoses may have different challenges. Second, in order to maintain confidentiality, some data could not be shared or were intentionally aggregated (e.g., demographic information of teachers)The third key limitation was that the principal had only been employed at the day treatment center for one year. He had previously been employed in an alternative center. In addition, he was principal of the alternative school and the day treatment center on this site, and there were conflicting expectations between the day treatment center and the alternative school. His lack of experience may alter some of the findings related to being an instructional leader in a day treatment center. However, given the fast turnover of principals

in these settings, insights gained from his experience can hopefully be used to enhance the transition and effectiveness of new principals in this environment.

Lastly, the data were collected during the initial implementation of the Common Core. As such, the results reflect some amalgamation of pre- and post-implementation of curriculum and assessment policies, practices, and philosophies. Specifically, teachers had to learn the new curriculum standards and how to differentiate those standards such that they meet the needs of all students. As part of this process the teachers also had to learn how to align available resources with the standards. Secondly, the standards are so rigorous and were built on a progression model with skills that spiral and become more complex from one grade level to the next. Therefore, students with learning difficulties have a challenging time being able to stay on target with the standards. Another issue that may impact the findings is the issue of pacing of the curriculum. A formal pacing guide had not been developed; therefore it would be unknown whether students would be able to transition back to their home schools at the appropriate placement within the curriculum.

### **Directions for Future Research**

This study focused on policies, practices, and philosophies. Future research needs to examine the relationship between these three characteristics of day treatment centers and their relationship to student achievement. Additionally, there are currently no studies that examine data on the long term effectiveness of the impact of day treatment centers on student performance while the students are enrolled in the DTC, and during transition back to their

home schools, as well as post-graduation. In addition, scholars should investigate how instructional leaders move from managerial roles to supervising curriculum and instruction in day treatment centers. That is, we need to know more about how a principal shifts from being a disciplinarian to an instructional leader in a setting filled with students who engage in behaviors that undermines safety and order in the environment. Moreover, with the privatization of local mental health services leading to the growth in the number of students served in day treatment centers, instructional leaders must become well versed in the mental health guidelines that relate to the operations of day treatment facilities. Thus, it is important to know what principals are being taught about mental health, how best to teach them, and what is most important to know. Future research is also needed to examine the impact of the Common Core and the Essential Standards and its relationship to the academic success of students who are identified as EBD. With this new found body of research, instructional leaders would be better prepared to successfully lead their staff or professional learning communities to challenge students enrolled in day treatment facilities to (a) excel academically within the general curriculum using the Common Core and the NC Essential Standards, and (b) be prepared to transition to their home schools, (c) be equipped for post-graduation success, which includes college and or employment.

### **Conclusion**

This qualitative case study describes the current curriculum and assessment policies, practices, and philosophies, and the role of the instructional leader in one day treatment centers in North Carolina for students with emotional and behavioral disorders. The

following research questions guided the study: (1) What are the curriculum policies, practices, and philosophies of day treatment centers in North Carolina? (2) What are the assessment policies, practices, and philosophies of day treatment centers in North Carolina? (3) What is the role of the principal in promoting instructional quality and student achievement in day treatment centers in North Carolina? Data for this single case study were collected from interviews with administration, teachers and instructional assistants; documents (e.g., school improvement plan, mission and belief statements, Common Core curriculum, school executive evaluation, yearly professional developments); and a teacher focus group. Interview transcripts were analyzed for common themes and the findings of descriptions of curriculum, assessment, policies, practices, and philosophies and the role of the instructional leader in this day treatment center. Collected during the initial implementation of the Common Core Standards, the findings reflect some amalgamation of pre- and post-CCS implementation of curriculum and assessment policies, practices, and philosophies. The data revealed one key theme concerning the curriculum, instruction, and assessment of EBD students in day treatment centers: “teaching to the individual needs of each child.”. Regardless of the area that was being addressed, whether it was curriculum policies and practices, assessment policies and practices, or the role of the principal in promoting instructional quality and student achievement, it all drilled down to what was the best approach for each individual child.

The findings also indicate that teachers in the day treatment centers are making every effort to help students learn but their mental health needs impede their progress.

Additionally, the findings show that the day treatment center is attempting to follow the state curriculum, the Common Core Standards, and use state-mandated formative and summative assessments. However, given the extensive use of individualized and differentiated instruction, the teachers needed additional professional development and instructional resources to be more effective. Lastly, the results showed that although the teachers and principal would like the principal to be more deeply involved with teaching and learning, the demands associated with providing disciplinary action and maintaining a safe and orderly environment made it difficult for the principal to be an instructional leader.

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**APPENDICES**

### **Appendix A: Director Interview Questions**

1. Tell me about yourself.
2. How long have you been here?
3. How did you end up working at this day treatment center?
4. Have you worked at other day treatment centers?
5. How many years of experience do you have?
6. How many years have you been at this site?
7. Please describe your school.
8. Please tell me about the school culture of this DTC. When was it established? Why was it established?
9. What is the school' mission or core values?
10. How many faculty and staff are employed here? What are their respective positions?
11. Please tell me about the families of the students that are enrolled in your DTC.
12. What are the student demographics?
13. Please tell me about the communities that this DTC serves.
14. Describe instructional practices in day treatment center.
15. What curriculum is used?
16. How is instruction organized?
17. How are instructional materials selected?

18. Are there alternative curricula to the standard grade level curricula (e.g., GED or vocational education)?
19. What types of curriculum professional development activities have you had?
20. What types of support do you receive from the LEA in which you are located or DPI in regards to curriculum?
21. Are there special interventions for students who are not making adequate progress?
22. How do you monitor student progress and performance?
23. What types of formative and summative assessments are used?
24. What accommodations are commonly made for students?
25. What LEA, state, or school-wide policies exist to hold you accountable for student learning? What type of assessment professional development activities have you had?
26. What type of support do you receive from the LEA in which you are located or DPI in regards to assessment?
27. Is there anything else that you would like to share about curriculum?
28. Is there anything that you would like to share about assessment?
29. Is there anything else that you would like to share about your school's philosophy?

### **Appendix B: Principal Interview Questions**

1. Tell me about yourself.
2. How long have you been here?
3. How did you end up working at this day treatment center?
4. Have you worked at other day treatment centers?
5. How many years of experience do you have?
6. How many years have you been at this site?
7. Please describe your school.
8. When was it established? Why was it established?
9. What is the schools' mission or core values?
10. Please tell me about the students enrolled in this DTC.
11. What are the student demographics?
12. Please tell me about the school culture of this DTC.
13. What is your role as instructional leader in the day treatment center?
14. What stands out for you about instructional leadership in a day treatment center?
15. What comes to mind for you when someone refers to you as the instructional leader of a day treatment center?
16. Can you give some examples of how you provide instructional leadership for your school?

17. What could you say are the four or five most important things that instructional leaders should do?
18. What would you like to do differently to provide instructional leadership?
19. What gets in the way of your being able to provide instructional leadership in these ways?
20. Describe instructional practices in day treatment center.
21. What curriculum is used?
22. How is instruction organized?
23. How are instructional materials selected?
24. Are there alternative curricula to the standard grade level curricula (e.g., GED or vocational education)?
25. What types of curriculum professional development activities have you had?
26. What types of support do you receive from the LEA in which you are located or DPI in regards to curriculum?
27. Are there special interventions for students who are not making adequate progress?
28. How do you monitor student progress and performance?
29. What types of formative and summative assessments are used?
30. What accommodations are commonly made for students?
31. What LEA, state, or school-wide policies exist to hold you accountable for student learning?
32. What type of assessment professional development activities have you had?

33. How are instructional materials selected?
34. Is there anything else that you would like to share about curriculum?
35. Is there anything that you would like to share about assessment?
36. Is there anything else that you would like to share about your school's philosophy?

### **Appendix C: Teachers Interview Questions**

1. Tell me about yourself.
2. How long have you been here?
3. How did you end up working at this day treatment center?
4. Have you worked at other day treatment centers?
5. How many years of experience do you have?
6. How many years have you been at this site?
7. Describe instructional practices in day treatment center.
8. What curriculum is used?
9. What philosophy is guiding curriculum?
10. How is instruction organized?
11. How are instructional materials selected?
12. Are there alternative curricula to the standard grade level curricula (e.g., GED or vocational education)?
13. What types of curriculum professional development activities have you had?
14. What types of support do you receive from the LEA in which you are located or DPI in regards to curriculum?
15. Are there special interventions for students who are not making adequate progress?
16. How do you monitor student progress and performance?
17. What types of formative and summative assessments are used?

18. What accommodations are commonly made for students?
19. What LEA, state, or school-wide policies exist to hold you accountable for student learning?
20. What type of assessment professional development activities have you had?
21. What type of support do you receive from the LEA in which you are located or DPI in regards to assessment?
22. What characteristics do you think are the most important for an instructional leader in this setting?
23. What about teaching EBD students in this setting most influences teaching and learning in this setting?
24. What is the principal's role as an instructional leader?
25. Is there anything else that you would like to share about curriculum?
26. Is there anything that you would like to share about assessment?
27. Is there anything else that you would like to share about your school's philosophy?

### **Appendix D: Instructional Assistants Interview Questions**

1. Tell me about yourself.
2. How long have you been here?
3. How did you end up working at this day treatment center?
4. Have you worked at other day treatment centers?
5. How many years of experience do you have?
6. How many years have you been at this site?
7. How is instruction organized?
8. How are instructional materials selected?
9. Are there special interventions for students who are not making adequate progress?
10. How do you monitor student progress and performance?
11. What is the principal's role as an instructional leader?
12. Is there anything else that you would like to share about curriculum?
13. Is there anything that you would like to share about assessment?
14. Is there anything else that you would like to share about your school's philosophy?

## Appendix E: Teacher/ Instructional Assistant Consent Form

### North Carolina State University INFORMED CONSENT FORM for RESEARCH

*This consent information is valid November 15, 2012 through November 15, 2013*

Title of Study: Curriculum and Assessment Policies & Practices in a Day Treatment Center in North Carolina

Principal Investigator: Kimberly Ferrell

Faculty Sponsor: Tamara V. Young

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What are some general things you should know about research studies?

You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time without penalty. The purpose of research studies is to gain a better understanding of the curriculum and assessment policies and practices in day treatment centers in North Carolina. You are not guaranteed any personal benefits from being in a study. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact Kimberly Ferrell.

What is the purpose of this study?

The purpose of this qualitative research study is to describe: a) the curriculum policies, practices, and philosophies of a day treatment center; b) the assessment policies, practices, and philosophies of a day treatment center; and c) the role of the principal in promoting instructional quality and student achievement in a day treatment center.

What will happen if you take part in the study?

If you agree to participate in this study, you will be asked to participate in a face-to-face interview that will last approximately two hours. The interview will take place at the day treatment center at which you are employed at a time and date that is convenient to you.

If you agree, interviews will be audio-recorded and transcribed. All identifying information will be removed from data sources

Risks

There are professional risks to you from participating. You will be asked to discuss your job and your colleagues, and your colleagues will be asked to discuss your professional role at the center.

Benefits

There are no direct benefits to you for participating in this study. The information gained from this study could be used to broaden the understanding of curriculum and assessment policies, practices and philosophies in day treatment centers in an effort to provide adequate professional development opportunities to faculty and administrators in these settings.

Confidentiality

The information in the study records will be kept confidential to the full extent allowed by law. Identifying information will be removed from field notes, transcripts of the audio recordings, and emails. Electronic data will be stored securely as password protected files on computers that also require a login and password. Other data, such as notes and digital recordings will be placed in a locked file. However, you will be either the only person of your rank at your center, or one of just a few people of your rank who will participate in the study. That means that it is likely that people who read reports about the research will be able to identify you and your quotes if they know you or your school. Audio recordings will be erased five years after the completion of the project.

Compensation

You will not receive any compensation for participating in this study.

What if you have questions about this study?

If you have questions at any time about the study or the procedures, you may contact the researcher, Kimberly Ferrell.

What if you have questions about your rights as a research participant?

If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator, Box 7514, NCSU Campus (919-515-4514).

Consent to Participate

*"I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled."*

Subject's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Investigator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix F: Director Consent Form

### North Carolina State University INFORMED CONSENT FORM for RESEARCH

*This consent information is valid November 15, 2012 through November 15, 2013*

Title of Study: Curriculum and Assessment Policies & Practices in a Day Treatment Center in North Carolina

Principal Investigator: Kimberly Ferrell

Faculty Sponsor: Tamara V. Young

What are some general things you should know about research studies?

You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time without penalty. The purpose of research studies is to gain a better understanding of the curriculum and assessment policies and practices in day treatment centers in North Carolina. You are not guaranteed any personal benefits from being in a study. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact Kimberly Ferrell.

What is the purpose of this study?

The purpose of this qualitative research study is to describe: a) the curriculum policies, practices, and philosophies of a day treatment center; b) the assessment policies, practices, and philosophies of a day treatment center; and c) the role of the principal in promoting instructional quality and student achievement in a day treatment center.

What will happen if you take part in the study?

If you agree to participate in this study, you will be asked to participate in a face-to-face interview that will last approximately two hours. The interview will take place at the day treatment center at which you are employed at a time and date that is convenient to you.

If you agree, interviews will be audio-recorded and transcribed. All identifying information will be removed from data sources.

Risks

There are professional risks to you from participating. You will be asked to discuss your job and your colleagues, and your colleagues will be asked to discuss your professional role at the center.

Benefits

There are no direct benefits to you for participating in this study. The information gained from this study could be used to broaden the understanding of curriculum and assessment policies, practices and philosophies in day treatment centers in an effort to provide adequate professional development opportunities to faculty and administrators in these settings.

Confidentiality

The information in the study records will be kept confidential to the full extent allowed by law. Identifying information will be removed from field notes, transcripts of the audio recordings, and emails. Electronic data will be stored securely as password protected files on computers that also require a login and password. Other data, such as notes and digital recordings will be placed in a locked file. However, you will be either the only person of your rank at your center, or one of just a few people of your rank who will participate in the study. That means that it is likely that people who read reports about the research will be able to identify you and your quotes if they know you or your school. Audio recordings will be erased five years after the completion of the project.

Compensation

You will not receive any compensation for participating in this study.

What if you have questions about this study?

If you have questions at any time about the study or the procedures, you may contact the researcher, Kimberly Ferrell.

What if you have questions about your rights as a research participant?

If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator, Box 7514, NCSU Campus (919-515-4514).

Consent to Participate

*"I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled."*

Subject's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Investigator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix G: Principal Consent Form

### North Carolina State University INFORMED CONSENT FORM for RESEARCH

*This consent information is valid November 15, 2012 through November 15, 2013*

Title of Study: Curriculum and Assessment Policies & Practices in a Day Treatment Center in North Carolina

Principal Investigator: Kimberly Ferrell

Faculty Sponsor: Tamara V. Young

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#### What are some general things you should know about research studies?

You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time without penalty. The purpose of research studies is to gain a better understanding of the curriculum and assessment policies and practices in day treatment centers in North Carolina. You are not guaranteed any personal benefits from being in a study. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact Kimberly Ferrell.

#### What is the purpose of this study?

The purpose of this qualitative research study is to describe: a) the curriculum policies, practices, and philosophies of a day treatment center; b) the assessment policies, practices, and philosophies of a day treatment center; and c) the role of the principal in promoting instructional quality and student achievement in a day treatment center.

#### What will happen if you take part in the study?

If you agree to participate in this study, you will be asked to participate in a face-to-face interview that will last approximately two hours. The interview will take place at the day treatment center at which you are employed at a time and date that is convenient to you.

If you agree, interviews will be audio-recorded and transcribed. All identifying information will be removed from data sources.

#### Risks

There are professional risks to you from participating. You will be asked to discuss your job and your colleagues, and your colleagues will be asked to discuss your professional role at the center.

#### Benefits

There are no direct benefits to you for participating in this study. The information gained from this study could be used to broaden the understanding of curriculum and assessment policies, practices and philosophies in day treatment centers in an effort to provide adequate professional development opportunities to faculty and administrators in these settings.

Confidentiality

The information in the study records will be kept confidential to the full extent allowed by law. Identifying information will be removed from field notes, transcripts of the audio recordings, and emails. Electronic data will be stored securely as password protected files on computers that also require a login and password. Other data, such as notes and digital recordings will be placed in a locked file. However, you will be either the only person of your rank at your center, or one of just a few people of your rank who will participate in the study. That means that it is likely that people who read reports about the research will be able to identify you and your quotes if they know you or your school. Audio recordings will be erased five years after the completion of the project.

Compensation

You will not receive any compensation for participating in this study.

What if you have questions about this study?

If you have questions at any time about the study or the procedures, you may contact the researcher, Kimberly Ferrell.

What if you have questions about your rights as a research participant?

If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator, Box 7514, NCSU Campus (919-515-4514).

Consent to Participate

*"I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled."*

Subject's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Investigator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix H: Focus Group Consent Form

### North Carolina State University INFORMED CONSENT FORM for RESEARCH

*This consent information is valid November 15, 2012 through November 15, 2013*

Title of Study: Curriculum and Assessment Policies & Practices in a Day Treatment Center in North Carolina

Principal Investigator: Kimberly Ferrell

Faculty Sponsor: Tamara V. Young

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What are some general things you should know about research studies?

You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time without penalty. The purpose of research studies is to gain a better understanding of the curriculum and assessment policies and practices in day treatment centers in North Carolina. You are not guaranteed any personal benefits from being in a study. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact Kimberly Ferrell.

What is the purpose of this study?

The purpose of this qualitative research study is to describe: a) the curriculum policies, practices, and philosophies of a day treatment center; b) the assessment policies, practices, and philosophies of a day treatment center; and c) the role of the principal in promoting instructional quality and student achievement in a day treatment center.

What will happen if you take part in the study?

If you agree to participate in this study, you will be asked to participate in a face-to-face interview that will last approximately two hours. The interview will take place at the day treatment center at which you are employed at a time and date that is convenient to you.

If you agree, interviews will be audio-recorded and transcribed. All identifying information will be removed from data sources.

Risks

There are professional risks to you from participating. You will be asked to discuss your job and your colleagues, and your colleagues will be asked to discuss your professional role at the center.

Benefits

There are no direct benefits to you for participating in this study. The information gained from this study could be used to broaden the understanding of curriculum and assessment policies, practices and philosophies in day treatment centers in an effort to provide adequate professional development opportunities to faculty and administrators in these settings.

Confidentiality

The information in the study records will be kept confidential to the full extent allowed by law. Identifying information will be removed from field notes, transcripts of the audio recordings, and emails. Electronic data will be stored securely as password protected files on computers that also require a login and password. Other data, such as notes and digital recordings will be placed in a locked file. However, you will be either the only person of your rank at your center, or one of just a few people of your rank who will participate in the study. That means that it is likely that people who read reports about the research will be able to identify you and your quotes if they know you or your school. Audio recordings will be erased five years after the completion of the project.

Compensation

You will not receive any compensation for participating in this study.

What if you have questions about this study?

If you have questions at any time about the study or the procedures, you may contact the researcher, Kimberly Ferrell.

What if you have questions about your rights as a research participant?

If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator, Box 7514, NCSU Campus (919-515-4514).

Consent to Participate

*"I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled."*

Subject's signature: \_\_\_\_\_ Date \_\_\_\_\_

Investigator's signature: \_\_\_\_\_ Date \_\_\_\_\_

### Appendix I: Interview Protocol

	<b>Contextual Information</b>	<b>Research Question 1</b>	<b>Research Question 2</b>	<b>Research Question 3</b>
		What are the curriculum policies, practices, and philosophies of day treatment centers?	What are the assessment policies, practices, and philosophies of day treatment centers?	What is the role of the principal in promoting instructional quality and student achievement in day treatment centers?
Director	<p>Tell me about yourself.</p> <p>How long have you been here?</p> <p>How did you end up working at this day treatment center?</p> <p>Have you worked at other day treatment centers?</p> <p>How many years of experience do you have?</p> <p>How many years have you been at this site?</p> <p>Please describe your school.</p> <p>When was it established?</p>	<p>Describe instructional practices in your day treatment center.</p> <p>What curriculum is used?</p> <p>How is instruction organized?</p> <p>How are instructional materials selected?</p> <p>Are there alternative curricula to the standard grade level curricula?</p> <p>What types of curriculum</p>	<p>How do you monitor student progress and performance?</p> <p>What types of formative and summative assessments are used?</p> <p>What accommodations are commonly made for students?</p> <p>What LEA, state, or school-wide policies exist to hold you accountable for student learning?</p> <p>What type of assessment</p>	<p>What is the principal's role as an instructional leader?</p>

	<p>Why was it established?</p> <p>What is the schools' mission or core values?</p> <p>How many faculty and staff are employed here?</p> <p>What are their respective positions?</p> <p>Please describe the facility.</p> <p>What are the student demographics?</p> <p>Please describe the locality this school serves?</p>	<p>professional development activities have you had?</p> <p>What types of support do you receive from the LEA in which you are located or DPI in regards to curriculum?</p> <p>Are there special interventions for students who are not making adequate progress?</p> <p>What about teaching EBD students in this setting most influences teaching and learning in this setting?</p>	<p>professional development activities have you had?</p> <p>What type of support do you receive from the LEA in which you are located or DPI in regards to assessment?</p>	
<b>Principal</b>	<p>Tell me about yourself.</p> <p>How long have you been</p>	<p>Describe instructional practices in your day</p>	<p>How do you monitor student progress and</p>	<p>What is the principal's role as an instructional</p>

	<p>here?</p> <p>How did you end up working at this day treatment center?</p> <p>Have you worked at other day treatment centers?</p> <p>How many years of experience do you have?</p> <p>How many years have you been at this site?</p> <p>Please describe your school.</p> <p>When was it established?</p> <p>Why was it established?</p> <p>What is the schools' mission or core values?</p> <p>How many faculty and staff are employed here?</p>	<p>treatment center.</p> <p>What curriculum is used?</p> <p>How is instruction organized?</p> <p>How are instructional materials selected?</p> <p>Are there alternative curricula to the standard grade level curricula?</p> <p>What types of curriculum professional development activities have you had?</p> <p>What types of support do you receive from the LEA in which you are located or DPI in regards to curriculum?</p>	<p>performance?</p> <p>What types of formative and summative assessments are used?</p> <p>What accommodations are commonly made for students?</p> <p>What LEA, state, or school-wide policies exists to hold you accountable for student learning?</p> <p>What type of assessment professional development activities have you had?</p> <p>What type of support do you receive from the LEA in which you are located or DPI in regards to assessment?</p>	<p>leader?</p> <p>What is your role as principal in the day treatment center?</p> <p>What stands out for you about instructional leadership in a day treatment center?</p> <p>What comes to mind for you when someone refers to you as the instructional leader of a day treatment center?</p> <p>Can you give some examples of how you provide instructional leadership for your school?</p> <p>What could you say are the four or five most important things that</p>
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	<p>What are their respective positions?</p> <p>Please describe the facility.</p> <p>What are the student demographics?</p> <p>Please describe the locality this school serves?</p>	<p>Are there special interventions for students who are not making adequate progress?</p> <p>What about teaching EBD students in this setting most influences teaching and learning in this setting?</p>		<p>instructional leaders should do?</p> <p>What would you like to do differently to provide instructional leadership?</p> <p>What gets in the way of your being able to provide instructional leadership in these ways?</p>
<p><b>Teachers and Instructional Assistants</b></p>	<p>Tell me about yourself.</p> <p>How long have you been here?</p> <p>How did you end up working at this day treatment center?</p> <p>Have you worked at other day treatment centers?</p> <p>How many years of experience do you have?</p>	<p>Describe instructional practices in your day treatment center.</p> <p>What curriculum is used?</p> <p>How is instruction organized?</p>	<p>How do you monitor student progress and performance?</p> <p>What type of formative and summative assessments is used?</p> <p>What accommodations are commonly made for</p>	<p>What is the principal's role as an instructional leader?</p> <p>What characteristics do you think are the most important for an instructional leader in this setting?</p>

	<p>How many years have you been at this site?</p>	<p>How are instructional materials selected?</p> <p>Are there alternative curricula to the standard grade level curricula?</p> <p>What types of curriculum professional development activities have you had?</p> <p>What types of support do you receive from the LEA in which you are located or DPI in regards to curriculum?</p> <p>Are there special interventions for students who are not making adequate progress?</p> <p>What about teaching EBD students in this setting most influences teaching and</p>	<p>students?</p> <p>What LEA, state, or school-wide policies exists to hold you accountable for student learning?</p> <p>What type of assessment professional development activities have you had?</p> <p>What type of support do you receive from the LEA in which you are located or DPI in regards to assessment?</p>	
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		learning in this setting?  What philosophy is guiding curriculum?		
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### **Appendix J: Focus Group Protocol\***

Good (morning/evening), welcome to our focus group session. I am Kimberly Ferrell, a doctoral student in NC State's Educational Leadership program. I would like to thank you for volunteering in our discussion about current curriculum and assessment, and practices in this day treatment center. From you, I want to learn (1) What are the curriculum policies, practices, and philosophies of this day treatment center? (2) What are the assessment policies, practices, and philosophies of this day treatment center? (3) What is the role of the principal in promoting instructional quality and student achievement in this day treatment center?

Before the focus group discussion begins, I would like to make sure that everyone obtained an informed consent. Please read it before you sign to make sure you understand the content of the information. The focus group discussion will last approximately 2 hours. You may return the form back to me at this time if you feel uncomfortable signing it. Your signature signifies that you agree to participate in the focus group session, all information will be recorded. Your names will not be used in the study. All participants will be referred to by pseudonyms. Are there any questions that you may have before we begin the session?

During the session please understand that your responses to the questions may be similar or different. The goal is to gain individual experiences and view points from all participants.

At the beginning of the session, I will ask a collection of questions to help guide the discussion. Throughout the session I will be taking notes from your responses. During the session, please speak openly and clearly about curriculum and assessment policies and practices in this day treatment center. In order to have an effective discussion, we will follow these guidelines.

1. During the session please respect one another by speaking one at a time. Please speak clearly due to the fact of the recording on the session to gain accurate information.
2. You will be identified by a pseudonym.
3. All names will be kept confidential during the session and no names will be associated with the comments.
4. I will be asking questions as well as taking notes during the session. Please feel free to speak openly about curriculum and assessment policies and practices at this day treatment center.
5. I would like to encourage everyone to keep all information stated in this session confidential.
6. Please be reminded that we need to study the guidelines and schedule time line.
7. Are there any questions before we begin?

\*Adapted from the dissertation of Pamela Gibson Senegal, *A Case Study of a Southeastern African American Male Mentoring Community College Program* (2011)

**Appendix K: Focus Group Questions (Teachers Only)**

1. What philosophy is guiding curriculum?
2. How do you design the curricular for students?
3. What are the most important factors in determining your curricular practices?
4. What philosophy is guiding assessment?
5. How do you design the assessment for students?
6. What are the most important factors in determining your assessment practices?
7. Describe the role of the principal in curriculum.
8. Describe the role of the principal in assessment.
9. Is there anything else that you would like to share about curriculum?
10. Is there anything that you would like to share about assessment?
11. Is there anything else that you would like to share about your school's philosophy?