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## Manifestation Determination Reviews: What Is the Role of the Speech Language Pathologist and Are the Language Abilities of the Student Considered?

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FONTBONNE UNIVERSITY  
COLLEGE OF EDUCATION AND ALLIED HEALTH PROFESSIONS

MANIFESTATION DETERMINATION REVIEWS: WHAT IS THE ROLE OF THE SPEECH  
LANGUAGE PATHOLOGIST AND ARE THE LANGUAGE ABILITIES OF THE  
STUDENT CONSIDERED?

A Dissertation  
SUBMITTED TO THE DOCTORAL FACULTY  
In partial fulfillment of the requirements for the  
degree of  
Doctor of Education

By  
Joan Turner  
St. Louis, Missouri  
2024

Manifestation Determination Reviews: What is the role of the Speech Language Pathologist and  
Are the Language Abilities of the Student Considered?

A Dissertation APPROVED FOR THE  
COLLEGE OF EDUCATION AND ALLIED HEALTH PROFESSIONS

BY

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**Joan Turner, 2024**

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## **Abstract**

The purpose of this study is to seek best practices for Manifestation Determination Review (MDR) meetings with regards to Speech Language Pathologist (SLP) participation, how frequently expressive and receptive language of the student are considered throughout the process, and the degree to which MDR teams follow best practice recommendations. Given the vague federal guidelines regarding the MDR process, SLPs are not consistently invited to MDR meetings and expressive and receptive language of the student being disciplined are not consistently considered in the manifestation determination meetings and process (Fisher et al., 2021; Knudsen & Bethune, 2018). The researcher used a mixed methods design to examine the documentation from MDR meetings and determining how frequently SLPs were in attendance, how frequently expressive and/or receptive language were described in the documentation, and to what degree teams followed best practice guidelines (Allen, 2021). The findings indicate SLPs are in attendance in 60% of the investigated meetings. Overall, there was little evidence teams considered language skills as a justification for an MDR decision. The results support the need for research into best practices for MDR policy for educational researchers and educators working in the field. They also inform a possible improvement plan for a district.

## Chapter 1: Introduction

When children attend schools that place a greater value on discipline and security than on knowledge and intellectual development, they are attending prep schools for prison (Davis, 2003, p. 38-29).

### Introduction

In special education, there is a federally mandated process that occurs when a student with a dis/ability is to be suspended for 10 or more days. This process, the manifestation determination review (MDR; see table 1), is conducted to identify whether the behavior/incident is a manifestation the student's dis/ability. While this process is part of the Individuals with Disabilities Education Act (IDEA), there are vague terms in the writing of the law which has led to a less than uniform implementation (Allen, 2021; Fisher et al., 2021; Lewis, 2017). Districts have additional guidelines and policies in their district handbooks but remain unclear when referring to which Individualized Education Plan (IEP) team members should attend the meeting and which components should be reviewed. In MDR meetings, students who receive language therapy as a service due to their IDEA recognized dis/ability may not have their language abilities at the time of the incident considered. Additionally, there is no requirement for their speech language pathologist (SLP) to attend the MDR meeting (Allen, 2021). Zero Tolerance Policies and other guidelines in district handbooks may require schools to use exclusionary discipline as the automatic consequence to an incident (Hines et al., 2018; Mallet, 2016; Walker & Brigham, 2017).

Due to IDEA, we now have a common language, across the country, regarding special education terminology. Common terminology used in special education are defined and their acronyms provided in Table 1.

**Table 1***Special Education Legal Terms Defined*

Special Education Term	Definition	Acronym
<i>Accommodations</i>	A change that allows a student to work around their dis/ability to participate in their class (e.g., extended time on tests, allowing students to give answers orally, preferential seating, etc.). This is noted in the IEP document and should be used across all school settings (U.S. DOE, 2022)	
<i>Assessments</i>	Could refer to the federal, state, and district tests that all students take each year to provide data and inform changes; Could also refer to tests selected to gather additional data or identify if a child has a dis/ability (e.g., IQ testing, academic testing, language testing, etc.) (U.S. DOE, 2022)	
<i>Behavior Intervention Plan</i>	A document that is included with the IEP that outlines the students' behaviors, their functions, and the strategies that should be used by staff across all settings to minimize the behaviors as much as possible (U.S. DOE, 2022)	BIP
<i>Board Certified Behavior Analyst</i>	Practitioners who provide behavior-analytic services (Behavior Analyst Certification Board, 2023)	BCBA
<i>Department of Elementary and Secondary Education</i>	State government department that oversees educational policies for elementary through high school (Grades K-12); administrative arm of the State Board of Education (Department of Elementary and Secondary Education, 2017)	DESE
<i>Developmental Language Disorder</i>	A disorder of communication in which an individual has difficulty learning, understanding, and using language. This is not the result of having a diagnosis of Autism or of having acquired language at a different rate than peers due to additional dis/abilities (e.g., hearing loss) or life	DLD

	circumstances in which an individual received less exposure to language ( <i>Developmental language disorder – NIDCD, 2022</i> )	
<i>Dis/ability</i>	When speaking specifically about special education, this refers to the identification recognized under IDEA for which a child requires an IEP (e.g., “autism,” “intellectual dis/ability,” etc.) (U.S. DOE, 2022)	
<i>Exclusionary Discipline</i>	Disciplinary practices that take a student away from their mainstream education setting (e.g., suspension, expulsion) (U.S. DOE, 2022)	
<i>Free and Appropriate Public Education</i>	A guaranteed entitlement included in IDEA that means all students with dis/abilities have a right to education that is both free and appropriate (U.S. DOE, 2022)	FAPE
<i>Functional Behavioral Assessment</i>	A process in which a behavior analyst conducts a series of observations and interventions to determine the function of a behavior (e.g., to avoid work, to get sensory input, etc.); these results inform the student’s BIP (U.S. DOE, 2022)	FBA
<i>Identification</i>	The category under which the student is receiving special education. This term is often used interchangeably with dis/ability but they are not exactly the same. For example, a student may have attention deficit hyperactivity disorder as a dis/ability, but their identification would be “Other Health Impairment.” Other identifications include “Learning Disability,” “Emotional Disturbance,” “Intellectual Disability,” or “Multiple Disabilities,” to name a few (U.S. DOE, 2022)	
<i>Individualized Education Plan</i>	The legal document created as a result of an IEP team meeting in which the parent, student, special education teacher, LEA representative, general education teacher and others meet to discuss the student’s present level and develop goals based on the	IEP

areas of concern; these goals then determine the amount of time the student will spend in special education and in each special education service; this document also includes the accommodations and modifications a student might need; students 16 and older also have a section in the IEP about post-secondary transition (U.S. DOE, 2022)

<i>Individuals with Disabilities Education Act</i>	A federal law that allows for students with dis/abilities to receive free and appropriate public education; the law also includes the standards, requirements and terminology we use nationwide when talking about special education (U.S. DOE, 2022)	IDEA
<i>Language Impairment (MO DESE)</i>	Eligibility criteria under IDEA; a student can qualify as having a Language Impairment and receive special education services in the state of Missouri if they meet the following criteria: evidence student did not respond to prereferral interventions, two or more composite scores on standardized language assessments that fall 1.75 standard deviations below average, and an analyzed language sample. Team must also include one of the following: language observation, curriculum-based assessment, checklist/interview, and/or structured clinical tasks. Language Impairment is sometimes used interchangeably with DLD (MO DESE, 2017)	LI
<i>Least Restrictive Environment</i>	A consideration that must be made regarding a student's placement in special education; IDEA requires that IEP teams attempt to keep students in general education as much as possible and IEP team members must keep this in mind when deciding how many minutes a student will spend outside the general education setting (U.S. DOE, 2022)	LRE
<i>Local Education Agency</i>	The person who represents the student's school district; often a principal or assistant principal but can be anyone who has the	LEA

	<p>following qualifications: knowledge of general education curriculum, qualifications to supervise or provide services to students with dis/abilities, and power to allocate district resources (U.S. DOE, 2022)</p>	
<i>Manifestation Determination Review</i>	<p>A federally mandated process that occurs when a student with a dis/ability is to be suspended for 10 or more days; within 10 days of the incident the MDR team must meet to decide if the behavior exhibited was or was not a manifestation of the student's dis/ability or the LEA's failure to implement the IEP (U.S. DOE, 2022)</p>	MDR
<i>Modifications</i>	<p>A change to course work, curriculum, or environment to better meet the needs of a student with a dis/ability as listed in the student's IEP; modifications are different from accommodations in that they actually change what the student is expected to do (e.g., shortening assignments, eliminating word problems, less questions on a test, etc.) (U.S. DOE, 2022)</p>	
<i>Placement</i>	<p>Refers to the setting in which a student receives their education which varies student to student; measured as a percentage of time spent in general education and can range from 0-100%; students may be placed outside of their home school if it's deemed necessary by the IEP team and considered to be the student's least restrictive environment (e.g., public separate building, private separate building, homebound, or other arrangements) (U.S. DOE, 2022)</p>	
<i>Post-Secondary Transition</i>	<p>Plans a student has for when they leave high school including their education goals, their employment goals, and their independent living goals. This can be discussed in any IEP meeting, but it is required by law to address post-secondary transition during the IEP process for all students who will turn 16 within the IEP cycle and each subsequent IEP (U.S. DOE, 2022)</p>	

<i>Prior Written Notice</i>	A prior written notice (PWN) is a document provided to parents when a school district proposes or refuses one of the following: to initiate or change identification, evaluation, placement, or provision of FAPE (Lichtenberg & Schmitz, 2022) In Missouri, it was previously referred to as Notice of Action (NOA)	PWN
<i>Review of Existing Data</i>	A document completed tri-annually for students who have qualified as having a dis/ability under IDEA in a public school, for students suspected of requiring special education services, and/or for students for whom the process has been requested, in which data is collected and discussed in the following areas: vision, hearing, health/motor, speech, language, intellectual/cognitive, adaptive behavior, social/emotional/behavioral, academic achievement, and post-secondary transition (if applicable) (U.S. DOE, 2022)	RED
<i>Universal Design for Learning</i>	A framework that guides the design of instructional goals, assessments, methods, and materials, which can be customized and adjusted to meet individual needs by intentionally providing multiple means of representation, action & expression, and engagement (CAST, 2018)	UDL
<i>Zero Tolerance Policies</i>	School policies that predetermine the consequences of specific student behaviors; these are often severe in nature and include exclusionary practices (Skiba & Knesting, 2001)	

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In addition to defining these terms, the researcher has also made a conscious choice to use “dis/ability” rather than “disability.” The term “dis/ability” will be used throughout this paper because of the stigma that is attached to “disability” and the signal it may send to a reader about an individual’s inability to be part of society. The researcher wants to emphasize that while a person with a dis/ability may have difficulties with some aspect of their lives, they also have



many important abilities and strengths. “Disabilities” will be used when in a quote or as part of a term/law/organization.

In the general population, the prevalence of developmental language disorder (DLD) is between 7% and 12% (McLeod & McKinnon, 2007; Snow, 2019). DLD is the term that will be used in this paper, though the term is often used interchangeably with Language Impairment, Specific Language Impairment, or Language Delay. Within the population of incarcerated youth offenders, the prevalence is estimated to be 40-60%, indicating there are a disproportionate number of individuals with DLD in our youth justice system (Anderson et al., 2016; Billstedt et al., 2017; Blanton & Dagenais, 2007; Bryan, 2004; Bryan et al., 2007; Bryan et al., 2015; Chow et al., 2022; Gregory & Bryan, 2011; Hughes et al., 2017; LaVigne & Rybroek, 2010; McLeod & McKinnon, 2007; Montgomery et al., 2003; Sanger et al., 2000; Snow, 2019; Snow et al., 2015; Sowerbuttes et al., 2021; Swain et al., 2020).

In the United States, researchers describe a pervasive problem known as the *School-to-Prison Pipeline* (Okilwa et al., 2017). The *School-to-Prison Pipeline* is a term that refers to the disproportionality of exclusionary school discipline that results in students missing classroom instructional time and results in these students entering the criminal justice system. The students are overwhelmingly students of color, students from low-income families, and students with dis/abilities (Okilwa et al., 2017). According to national data from the 2017-2018 school year, Black male students are 3 times more likely to be suspended one or more times than their white male peers (U.S. DOE, 2022). In the same set of data, students with dis/abilities that receive special education services were more likely than their non-dis/abled peers to be disciplined using exclusionary practices (U.S. DOE, 2022). Students who receive exclusionary discipline such as suspension and expulsion are removed from their mainstream educational settings and have a

greater likelihood of being arrested (Mowen & Brent, 2016; Okilwa et al., 2017). To understand this discrepancy, it is crucial that those who study this topic look at the systematic discrimination that is embedded in the systems in which we currently live and exist. One system is public school-based exclusionary discipline practices of students with dis/abilities.

### **National Context**

IDEA is the federal law that allows students with dis/abilities to receive free and appropriate public education (FAPE; U.S. DOE, 2022). This law, originally passed in 1975 as the “Education for All Handicapped Children” Act, has been revised over the years, most recently in 2004 and 2015 (U.S. DOE, 2022). This law governs how states provide special education services and authorizes the allocation of funds in the form of grants (U.S. DOE, 2022).

The IEP process begins when a child is identified as possibly needing special education and/or related services. A physician can diagnose a child with a dis/ability that may impact their ability to access the general education curriculum or the student’s teachers may suspect difficulties based on grades, district/state assessment results, and observations. It’s important to note that students can receive a diagnosis (e.g., Autism, Attention Deficit Hyperactivity Disorder) but may not need special education. In many cases, differentiated instruction and universal design for learning allow a student to participate in their general education curriculum (Darling et al., 2016). If it is suspected that a student requires special education services, the first step is to gather information. Often, schools will hold meetings about students to ensure that all general education and universal interventions have been used with fidelity. If a team demonstrates that a student is not responding, the next step may include testing. The team meets to review all existing data in the following areas: vision, hearing, health/motor, speech, language, intellectual/cognitive, adaptive behaviors, social/emotional/behavioral, academic achievement,

post-secondary transition (if student is 16 within the IEP cycle), and assistive technology (if applicable). Definitions of the areas from the state DESE are found in Table 2.

**Table 2**

*Areas Considered in a Review of Existing Data*

Area of Concern	Definition from MO DESE
Vision	A student's near/far point visual acuity, eye muscle control, depth perception, color blindness, orientation/mobility skills (MO DESE, 2017)
Hearing	A student's hearing acuity for pure-tones and speech, middle ear function, central auditory processing skills, and the need for/use of amplification systems (MO DESE, 2017)
Health/Motor	A student's physiological and neurological condition including gross and fine motor skills, metabolic functioning, and/or evidence of disease or injury. May also include laterality, directionality, balance, kinesthetic skills, tactile skills, and ambulatory/postural problems (MO DESE, 2017)
Speech	A student's articulation or phonological skill, voice, or fluency (MO DESE, 2017)
Language	A student's receptive/expressive language skills, auditory processing (MO DESE, 2017)
Intellectual/Cognitive	A student's general mental abilities including learning rate, specific strengths and weaknesses, and sensory perceptual learning processes (MO DESE, 2017)
Adaptive Behavior	A student's ability to function and maintain self independently, and the degree to which the student meets satisfactorily the culturally imposed demands of personal and social responsibility (MO DESE, 2017)
Social/Emotional/Behavioral	A student's social/emotional/behavioral development in relation to learning, interpersonal relationships, and self (MO DESE, 2017)
Academic Achievement	A student's educational skills and achievement levels including pre-academic skills, if age appropriate (MO DESE, 2017)
Post secondary Transition (Age 16+ or younger, if appropriate- this area must be included in the IEP in effect when the child turns age 16	A student's ability to function independently in the school environment and movement toward successful functioning in post-school activities (I.e., working toward career choices) (MO DESE, 2017)
Assistive Technology (if applicable)	A student's need for assistive devices/services in order to maintain, increase or improve the functional capabilities of the student (MO DESE, 2017)

The team that conducts the review of existing data (RED) will gather information from previous evaluations, information provided by parents, observations by others, classroom data, district and state testing, and current classroom-based assessments. This team can decide if they need additional data (which often includes testing) in the areas of concern. If this is the case, the team will perform an evaluation with testing in each area where they need additional data. Based on the results of these assessments, determinations are made as to whether the student should qualify for special education and under which educational determination.

Students in schools who have been identified for special education due to a dis/ability are subject to federal discipline policies that differ from their typically developing peers. One difference is related to suspensions that last for more than 10 days. Because this would constitute a change in placement (see definition in Table 1), a process must be completed to determine if the behavior or incident for which the student is being disciplined is a manifestation of the student's dis/ability or if the behavior or incident was the result of an individualized education plan (IEP) being implemented incorrectly (U.S. DOE, 2022). This process is known as the Manifestation Determination Review (MDR). Once the student has been referred for discipline and it has been suggested that the student receive a 10 or more day suspension, the Local Education Agency (LEA) has 10 days to complete this process. (U.S. DOE, 2022). The LEA, parent, and "relevant members of the IEP team" will review "relevant documents" from the student's file (e.g., teacher observations, the IEP document, previous assessments) and "relevant" documents and information presented by the parents (U.S. DOE, 2022).

Nationally, the most recent data regarding suspensions and expulsions are from the 2017-2018 school year. While students with dis/abilities made up 15.9% of students enrolled, they

constituted 28.1% of out-of-school suspensions and 25% of expulsions (U.S. DOE, 2022). Black students with dis/abilities made up 17.1% of students enrolled and constituted 35.7% of out-of-school suspensions, and 39% of expulsions (U.S. DOE, 2022).

In a meta-analysis of language skills of youth offenders, Chow et al. (2022) reviewed 84 studies and used the data collected to calculate the magnitude of the difference in language skills between youths in the juvenile justice setting and their typically developing peers. This equated to an approximate 19-point difference on a standardized language assessment (Chow et al., 2022). Based on further data analysis, this data suggests that “youth in juvenile justice facilities perform 1.26 SD poorer than their typical peers on quantitative measures of language” (Chow et al., 2022, p. 1173). These data points continue to provide evidence that individuals with DLD are overrepresented in youth offender populations.

### **Local Context**

The school district the researcher works in provided special education services for 21,855 students during the 2020-2021 school year. The school district follows a model in which the district provides special education services for the schools in 22 school districts. This school district also has eight public separate schools, which means all faculty and staff in the building are employed by the school district and all students receive special education in a special education setting for 100% of their school day. In buildings that are strictly special education schools (public separate buildings or programs) there were 59 students in total that were suspended for more than 10 days. This differs from the number of students receiving special education in all 22 school districts who were suspended for 10 or more days. The researcher is unable to find this data currently as it is not publicly reported information. In future research, the researcher would like to compare the number of students who receive special education who

receive 10 or more-day suspensions and the proportion of enrollment of students with special education in those schools. The researcher would also request the demographic information of the suspensions to compare with the demographic information for enrollment.

### **Personal Context**

Since receiving my master's degree in 2014, I have worked as a SLP in the school setting with high school age students. Initially I worked for three years in a district outside of my home county. In this district, I provided speech and language therapy for public high school students who were spending all or part of their day in the general education setting. I also assessed students and served as their case manager. A case manager is the point person of contact for a student with a special education diagnosis. This person is responsible for arranging the IEP meeting each year and assembling the IEP team for other purposes if necessary. It was my greatest wish that the students I case-managed left high school with not only a post-secondary transition plan, but a greater understanding of themselves and their needs as a person with a dis/ability. I encouraged my students to align their interests with their strengths and to consider the jobs that would best suit them and would provide opportunities for growth, wage increases, and benefits. All of my students, from 14-21, were encouraged to plan for their post-secondary transition; to think about their future outside of school and how to advocate for themselves in their future environments.

It was during my time at this school that I case-managed a student who received language therapy and had DLD. His identification under IDEA was a diagnosis of "Language impairment." This young man also had diagnosed difficulties with his mental health and his mother was a major advocate for him. An incident occurred in which this student threw his chair towards his teacher and left the room. For this, he was to be suspended for 10 days. I attempted

to navigate the MDR process with very little support. I lacked the language and knowledge I now have after having studied federal law and district policies. There were a large number of individuals in attendance, but two voices were heard above all others: the principal (LEA representative), and the teacher in whose direction the chair was thrown. I discussed the difficulties the student may have had in processing language receptively while upset, as a result of his DLD. The school psychologist spoke to factors that may have been influenced by the student's mental health diagnosis. The teacher and the principal kept returning to the same phrase: "He knew what he was doing." This meeting lacked a few key components. First, we did not review the full IEP, including the modifications and accommodations and information about his language skills. Second, we did not discuss the possibility of conducting a Functional Behavior Assessment (FBA), discuss previous Behavior Intervention Plans (BIPs) or discuss developing a new BIP. Third, we did not look at the summary of his most recent assessments and diagnoses and have them fully interpreted by the school psychologist. Fourth, there was a misunderstanding as to who had the final say in this meeting; the principal felt his word was final and not all voices were valued equally. Last, we did not discuss if this behavior was a result of the team's inability to implement the IEP. The behavior was not found to be a manifestation of the student's dis/ability or the result of failure to implement the IEP properly. The student was suspended for 10 days. His suspension led to chronic absences, and he did not complete enough course work to earn any credits during that semester. This student was also a Black male in a building that was predominantly white.

I believe that this process is playing out across the country with case-managers who feel ill-equipped to host the meeting, and with angry, confused, and often biased team members. There is a crisis in our country of students being disciplined with suspensions and expulsions and

ending up in the criminal justice system. Since that meeting, I have been a part of other MDR teams and have supported students with a variety of behavior needs. While these experiences have helped me grow as an individual, the injustice I witnessed in that room, the lack of preparedness I felt, and the outcome of the removal of an at-risk student who wanted to remain at school are all contributing factors to this research.

### **Problem of Practice**

The problem of practice addressed in this dissertation research is at the intersection of two contextual factors. The first factor is students with dis/abilities being disciplined at disproportionately higher rates than their typically developing peers in schools in the United States (U.S. DOE, 2022). Exclusionary discipline practices in schools (suspensions and expulsions) are at the root of the *School-to-Prison Pipeline* phenomenon (Okilwa et al., 2017). The *School-to-Prison Pipeline* is a metaphor that refers to elementary and secondary students who are, because of exclusionary discipline practices and policies, more likely to enter the criminal justice system as adults (Mallet, 2016). The second factor is the disproportionate number of individuals in the youth justice system who would qualify as having DLD (Anderson et al., 2016; Billstedt et al., 2017; Blanton & Dagenais, 2007; Bryan, 2004; Bryan et al., 2007; Bryan et al., 2015; Chow et al., 2022; Gregory & Bryan, 2011; Hughes et al., 2017; LaVigne & Rybroek, 2010; McLeod & McKinnon, 2007; Montgomery et al., 2003; Sanger et al., 2000; Snow, 2019; Snow et al., 2015; Sowerbuttes et al., 2021; Swain et al., 2020). In another chapter of this dissertation, the researcher proposes an organizational improvement plan to address this problem. This could be addressed at the state and federal levels in the form of policy change and at the school district level through the utilization of evidence-based guidelines and practices



taught and enforced by district officials to support SLPs in being present and advocating for students they service during disciplinary procedures.

These contextual factors suggest researchers should investigate the following problem of practice: MDR procedures are less than uniform in implementation (Allen, 2021; Fisher et al., 2021; Lewis, 2017) and there is evidence suggesting expressive and receptive language skills of students with language as a related service in their IEP are not being considered during MDR meetings (Turner, 2023). Furthermore, it is hypothesized that SLPs are not present at all MDR meetings involving students who receive language as a related service. In addition to the consideration of language, Allen (2021) made evidence-based recommendations for MDR teams and meetings. The researcher will consider the current MDR process and degree to which there is evidence these recommendations are followed. The resulting problem will be addressed by answering the following research questions:

Research Question 1: What is the role of a speech language pathologist during a manifestation determination review process?

- Research Question 1, Sub-question 1: Are SLPs present in MDR meetings? (evidence in “people in attendance” in documentation)
- Research Question 1, Sub-question 2: Was there evidence to show SLP reported on the language abilities of the student (evidence found in MDR documentation or Prior Written Notice (PWN))?
  - a) explained diagnoses
  - b) interpreted test results
  - c) shared IEP goal progress
  - d) other information

Research Question 2: Do MDR teams consider the language abilities of the student?

- Research Question 2, Sub-question 1: In the "Description of Infraction" section, are there descriptions of behavior related to language production?
- Research Question 2, Sub-question 2: In the "Description of Infraction" section, are there descriptions of behavior related to language comprehension?
- Research Question 2, Sub-question 3: If present, was language production or comprehension discussed in a statement of justification for the decision?
- Research Question 2, Sub-question 4: What percentage of MDR meetings in a sample size of 20 show evidence of considering student language abilities?

Research Question 3: Are there descriptions, phrases and/or common themes in the description of the infraction?

- Research Question 3, Sub-question 1: In MDR meetings that resulted in a finding that the behavior/incident was a manifestation of the student's dis/ability ("yes" decisions), is there evidence, if any, of common descriptions phrases and/or themes in the description of the infraction?
- Research Question 3, Sub-question 2: In MDR meetings that resulted in a finding that the behavior/incident was not a manifestation of the student's dis/ability ("no" decisions), is there evidence, if any, of common descriptions, phrases and/or themes in the description of the infraction?

Research Question 4: Do the MDR hearing documents reflect best practices for MDRs as outlined in the MDR process recommendations by Allen (2021; p.16)?

- Research Question 4, Sub-question 1: Is there evidence the team followed the recommendations outlined by Allen (2021; p. 16) prior to the meeting?

- Recommendation 1: Gather and review relevant information for the MDR process ahead of the meeting.
- Recommendation 2: Consider philosophical and ethical implications of the MDR process and consequences.
- Recommendation 3: Train team members on disabilities characteristics including symptoms and associated behaviors.
- Recommendation 4: Include a General Education teacher in the MDR process.
- Recommendation 5: Include a School Psychologist in the MDR process.
- Recommendation 6: Include other individuals in the MDR process that are not legally required (e.g., related service professionals, advocate).
- Research Question 4, Sub-question 2: Is there evidence the team followed the recommendations outlined by Allen (2021; p. 16) during the meeting?
  - Recommendation 1: Identify roles and functions of team members.
  - Recommendation 2: Establish inclusive group communication norms.
  - Recommendation 3: Incorporate current information about the child's functioning and identified disability from external sources such as a qualified health professional.
  - Recommendation 4: Standardize the decision-making process using structured questions.
  - Recommendation 5: Use specific MDR decision-making procedures that go beyond legal requirements.
- Research Question 4, Sub-question 3: Is there evidence the team followed the recommendations outlined by Allen (2021; p. 16) to develop plans after the meeting?

- Recommendation 1: Regardless of the outcome, the MDR process is an indicator that a function-based intervention is needed (e.g., FBA, language testing)
- Recommendation 2: Consistently document practices.

**Conclusion**

This chapter provided national, local, and personal context as well as definitions and explanations of special education procedures and terminology. This section also included an explanation of the problem of practice and the research questions for this study. In the next chapter, existing literature will be reviewed and synthesized.

## **Chapter 2: Literature Review**

In the previous chapter, it was discussed that the Manifestation Determination Review (MDR) process can have the potential to encourage bias and discrimination and research questions were introduced. This chapter will investigate current research in the literature that supports the purpose of this dissertation study. In this literature review, the research will investigate perspectives about the current MDR process, scope of practice for school-based Speech Language Pathologist (SLPs), language as a predictor of behavior, student roles and responsibilities, and speech language therapy advocacy and response.

### **Perspectives on the Manifestation Determination Review (MDR) Process**

The MDR process was developed as a safeguard for students with dis/abilities under the Individuals with Disabilities Act (IDEA, 2004). There are concerns about IDEA as it's written and about its implications in practice. The use of the word "relevant" will be discussed and its implications. The impact of the short timeline on the process as mandated by IDEA will also be investigated. Ultimately, it will be discussed that the use of exclusionary discipline practices, especially on students with dis/abilities and students of color, has been found to have negative impacts on students throughout their lives.

### ***Specific Concerns about the Law as it is Written***

Some consider the terminology in the federal law to be vague and point specifically to the use of the word "relevant" in three different instances (Fisher et al., 2021; Katsiyannis & Maag, 2001; Katsiyannis et al., 2019; Lewis, 2017; Ritzman & Sanger, 2007; Walker & Bingham, 2017). The law asserts the Local Education Agency (LEA) must invite "relevant" Individualized Education Plan (IEP) members and the MDR team review "relevant" information from the student's file and "relevant" information provided by the parents. There is little guidance in this section of the law about how to determine who and what is relevant. There is concern that this

vague terminology can invite bias (Fisher et al., 2021) and some researchers have found that what is considered during an MDR meeting varies greatly (Lewis, 2017; Trapp et al., 2021; Walker & Bingham, 2017). Walker & Bingham (2017) conducted a study in which participants took part in mock MDR meetings based on case studies about students with emotional behavioral disorders. Researchers recorded these mock MDR meetings and used qualitative coding to identify what each member found important, or “relevant.” Overall, Walker & Bingham found participants of the study were able to follow MDR procedures but “they struggled to understand the connections between disabilities and behaviors” (2017, p. 116). The connection between dis/ability and behavior will be further addressed in a later section about language as a predictor of behavior. Principals’ and SLPs’ opinions and comfort level with the connection between dis/abilities and behaviors will be discussed in a section about scope of practice for school-based SLPs.

The guidelines of the federal law are unclear about who should be in attendance during the MDR meeting and contributing to the MDR decisions. The law states “the LEA representative, the parent, and other relevant IEP team members” (U.S. DOE, 2022, p. 1) must be in attendance for a MDR meeting. In contrast, federal law states an IEP meeting must include the parents, at least one special education teacher, at least one general education teacher, the LEA, an individual who can interpret assessment results, and the child when appropriate (U.S. DOE, 2022). Although it’s not required, some argue that one cannot review an IEP without a school psychologist present to help interpret the scores of past assessment results (Fisher et al., 2021, Lewis, 2017, Walker & Bingham, 2017). In their research on a sample of 80 MDR event documents, Lewis (2017) found that speech language pathologists (SLPs) were recorded as having attended the MDR meeting in 5% of the 80 cases considered, while school psychologists

were in attendance for 7.5% and school social workers for 5% (p. 9). An SLP can serve as the interpreter of assessment results in the case of language testing. The student, who can be invited to be an IEP team member at any time, is required to begin participating when they turn 16 (Knudsen & Bethune, 2018). There are many other professionals who may interact with a student (e.g., guidance counselor, related service providers, paraprofessionals) and they may be invited to participate in an IEP. It is unclear which IEP teams should be considered *relevant* when inviting individuals to the MDR meeting (Allen, 2021; Walker & Brigham, 2017).

The team is also required to review “relevant information in the student’s file, including the child’s IEP, any teacher observations, and any relevant information provided by the parents” (U.S. DOE, 2022, p. 5). This limited guidance leads to teams arbitrarily deciding which information is most important and often leaving other information unreviewed (Fisher et al., 2021; Trapp et al., 2021; Walker & Brigham, 2017). Lewis (2017) looked at documentation from 80 MDRs with 40 of the MDRs resulting in “yes” decisions (the behavior was found to be a manifestation of the student’s dis/ability) and 40 “no” decisions (the behavior was not found to be a manifestation of the student’s dis/ability). Lewis (2017) found common themes for the justification of the decision. In “no” decisions, common themes included “IEP addresses verbal aggression, not physical,” “had plenty of time to tell teachers,” “knows consequences/fully aware of action,” “threatening others showed higher level thinking,” “student is influenced by desire to make friend,” and “behavior was not caused by and did not have a direct or substantial relationship to disability” (Lewis, 2017, p. 11). In “yes” decisions, common themes included “poor judgment/social skills,” “non-compliant, verbal and physical behavior,” “significant lags in social judgment and consequences,” “doesn’t comprehend seriousness of actions,” “disability limits alertness/social cues,” “student does not possess the age-appropriate social skills to deal

appropriately with conflict, anger, or frustration,” and “inability to develop or maintain satisfactory interpersonal relationships and inappropriate affective or behavior response to a normal situation” (Lewis, 2017, p. 11). Lewis (2017) goes on to state that many of the documents reviewed contained very little information about what should be considered “relevant,” including one that said only, “a student has a BIP in place” (p. 13). This is essentially a record that a meeting did take place but provides little information to the team’s process and the degree to which they executed the MDR with fidelity (Lewis, 2017).

A final concern stated by several studies is the short timeline prompted by the law. An MDR meeting is to be held within 10 days of the behavior incident. Allen (2021) reported the difficulties with such a short timeline including collecting information before the meeting and ensuring that all members can be present. Brownley (2014) also noted that school officials may not state the full importance of an MDR meeting when communicating with families. Knudsen & Bethune (2018) report on specific questions an MDR team can ask themselves before a meeting starts or a team meets, but there is no evidence that this is widely considered best practice and is not a part of any existing expectations. Allen (2021) also discusses time-sensitive recommendations prior to the MDR review including “gather and review relevant information for the MDR process ahead of the meeting,” “consider philosophical and ethical implications of the MDR process and consequences,” “include a general education teacher in the MDR process,” “include a school psychologist in the MDR process,” “include other individuals in the MDR process that are not legally required (e.g., related service professionals, advocate),” “identify roles and functions of team members,” and “establish inclusive group communication norms” (p. 16). Allen (2021) and Knudsen & Bethune (2018) make several recommendations that can be done at the start of each school year including training staff on MDR procedures, clarifying



definitions/establishing common language, ensuring that building principals are present at IEP meetings, and developing evidence-based culturally and developmentally appropriate discipline and restorative practices. These practices could be completed outside of the 10 days, but the time-sensitive recommendations are time consuming and require individuals to alter their schedules to be present and prepared (Allen, 2021; Knudsen & Bethune, 2018).

### ***Disproportionality of Exclusionary Discipline Practices***

As discussed in a previous section, there are data that suggest students with dis/abilities and students of color are suspended and expelled disproportionately when compared to their white and non-dis/abled peers (Fisher et al, 2021; Hines et al., 2018; Hurwitz et al., 2021; Katsiyannis et al., 2019; Lewis, 2017). Research across the United States identified out-of-school suspensions as the primary indicator of high school dropout (Balfanz et al., 2014). The *School-to-Prison Pipeline* is a metaphor that refers to elementary and secondary students who are, because of exclusionary discipline practices and policies, more likely to enter the criminal justice system as adults (Mallet, 2016). Experts believe the *School-to-Prison Pipeline* is a result of students missing instruction due to suspensions and expulsions (Haight et al., 2016; Morgan et al., 2019; Snow, 2019). Based on the school data that suggests students of color and students with dis/abilities are disproportionately disciplined using suspensions and expulsions, it can also be concluded that those same individuals of color and with dis/abilities are more likely to commit crimes that can lead to ongoing participation in the criminal justice system (Fisher et al., 2021, Hines et al., 2018; Lewis, 2017; Mallet, 2016). Noltmeyer et al. (2015) completed a meta-analysis of 34 studies between 1986-2012. They found a significant inverse relationship between suspensions and achievement and a positive relationship between suspensions and dropout (Noltmeyer et al., 2015). Brownlie et al. (2007) conducted a study of women and girls from

children to age 25 who had initially been recruited to study speech and language impairments. They found individuals with DLD were more likely to report sexual assaults and women were more likely than men to report sexual assaults (Brownlie et al., 2007). Based on additional assessments, they determined poor communication skills and isolation secondary to their impaired language (due to negative reactions from adults) could be considered a risk factor and increase vulnerability to potential perpetrators (Brownlie et al., 2007). Wolf & Kupchik (2017) conducted research to find other negative effects of exclusionary discipline, beyond involvement in the youth criminal justice system and academic outcomes. It was found that students who had been suspended had an increased likelihood of criminal victimization, criminal involvement, and incarceration in later years, as adults (Wolf & Kupchik, 2017).

Sanders et al. (2020) found similar results in a New Zealand-based longitudinal study of 495 individuals that looked at the incidence of exclusionary discipline and later criminal justice involvement. They found a significant pathway from school exclusion through delinquency to criminal justice involvement (Sanders et al., 2020). While some researchers criticize the metaphor of *School-to-Prison Pipeline* for being too simplistic (Cate & Moak, 2023), it can be hypothesized that students may have better outcomes if they are able to remain in class.

***FBA: What Happens when the Behavior is a Manifestation of the Student's Disability***

An FBA (defined in Table 1) is an assessment process that will help a team study events that cause challenging behaviors and identify the intentional and unintentional consequences of the behavior. Teams in the district in which this dissertation research takes place use the ABC acronym in which “A” stands for antecedent, “B” stands for behavior, and “C” stands for consequence (Lyles & Ayd, 2022; Potoczak et al., 2007). Antecedent includes setting and environmental demands (e.g., being in a general education setting, working on a worksheet),

behavior is the signal or behavior the student changes in response to their skill deficit (e.g., self-management), and the consequence is how others respond to the student or what happens as a result of their behavior (e.g., the student takes a break with an adult) (Lyles & Ayt, 2022).

Causes of social emotional skill deficits can be “lack of opportunity to learn/appropriate behavior or poor models, biological/genetic root (e.g., brain chemical balance, brain structures and pathway formation) that impedes a student's ability to learn and use these skills incidentally or intuitively, and/or trauma exposure” (Lyles & Ayt, 2022, p. 14). The FBA process includes establishing an FBA team, defining what behavior the team wants to reduce, direct observations, conducting student, guardian, and teacher interviews, reviewing records and completing behavior rating scales, and it culminates with a meeting to discuss the hypothesis statement that identifies a function of the behavior and possible replacement behaviors, as explained by a board certified behavior analyst (BCBA; Lyles & Ayt, 2022). School districts employ BCBA's to assist in analyzing and creating plans to manage behavior in students in schools (Behavior Analyst Certification Board, 2023).

A team conducting an MDR would need to be fluent in this information and familiar with this process, as this is the proposed outcome for MDR events in which the behavior is found to be a manifestation of the student's dis/ability (IDEA, 2004) but is also considered best practice as a result of any MDR whether or not the behavior is found to be a manifestation of the student's dis/ability (Allen, 2021; Knudsen & Bethune, 2018).

### **Scope of Practice for School-Based SLPs**

The American Speech-Language-Hearing Association (ASHA) has issued a professional statement with regards to the roles and responsibilities of SLPs in schools (American Speech-Language-Hearing Association, 2010). This includes serving a range of disorders including the

“full range of communication disorders, including those involving language, articulation (speech sound disorders), fluency, voice/resonance, and swallowing” (ASHA, 2010, p.5). Along with these areas, ASHA states another critical role as “providing culturally competent services” (ASHA, 2010, p. 9). The policy also calls for SLPs to collaborate with a variety of entities including other school professionals, families, students, and the community (ASHA, 2010). ASHA (2010) also calls on school-based SLPS to demonstrate leadership through advocacy, professional development, parent training, and research. Specifically in the role of advocacy, ASHA states SLPs must “work to influence the development and interpretation of laws, regulations, and policies to promote best practice” (2010, p. 23). ASHA does not address student violence directly in their professional statement, but many of the roles and responsibilities described above would imply that students with communication disorders involved in violence would fall within the scope of practice.

Katz et al. (2010) used surveys that were completed by 717 SLPs to collect data on current SLP caseload size, thresholds for when a caseload is perceived as *unmanageable* and variables that predict likelihood that SLP will perceive their caseload as unmanageable (p. 141). Twenty-five percent of respondents “disagreed” their caseload size was unmanageable, while 11% “strongly disagreed” (Katz et al., 2010, p. 143). If the majority of SLPs find their caseload to be unmanageable, this could impact on SLP’s ability to organize an MDR meeting for a student they case manage (i.e., collecting all necessary data, inviting all IEP members, holding the meeting at a time that is mutually agreed upon by all parties), as the federal law requires a school to hold an MDR meeting within ten days of the behavior/incident (IDEA, 2004). In regard to whether SLPs feel confident in sharing information in an MDR meeting, Sanger et al. (2004) completed a study in which they sent surveys to school based SLPs asking their opinions on

communication and violence, as well as their comfort level with their training in the areas of communication and violence. They were asked to respond to Likert-type items and mean findings indicated school-based SLPs disagreed with five statements: “(a) whether the role of communication in violence was sufficiently understood by SLPs (b) educators’ awareness of the role of communication in violence (c) whether SLPs have sufficient training to provide services for students who have been involved in violence, (d) if SLPs have adequate training in behavior management, and (e) if SLPs have sufficient training about multicultural issues” (Sanger et al., 2004, p. 20). Ritzman and Sanger (2007) received survey responses from 423 principals to gather information about their opinion on the role of SLPs with students with communication disorders who have been involved in violence. Qualitative findings from open-ended questions were similar in that principals spoke about five primary themes: “(a) service delivery/intervention, (b) role of SLP, (c) shortage of SLPs, (d) training/education, and (e) relationship of violence to speech and language” (Ritzman & Sanger, 2007, p. 370). Principals, often the LEA on an MDR team, were found to have overall positive views about SLPs, but general confusion about how they might help with students involved in violence (Ritzman & Sanger, 2007). SLPs in these studies found high caseload sizes and lack of background knowledge as barriers to supporting individuals with communication disorders involved in violence (Katz et al., 2010; Sanger et al., 2004).

### **Assessment Results during the MDR Process**

To qualify as having a dis/ability in a school, a student must be administered formal assessments. The areas that can be considered were listed in a previous section. Speech was defined as “a student’s articulation or phonological skill, voice or fluency” (MO DESE, 2022, p. 2). Language was defined as “a student’s receptive/expressive language skills, auditory

processing” (MO DESE, 2022, p. 2). Language is a rule-based system that governs how we transmit and receive messages and encompasses the *expression, meaning* and *context* of communication (Finegan, 2008). In Finegan’s (2008) “Three Faces of Language,” *expression* includes “words, phrases, and sentences, including intonation and stress,” *meaning* refers to the “senses and referents of these elements of expression,” and *context* includes whatever has been expressed earlier and refers to the social situation in which expression is used (Finegan, 2008). Berko Gleason (2005) further defines language as five domains that make up an integrative and dynamic whole: Phonology, Morphology, Syntax, Semantics, and Pragmatics (see Table 3).

**Table 3**

*Language Domains Defined*

Language Domain	Definition
Phonology	Study of speech sound (i.e., phoneme) system of a language, including rules for combining use of phonemes (ASHA, 2023, p. 5)
Morphology	Study of the rules that govern how morphemes, the minimal meaningful units of language, are used in language (ASHA, 2023, p. 6)
Syntax	The rules that pertain to the ways in which words can be combined to form sentences in a language (ASHA, 2023, p. 7)
Semantics	The meaning of words and combinations of words in a language (ASHA, 2023, p. 8)
Pragmatics	The rules associated with the use of language in conversation and broader situations (ASHA, 2023, p.9)

SLPs look to ASHA to further divide language into areas for service delivery:

“phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication (e.g., joint attention, intentionality, communicative signaling), paralinguistic communication (e.g., gestures, signs, body language), and literacy (reading, writing, spelling)” (ASHA, 2016, p. 16-17). Although some communication is prelinguistic, abstract language can be divided into spoken language (i.e., receptively listening and expressively speaking) and written language (i.e., receptively reading and expressively writing) (ASHA, 2023).

As was previously discussed, school-based SLPs will conduct assessments with students to determine their language ability. These assessments can be done initially to qualify students for services, or this could be done as the result of a review of existing data to determine if a student who has already been identified as having a dis/ability's current programming is appropriate. There are several commercial tests available to SLPs in the United States to measure language ability. According to Caeser & Kohler (2009) the most commonly used assessment in schools is the Clinical Evaluation of Language Fundamentals- Fifth Edition (CELF-5). This assessment has the following subtests: sentence comprehension, linguistic concepts, word structure, word classes, following directions, formulated sentences, recalling sentences, understanding spoken paragraphs, word definitions, sentence assembly, semantic relationships, reading comprehension, structured writing, and pragmatics profile. These subtests can be "used to assist a clinician to accurately diagnose a language disorder in children and adolescents ages 5 through 21 years" (Wig et al., 2013, p. 2). The subtests also allow clinicians to identify strengths, weaknesses, and potential goals for a student.

Three subtests determine a student's Receptive Language Index score: *Sentence Comprehension*, *Word Classes*, and *Following Directions* (Wig et al., 2013). *Sentence Comprehension* requires students to point to stimuli based on a sentence read by the evaluator, *Word Classes* assesses students' abilities to understand relationships between words, and *Following Directions* requires students to follow increasingly complex oral directions (Wig et al., 2013). Receptive language, for the purpose of this research, will be defined as comprehension/reception of language meaning including verbal speech, written language, gestures, ASL or adapted sign, picture symbols, voice output, etc. While the CELF-5 can provide practitioners with information on receptive language, in practice, there are more difficulties with

language comprehension than can be identified with a standardized assessment (Andersson, 2005). Researchers have found a significant correlation between students with early language and later behavior problems and further identified that receptive language was a significant predictor of the association between language and behavior (Bryan, 2004; Bryan et al., 2007; Gregory & Bryan, 2011; Chow et al., 2018). Harmon & Watson (2012) found modern classrooms rely heavily on students' comprehension of verbal language. Chow et al. (2020) recorded similar findings reporting that students with receptive language difficulties may struggle with memory, attention, and listening with spoken language (e.g., not appearing to pay attention during story time, seemingly ignoring verbal directives during transitions, and other non-compliance given oral instructions). In a review of communicative functions of behavior in students with high-incidence dis/abilities, Chow and Hollo (2015) found, receptively, students have difficulty understanding sentence structure elements (e.g., directions and sequences can be mixed up, student appears noncompliant, appears confused by changes in routines and procedures), they have limited understanding of vocabulary (e.g., misunderstanding of jokes/puns, and may give responses unrelated to questions they are asked), and they have limited understanding of social language conventions (e.g., difficulty with conversational turns, unexpected topic changes, not interpreting or ignoring verbal and nonverbal signals from listener) (p. 24). Researchers have found students with DLD are more likely to have difficulties with interpersonal relationships and emotional/behavioral skills including interpretation of peers (Bryan et al., 2015; Chow et al., 2018; Conti-Ramsden et al., 2013; Sanger et al., 2004).

Expressive language is defined in this dissertation as language we produce including verbal speech, written language, gestures, ASL or adapted sign, picture symbols, voice output, etc. (Finegan, 2008). The subtests that make up the Expressive Language Index score in the



CELF-5 are *Word Structure*, *Formulated Sentences*, and *Recalling Sentences* (Wig et al., 2013). *Word Structure* evaluates grammatical rules in a sentence completion task, *Formulated Sentences* asks students to formulate sentences using a target word and an illustration as a reference, and *Recalling Sentences* evaluates a student's ability to repeat, verbatim, a sentence of varying length and syntactic complexity (Wig et al., 2013). Expressive language as assessed in the CELF-5 may not be representative of the difficulties with language production that can be related to behavior difficulties in the school setting and don't explain the implications in the classroom setting (Andersson, 2005). In the Chow and Hollo study from 2015, it was found students with high-incidence dis/abilities use incorrect sentence structures (e.g., mixing up pronouns, using disconnected phrases, telling stories out of order), have limited use of vocabulary (e.g., overuse vague words like "stuff," "this thing," or "that guy" instead of specific nouns), and fail to adapt language in different social contexts (e.g., speaks to all communication partners the same way, does not consider the listener's perspective, assumes shared knowledge, does not give context or referents; Chow & Hollo, 2015, p. 24).

Missing from these subtests is a student's pragmatic abilities. Although the CELF-5 has a pragmatic language subtest, it's not integrated into the Expressive Language Index or the Receptive Language Index scores (Wig et al., 2013). Timler and Alano Covey (2021) conducted a study to assess the accuracy of commercial language assessments in the areas of pragmatics and social communication for multiple dis/abilities. The following assessments were evaluated: Clinical Assessment of Pragmatics (CAPs), CELF-5 Metalinguistics, Social Emotional Evaluation (SEE), Social Language Development Test- Elementary: Normative Update (SLDT-A: NU), Social Language Development Test- Adolescent: Normative Update (SLDT-A: NU), and the Test of Pragmatic Language- Second Edition (TOPL-2) (Timler & Alano Covey, 2021).

Other commercial assessments were also evaluated but were ultimately excluded from comparison to account for differences in what the tests claimed to measure and the population on which they were normed (Timler & Alano Covey, 2021). When the assessments were developed, they were normed on comparison samples of typically developing students and students with DLD, Autism Spectrum Disorder (ASD), and Social (Pragmatic) Communication Disorder (SPCD) (Timler & Alano Covey, 2021). When the researchers accounted for the sample size and exclusionary/inclusionary criteria, Timler and Alano Covey (2021) found that test results accurately interpreted ASD and SPCD but not DLD. While the researchers question the process by which assessments are normed and their diagnostic accuracy, the clinical implications for school-based SLPs is if test accuracy is at all questionable, it's best practice to use other measures to identify if pragmatic language and social communication deficits are present (Timler & Alano Covey, 2021).

### **Language as a Predictor of Behavior**

As previously mentioned, there is a disproportionate number of youth offenders who would qualify as having DLD (Anderson et al., 2016; Billstedt et al., 2017; Blanton & Dagenais, 2007; Bryan, 2004; Bryan et al., 2007; Bryan et al., 2015; Chow et al., 2022; Gregory & Bryan, 2011; Hughes et al., 2017; LaVigne & Rybroek, 2010; McLeod & McKinnon, 2007; Montgomery et al., 2003; Sanger et al., 2000; Snow, 2019; Snow et al., 2015; Sowerbuttes et al., 2021; Swain et al., 2020). Researchers who assess the language of youth offenders follow a procedure of assessing individuals once they are part of the criminal justice system (Anderson et al., 2016; Bryan et al., 2015; Chow et al., 2022; Sowerbuttes et al., 2021). Bryan et al. (2015) looked at 118 youth offenders (though their status in the criminal justice system should be taken with caution, as this researcher interprets through the lens of the *innocent until proven guilty*

principle) and assessed their language using multiple language assessments. In the sample, 30% scored 1.5 standard deviations below average, but only two individuals had previously been identified as requiring speech and/or language therapy (Bryan et al., 2015, p. 771). Anderson et al. (2016), Chow et al. (2022), and Sowerbuttes et al. (2021) all completed systematic reviews of research in this area. Anderson et al. (2016) looked at 16 completed studies, Chow et al. (2022) looked at 18 completed studies, and Sowerbuttes et al. (2021) looked at 88 published articles, all of which describe the researchers assessing current youth offenders in the area of language. Anderson et al. (2016) found some language skills or modalities were more problematic for youth offenders. These tasks were structural language tasks (syntax), expressive and receptive language tasks, and pragmatic language tasks including decoding abstract language, providing logical narratives, and producing narratives that consisted of adequate story grammar elements (p. 199). While this evidence is crucial to our understanding of the disproportionate number of youth offenders with speech and language delays, this research doesn't give as much data about the behaviors that were predictors of later offending behavior.

Researchers have found evidence that language disorders can be a predictor of future maladaptive behaviors, hypothesizing that young people don't have the language to negotiate with others and they need language to comprehend the interventions designed for youths with emotional and behavioral problems (Chow et al., 2018; Sanger et al., 1994). Hancock et al. (2023) explored the views of SLPs and mental health clinicians about young people with co-occurring difficulties with speech, language, and communication needs and mental health. Language therapy is often developmental, and Hancock et al. (2023) found that SLPs and mental health professionals interviewed reported traditional therapy models were not effective for young people experiencing difficulties with language, emotional well-being and challenging behavior.

Snow and Powell reported in 2004, and their findings were reaffirmed by Chow et al. (2018), that students receiving special education services for a language impairment or another identification with language therapy as a related service may be more likely to require discipline in the school setting. A connection has been established between behavior disorders and language difficulties (Bryan et al., 2015; Cohen & Barwick, 1998; Hollo et al., 2014; Sanger et al., 2004). Behavior, including disruptive behavior, is known to serve a communicative function (Hollo & Chow, 2015).

Students with early communication difficulties required more psychiatric referrals than adults (Clegg et al., 2005; Conti-Ramsden & Botting, 2008). Achenbach (1978) developed a classification system to identify behavior problems and created the Child Behavior Checklist (CBCL). After distributing the CBCL to 450 families of boys with behavior issues, Achenbach identified nine problem scales: Schizoid, Depressed, Uncommunicative, Obsessive-Compulsive, Somatic Complaints, Social Withdrawal, Hyperactive, Aggressive, and Delinquent (Achenbach, 1978, p. 478-479). He further categorized these areas into two groups: internalizing, externalizing and mixed scales (Achenbach, 1978, p 482). Since the time of this publication, researchers still use the terms “internalizing” and “externalizing” behavior in current literature (Hollo et al., 2019; Morgan et al., 2019; Yew & O’Kearney, 2013). Internalizing behaviors are negative behaviors focused inward while externalizing behaviors are negative behaviors directed outwards at others (Achenbach, 1978). A foundational research study in 1998 of 380 children ages 7-14 who were referred for behavioral or psychiatric treatment found that 40% of these children had an undiagnosed language impairment that was not suspected (Cohen & Barwick, 1998). Hollo et al. (2014) completed a meta-analysis of 25 studies in this area of research and determined 81% of students with emotional behavioral disorders displayed below average

language performance scores on standardized tests. Hollo et al. (2019) conducted a study in which individual abilities in areas of language (receptive, expressive, pragmatic, semantic, syntactic, and higher order language skills) were assessed and compared between groups of 46 boys (ages 7-17 years old) with emotional disturbance (ED) classified as internalizing behavior only, externalizing behavior only or both. Hollo et al. (2019) used the scores of the Comprehensive Assessment of Spoken Language (CASL) to describe the language abilities for each group. Individuals with ED identified as having internalizing behaviors had the highest language scores and the group with comorbid symptoms of internalizing and externalizing behaviors scored lowest in every outcome on the CASL (Hollow et al., 2019). Yew & O’Kearney (2013) found similar results in their systematic review and meta-analysis in which they look at students with DLD and with typical language development (TLD) and the incidence of emotional behavioral problems later in childhood or adolescence. They found children with DLD are “about twice as likely as their typical language peers to show clinical emotional problems (R= 1.84; 95% CI 1.04-3.25), and more than twice as likely to show clinical levels of behavioral difficulties (RR=2.66; ; 95% CI 1.66-3.08)” where RR is “relative risk” and CI is the confidence interval (Yew & O’Kearney, 2013, p. 521).

Chow and Wehby (2019) looked at problem behavior in children with varying language ability. They looked at engagement, active responding, negative talk, and aggression. Aggression included “the number of deliberate physical contacts that are potentially harmful to self, others, or property during observation sessions” (Chow & Wehby, 2019, p.113). With positive classroom behaviors (engagement, active responding), students with higher standard language scores (> 100) were more likely to be observed engaging in these activities. With negative

classroom behaviors, students with standard language scores below 85 were almost twice as likely to engage in aggression (Chow & Wehby, 2019, p. 114).

There is additional evidence that suggests difficulties with language development and use can be a predictor of later problematic behavior (Bryan et al., 2015; Sanger et al., 1994). Bryan et al. (2015) conducted a study of 118 males aged 11-17 years old who were in a secure children's home (part of the youth justice system in the UK). Fourteen participants had been previously identified as requiring special education, though their diagnosis was unknown to the researchers. There was a high attrition rate and not all individuals were assessed in every test. On the CELF-4, 55% of individuals (n=50) tested scored 1.5 or more standard deviations below the mean in the word classes receptive (WCR) subtest, 48% (n=47) of individuals tested scored 1.5 or more standard deviations below the mean in the understanding spoken paragraphs (USP) subtest, 15% (n=13) of individuals assessed scored 1.5 or more standard deviations below the mean in the formulated sentences (FS) subtest, and 27% of individuals (n=25) tested scored 1.5 or more standard deviations below the mean in the word classes expressive (WCE) subtest. On the British Picture Vocabulary Test (BPVT), 52% of individuals (n=42) assessed scored 1.5 or more standard deviations below the mean. Bryan et al. (2015) called for earlier diagnosis and identification in schools to get services for students sooner in an effort to prevent future delinquency. Sanger et al. (1994) published a review of early research in the area of language disorders in children with emotional and/or behavioral difficulties. They discuss the implications for intervention including the behavioral interventions that rely on verbal cues and cognitive-behavioral interventions that rely on language skills in students (e.g., problem solving, self-management, etc.; Sanger et al., 1994). Johnson et al. (2010) found individuals with diagnosed childhood DLD were "more likely to have poorer outcomes in multiple objective domains

(communication, cognitive/academic, educational attainment, and occupational status) than their peers without early communication impairments and those with early speech-only impairments” (p. 51). The implication of this research would be consideration of language in the discipline process.

In addition to language and behavior being related, language skills are also known to decrease as stress and anxiety increase (Gynther, 1957; Rauch & van der Kolk, 1996). According to a foundational study by Gynther (1957), this can lead to a decrease in a person’s communicative effectiveness. Gynther (1957) administered the Minnesota Multiphasic Personality Inventory to 307 university psychology students to determine a measure of their anxiety. Gynther (1957) separated the groups into “high” and “low” anxiety groups and divided those two groups into sub-groups of “stress” and “nonstress” subjects. The two “stress” subject groups (subjects determined to have either “high” or “low” anxiety) were introduced to an inkblot test that suggested the results could have an impact on their future success in college and in their vocation (Gynther, 1957). The “nonstress” subject groups were introduced to the same inkblot test with instructions the results would not be connected with their names in any way and that they were there as part of a large sample (Gynther, 1957). Predictably, the communicative efficiency scores (developed based on an unpublished dissertation by Calvert (1950), as cited in Gynther, 1957) were higher for both the “low” anxiety group and the “high” anxiety group when given the “nonstress” introduction (Gynther, 1957). This study has been difficult to replicate by researchers, but the initial results could mean, while students with dis/abilities may have opinions about the decision to suspend or expel them, they may find it difficult to participate in their disciplinary proceedings. Furthermore, students may have been under stress at the time of

their disciplinary incident and their communication skills were weaker than when they were not under stress.

Rauch & van der Kolk (1996) affirmed Gynther's findings in a study of individuals diagnosed with Post-Traumatic Stress Disorder (PTSD). Rauch and van der Kolk (1996) worked with individuals with PTSD to develop "scripts" of their trauma they would then listen to while they were being scanned using positron emission tomography (PET) scanning. The scan results provided images of brains in which the right limbic area and the visual cortex were activated, meaning they had "fight or flight" reactions in their bodies (i.e., increased heart rate, tensing of muscles, firing of stress hormones) and they were "seeing" the images of their trauma as if it were happening in real time. An area that was noticeably de-activated was Broca's area, a part of the left hemisphere of the brain where verbal speech is generated based on the individuals' experiences. The researchers concluded the trauma makes it difficult for victims to explain their experiences verbally, especially in moments when their stress levels are elevated (Rauch & van der Kolk, 1996).

### **Student Roles and Responsibilities**

It is expected students over the age of 16 will participate in their IEP meetings for the purpose of post-secondary transition planning. In contrast, federal law does not mandate that a student participate in the MDR process. Whether a student is considered a *relevant* IEP team member is for the LEA and parent to decide (*U.S. DOE, 2022*). Researchers have looked at the roles of youth offenders in the criminal justice system and they have identified communication skills youth offenders need including, but not limited to, oral narrative skills, pragmatic language skills, auditory comprehension skills, working memory, ability to speak under stress, and a positive outlook (Anderson et al., 2016; Chow et al., 2022; Ciolino et al., 2021; Hopkins et al.,



2018; Law et al., 2013; Snow & Powell, 2005; Snow & Powell, 2008; Snow & Sanger, 2011; Snow et al., 2012; Sowerbuttes et al., 2021; Wetherell et al., 2007). If schools expect students to be a participant in their MDR process and the outcomes, these communication skills may not be present in students with DLD. In addition to these skills, young people being disciplined are often asked to communicate in situations that can cause stress, trauma, and anxiety.

Turner & Hughes (2022) did a scoping review of current practices to support young people's communication and cognition skills in the courtroom setting. They identified the following approaches were proposed by researchers in this field: "Training," "Preparation for Court," "Assessment of Vulnerability," "Ground Rules Hearing Checklist," "Special Measures," "An Advocate," "Plain, Clear Language," "Specific Court," and "Legal Reform" (Turner & Hughes, 2022, p. 15-17). These approaches all require changes to the current practices both universally and on a case-by-case basis rather than an inventory of skills an individual must have to participate in the criminal justice system (Turner & Hughes, 2022). The researcher will discuss proposed changes to school-based practices in the final chapter of this dissertation.

With regards to decreasing exclusionary discipline, Samimi et al. (2023) conducted an integrative review of the existing literature related to restorative practices and exclusionary school-based discipline. Restorative justice is an approach to addressing behavior seen as inappropriate offending by restoring relationships with people and repairing harm done, rather than blaming or punishing (Hopkins, 2015). Out of 5,764 publications they identified 11 studies that met inclusion criteria to make comparisons of secondary data analyses and samples that implemented restorative practice interventions over time (Samimi et al., 2023). Based on the research, suspensions decreased in schools and districts in which restorative intervention practices took place.

## **Speech Language Therapy Advocacy and Response**

Researchers found that most students are suspended for minor, nonviolent reasons, such as tardiness, breaking the dress code, disrespecting authority, and classroom rebellion (Blomberg, 2004; Cameron, 2006). Chow et al. (2020) provided classroom management strategies to support students who have behavioral deficits with co-occurring language difficulties. These strategies include “teach rules and routines explicitly,” “provide behavior-specific praise,” “provide specific feedback,” “communication facilitation,” “modeling,” “wait time,” and “scaffolding” (p. 227-228). Smith (2021) further defined the role of SLPs in behavior management and provided evidence-based practices to school-based SLPs to support students with behavior regulation struggles. These strategies included the school-wide positive behavior intervention supports (PBIS) framework, reinforcements, rewards, and consequences (Smith, 2021).

## **Conclusion**

This chapter reviewed the existing literature including perspectives on MDR procedures, scope of practice for school-based SLPs, language as a predictor of behavior, student roles and responsibilities and speech language therapy advocacy and response. The next section contains the action and methods used in this study.

### **Chapter 3: Action and Methods**

The previous chapter was a synthesis of current literature. This section will discuss the approach, framework, and philosophical assumptions, as well as the methodology including the setting, participants, action, instruments, data sources, and further description of the data collection and data analysis. There will also be a discussion of the reliability and validity of the tools and procedures. The problem addressed in this study is the disproportionate representation of students with dis/abilities who receive exclusionary discipline including suspensions and expulsions. The study was designed to collect qualitative and quantitative data from Manifestation Determination Review (MDR) meeting documentation and analyze that data. Analysis was used to determine if SLPs were present and if expressive and/or receptive language skills were considered.

#### **Approach, Framework, and Philosophical Assumptions**

This study will be primarily quantitative with some qualitative analysis of data. The philosophical foundation of this study is relativism. Relativism, a perspective rooted in the belief that our external world and reality are shaped by our experiences, was selected because the researcher identified that it's unlikely there is a single plausible objective reality or truth when looking at documentation that recorded an event (Burkholder et al., 2020). The interpretive framework of this study is pragmatism. Pragmatism, a framework based on outcomes of the research and "what works," is appropriate when the goal is to find real-world solutions to problems (Creswell & Poth, 2019, p. 34). The researcher's ontological belief is that reality is finding what is practical and what is useful while balancing the understanding that the truth of past events is subjective. The methodological belief that guided this research was that the process should involve approaches that are both qualitative and quantitative for data collection and analysis. The epistemological assumption was rooted in the belief that "knowledge is generated

through the interactions of individuals who cocreate meaning” (Burkholder et al., 2020, p. 21) and that society should be just and equitable. This belief guided the research questions and design of the study. This research is also grounded in the critical theory paradigm- meaning the researcher started with the assumption that there are struggles for those with dis/abilities in society’s current structures and it’s the researcher’s goal to “document them and call for action and change” (Creswell & Poth, 2019, p. 38). The status quo must be challenged and cannot remain the norm.

Action research was the methodological approach utilized in this study. The researcher designed and formatted a protocol to evaluate and analyze MDR documentation. The researcher studied documentation from twenty MDR events and analyzed the events to provide greater understanding.

### **Setting and Participants**

This study was completed in December 2023 and January 2024 at a Midwest school district that provides special education and services. The school district operates under a model of providing special education services at 22 school districts across 510 square miles. During the 2023-2024 school year, 20,266 students were enrolled in 266 partner district schools (Large Special Education Cooperative Serving a Suburban Midwest Population, 2023). The district also includes schools that are public-separate buildings. During the 2022-2023 school year (most recent data available), 3,249 students were enrolled in special education public separate school buildings (MO DESE, 2023). Combining the 266 schools in the 22 partner districts and the 9 public separate buildings, 73% of students qualify for free or reduced lunch (Large Special Education Cooperative Serving a Suburban Midwest Population, 2023). Free and reduced lunch is a benchmark to identify the overall socioeconomic background of a school population. In the

state in which this research was conducted, students in a family of four qualified for free lunch if the household income was less than \$39,000 per year, and reduced lunch if the household income was less than \$55,500 per year (Large Special Education Cooperative Serving a Suburban Midwest Population, 2023).

Upon receiving the documents for analysis, the researcher collected demographic information about the subjects. The students ranged in age from 7- 18 with an average age of 14.7 years old and a median age of 15 years old. The incidents took place between 2016 and 2023. There were five female students and 15 male students. The suggested number of days for suspension for the students ranged from 3 days to 180 days. In the case of students who were recommended for less than ten days, the MDR process is initiated when a student is suspended for more than 10 days in one school year, sometimes from multiple suspensions. These students were previously suspended for some other number of days. The average number of days recommended for student suspension was 33.6 days, and the median number of days of suspension was 10.

The students came from 11 distinct school districts within the co-op. During 2023, the average number of discipline incidents per 100 students in the state was 1.7 (DESE, 2023). The percentage of students in the state qualifying for free or reduced lunch in the state was 47.4% (DESE, 2023). Eight of the 11 schools had a greater number of discipline incidents per 100 students in 2023 than the state average. Seven of the 11 schools had a greater percentage of students qualifying for free or reduced lunch than the state average. Table 4 contains the breakdown of each district.

**Table 4***Demographic Information Available about School Districts in the Study*

District	Students in the Sample from this District ( <i>n</i> =20)	Number of Discipline Incidents in 2023 per 100 Students	Percentage of Students Qualifying for Free or Reduced Lunch
1	1	<b>2.6</b>	35.7%
2	2	0.7	<b>52.7%</b>
3	6	<b>1.9</b>	<b>99.9%</b>
4	2	<b>6.4</b>	<b>69.4%</b>
5	1	Data not available	30.9%
6	1	<b>10.8</b>	<b>99.7%</b>
7	2	<b>1.8</b>	19.0%
8	1	<b>4.1</b>	45.9%
9	2	<b>4.5</b>	<b>99.9%</b>
10	1	<b>2.7</b>	<b>100%</b>
11	1	0.6	10.2%

*Note: Numbers in bold indicate the number of discipline incidents or the percentage of students qualifying for free or reduced lunch above the state average*

**Action and Innovation**

The researcher applied for Institutional Review Board (IRB) approval from Fontbonne University in August 2023 and received approval in September 2023. The researcher emailed the Director of Evaluation and Research (DER) from the school district with an attached application to conduct research in September 2023 following IRB approval. The district approved the research in October 2023. At this time, the researcher met with the DER of the school district to discuss the requested documents. This researcher requested the school district provide 20 MDR documents at random from the last 5-10 years and print them for the researcher. The district opted to de-identify these documents. The researcher requested that cases be excluded if the student is an English language learner and/or if the student is enrolled in a public separate building, Vocational Skills Program (VSP), or a purchase of service setting. The DER discussed

how the report would be run. The technology department would run two reports that he would later merge using student ID numbers. The criteria were those described by the researcher of students who receive language therapy as a related service (of a variety of educational diagnoses) who did not meet the criteria for exclusion listed above as described by the researcher. As was previously discussed, changes were made when the documents were received by the DER of the school district. An additional exclusion was added to limit students to those with an identification of LI. This group is part of the initial population to be studied but ensures the student would have an SLP and language goals in their IEP.

The researcher developed a protocol for data collection. On December 5, 2023, the researcher received the 20 MDR documents. Ten of the documents had a Notice of Action (NOA) attached to the file. All twenty included the discipline documentation and the MDR documentation including Forms A, B, C, and D (See Appendix A). There were two versions of the MDR documentation. The largest difference is in Form C where the more recent form had a small section for those completing the documentation to record what services the students will access for special education during the suspension. This version is considered *Version B* in this dissertation. *Version A* has similar contents but contains only checkboxes. Fourteen documents contained Version A of Form C, five contained Version B, and in one document Form C was not completed because they instead completed Form D (the incident was determined to be a manifestation of the student's dis/ability). The school district required the researcher to keep the documents in the administration building. The researcher read the documents on December 5 and began reading while memoing and completing the protocols on January 4, 2024. The researcher also spent time with the documents completing the protocols on January 5<sup>th</sup>, January 8<sup>th</sup>, and January 9<sup>th</sup>.

### **Problem Statement, Purpose Statement, and Research Questions**

The problem addressed in this study is students in elementary and secondary education are being disciplined with exclusionary practices at disproportionate rates to their typically developing peers (U.S. DOE, 2022). Further, the literature review revealed that SLPs are not consistently invited to MDR meetings and expressive and receptive language skills of the student being disciplined are not consistently considered in the MDR meetings and process (Fisher et al., 2021; Knudsen & Bethune, 2018). The literature also suggests language is not always considered when evaluating a student in an MDR meeting to identify if the incident/behavior is a manifestation of the student's dis/ability. The purpose of this mixed methods study is to explore the role of SLPs and the consideration of a student's language abilities during the MDR process in a public school district in the Midwest.

Included in each MDR event, there were some elements that were consistent. In each printed event the researcher received, there was a list of the participants in the MDR meeting and their roles and there were Sections B, C, and D of the MDR documentation. In all MDR events, there was an attached Discipline Documentation Form that included the Description of Infraction. There were two different forms of the MDR documentation which are different enough that they warrant a description. The change to this documentation occurred in the 2021-2022 school year. Additionally, some documents included an NOA document. There were three response types: checkboxes, short answer lines (one line to write a name or date), and long answer text boxes. The researcher will describe each section in Appendix A.

Table 5 includes the finalized research questions and the sections of the MDR documentation from which the researcher planned to extract the data.



**Table 5**

*Research Questions (RQ= Research Question, SQ= Sub-question, p= Part)*

Research Question Title	Question	Section of the MDR document from which data will be collected
RQ1	What is the role of a speech language pathologist during a manifestation determination review process?	
RQ1SQ1	Are SLPs present in MDR meetings?	MDR documentation list of individuals present in making the decision
RQ1SQ2	Was there evidence to show SLP reported on the language abilities of the student?	MDR documentation Section B checkboxes or in "Additional Information" section and/or in the attached NOA
RQ1SQ2pA	Evidence the SLP explained diagnoses	MDR Documentation Section B in "Additional Information" section or NOA
RQ1SQ2pB	Evidence the SLP interpreted test results	MDR Documentation Section B in "Additional Information" section or NOA
RQ1SQ2pC	Evidence the SLP shared IEP goal progress	MDR Documentation Section B in "Additional Information" section or NOA
RQ1SQ2pD	Evidence the SLP shared other information	MDR Documentation Section B in "Additional Information" section or NOA
RQ2	Do MDR teams consider the language abilities of the student?	
RQ2SQ1	In the "Description of Infraction" section, are there descriptions of behavior related to language expression?	Description of Infraction on Discipline Form

RQ2SQ2	In the "Description of Infraction" section, are there descriptions of behavior related to language comprehension?	Description of Infraction on Discipline Form
RQ2SQ3	If present, was language production or comprehension discussed in a statement of justification for the decision?	MDR Documentation Section B in "Additional Information" section or NOA
RQ2SQ4	What percentage of MDR meetings in a sample size of 20 show evidence of considering student language abilities?	Based on Data Collection
RQ3	Are there descriptions, phrases and/or common themes in the description of the infraction?	
RQ3SQ1	In MDR meetings that resulted in a finding that the behavior/incident was a manifestation of the student's dis/ability (yes" decisions), is there evidence, if any, of common descriptions phrases and/or themes in the description of the infraction?	Description of Infraction on Discipline Form
RQ3SQ2	In MDR meetings that resulted in a finding that the behavior/incident was not a manifestation of the student's dis/ability ("no" decisions), is there evidence, if any, of common descriptions, phrases and/or themes in the description of the infraction?	Description of Infraction on Discipline Form
RQ4	Do the MDR hearing documents reflect best practices for MDRs as outlined in the MDR process recommendations by Allen (2021; p.16)?	
RQ4SQ1	Is there evidence the team followed the recommendations outlined by Allen (2021; p. 16) prior to the meeting?	
RQ4SQ1pA	Recommendation 1: Gather and review relevant information for the MDR process ahead of the meeting.	MDR Documentation Section B checkboxes or in "Additional Information" section or NOA

RQ4SQ1pB	Recommendation 2: Consider philosophical and ethical implications of the MDR process and consequences.	MDR Documentation Section B in “Additional Information” section or NOA
RQ4SQ1pC	Recommendation 3: Train team members on disabilities characteristics including symptoms and associated behaviors.	MDR Documentation Section B in “Additional Information” section or NOA
RQ4SQ1pD	Recommendation 4: Include a General Education teacher in the MDR process.	MDR documentation list of individuals present in making the decision
RQ4SQ1pE	Recommendation 5: Include a School Psychologist in the MDR process.	MDR documentation list of individuals present in making the decision
RQ4SQ1pF	Recommendation 6: Include other individuals in the MDR process that are not legally required (e.g., related service professionals, advocate).	MDR documentation list of individuals present in making the decision
RQ4SQ2	Is there evidence the team followed the recommendations outlined by Allen (2021; p. 16) during the meeting?	
RQ4SQ2pA	Recommendation 1: Identify roles and functions of team members.	MDR Documentation Section B in “Additional Information” section or NOA
RQ4SQ2pB	Recommendation 2: Establish inclusive group communication norms.	MDR Documentation Section B in “Additional Information” section or NOA
RQ4SQ2pC	Recommendation 3: Incorporate current information about the child’s functioning and identified disability from external sources such as a qualified health professional.	MDR Documentation Section B in “Additional Information” section or NOA
RQ4SQ2pD	Recommendation 4: Standardize the decision-making process using structured questions.	MDR Documentation Section B in “Additional Information” section or NOA
RQ4SQ2pE	Recommendation 5: Use specific MDR decision-making procedures that go beyond legal requirements.	MDR Documentation Section B in “Additional Information” section or NOA
RQ4SQ3	Is there evidence the team followed the recommendations outlined by Allen (2021; p. 16) to develop plans after the meeting?	

RQ4SQ3pA	Recommendation 1: Regardless of the outcome, the MDR process is an indicator that a function-based intervention is needed (e.g., FBA, language testing)	MDR Documentation Section B in “Additional Information” section, Form C, Form D or NOA
RQ4SQ3pB	Recommendation 2: Consistently document practices.	MDR Documentation Section B in “Additional Information” section, Form C, Form D, NOA, discipline documentation

### **Instruments and Data Collection Procedures**

A protocol was designed by the researcher to answer the research questions. There was an initial design of the protocol that was changed during the research process. The original protocol developed was based on the research questions in Table 6.

#### **Table 6**

*Initial Research Questions Prior to the Changes Made in November 2023*

Question	Section of the MDR document from which data will be collected
What is the role of a speech language pathologist during a manifestation determination review process?	List of individuals who attended MDR meeting Justification of Decision Section
Do MDR teams consider the language abilities of the student?	Description of the Infraction Section Justification of Decision Section
Are there descriptions or phrases and/or common themes for justification of MDR decisions?	Justification of Decision Section

The research questions were amended following an exchange between the researcher and the DER on November 15, 2023. This prompted the researcher to amend the protocol. The exchange between the researcher and DER for the district yielded multiple concerns with the initial research questions. The DER indicated the documentation from the school district did not have a

“justification of decision” section. The researcher stated the significance of this section to answer the research questions in the application to conduct research and in the IRB, both of which were received by the school district. When writing the initial research questions, the researcher believed this section to be part of the school district’s documentation. This belief was based on two factors: it was part of the documentation from a different school district in which the researcher conducted their pilot study, and it was in the state’s example for the documentation as written on the state website (DESE, 2023). Additionally, the DER reported that some MDR meetings were being held prior to the IEP team determining the student required language therapy as a related service. The researcher spoke with the dissertation chair and identified a possible solution to include only students who have been identified with an eligibility of Language Impairment (LI). These students would still fit within the original population of students who receive language therapy as a related service, but it would ensure that if the MDR team discussed the student’s dis/ability, the team would, by definition, consider the language skills of the student. This was not the original design because the researcher wanted to see if language skills were considered across several dis/abilities. Due to the limited information in the documentation provided by the school district and the concerns about whether a student had language therapy (and therefore an SLP as part of their IEP team) during the time of the incident, the research questions were amended. This changed the research questions to include new sections. The amended research questions are listed in Table 5.

The researcher printed 20 copies of the protocol with large open spaces behind each question or prompt to allow for handwritten transcriptions and notes. Protocol will be included in Appendix C of this document.

## Data Analysis

The researcher utilized quantitative and qualitative data to answer the research questions. Quantitative data was gathered based on the protocols to determine if an SLP was present and to determine how frequently SLPs reported on the student's language skills in MDR meetings. The researcher also reported the frequency of cases in which the language comprehension and language expression skills of the students were described in the "Description of Infraction" section of the MDR documentation to answer the second research question. Lastly, to answer the fourth research question, the researcher looked at the recommendations by Allen (2021; p.16) and the frequency of MDR meetings that met each recommendation based on the information documented. The researcher also noted the number of MDR documents in which the incident was a manifestation of the student's dis/ability and those in which the incident was found not to be a manifestation of the student's dis/ability. Documentation of a meeting is not always reflective of everything that occurred during that meeting. The documentation provided by the district is the only record; therefore, it would benefit teams to document as much information as possible based on the MDR meeting. The data collected for this dissertation should be viewed as a reflection of the documentation with the possibility of inaccuracies and differences between the documentation and a real-life MDR event. The quantitative data was analyzed using non-parametric tests. There was not enough samples for the data to be a normal distribution and therefore parametric tests would not be reliable. The researcher also put the data into graphs and charts to identify patterns in the data.

Next, to answer the third research question, the researcher began the process of qualitative coding the written sections of the MDR, discipline documentation, and/or the NOA if applicable. The researcher planned to use a method of deductive coding. The researcher was

looking for evidence of common descriptions, phrases, and/or themes related to language. The researcher used the structure of identifying descriptions of both expressive and receptive language. The protocols were coded to identify if there were descriptions of their ability to comprehend the language they were hearing and their ability to express themselves verbally to those around them at the time of the incident. The researcher identified other themes through iterative coding, identifying themes that emerged through inductive coding methods. The researcher continued to isolate phrases/terms that fell into one of those two categories. Based on those phrases/terms, the researcher was able to draw conclusions to answer the qualitative research question the researcher posed to identify descriptions, phrases, and/or common themes in the “Description of Infraction” section.

### **Threats to Reliability and Validity**

There were threats to reliability based on the relatively small sample size. The quantitative data was analyzed using non-parametric data analysis. The results of this study must be viewed with caution before attempting to generalize the information to a larger population.

There was a high likelihood of accuracy during the raw data collection process. Due to the nature of the study, the documents analyzed were de-identified but otherwise unaltered in their presentation to the researcher. The researcher transcribed the information directly into the protocol using a pen. The researcher spent hours over several days and was quite thorough in notetaking. There is a possibility that validity could be threatened by the judgments made by the researcher to check “yes” evidence was present or “no” evidence was not. For example, there was a question about whether the SLP shared IEP goal progress during the meeting. In many of the MDR documents, there is no mention of the SLP speaking about the IEP goal progress during the meeting in the written notes. This is a box checked that says, “Student’s IEP was

reviewed.” Because of the design and inclusion criteria, all students in the study had a diagnosis of language impairment, indicating they should have at least one language-related goal in their IEP. If they are stating they reviewed the IEP, they are reporting that they went over language goals. This was counted as a yes as long as the SLP was present in the meeting. Another researcher may have interpreted the data differently. This researcher will provide these explanations in the presentation of the data.

### **Conclusion**

This section provided the methods used in this study. The researcher outlined the approach, framework, and philosophical assumptions. The setting and participant information, action and innovation, instruments and data collection procedures, data analysis processes, and threats to reliability and validity were described in this section as well. In the next section, the results and analysis will be discussed.



## Chapter 4: Analysis and Results

This section will include descriptions and analyses of quantitative and qualitative data.

This data was collected as described in the previous section and is presented as responses to the research questions.

Research Question 1: What is the role of a speech language pathologist (SLP) during a manifestation determination review process?

- Research Question 1, Sub-question 1: Are SLPs present in Manifestation Determination Review (MDR) meetings?
- Research Question 1, Sub-question 2: Was there evidence to show an SLP reported on the language abilities of the student?

Research Question 2: Do MDR teams consider the language abilities of the student?

- Research Question 2, Sub-question 1: In the "Description of Infraction" section, are there descriptions of behavior related to language production?
- Research Question 2, Sub-question 2: In the "Description of Infraction" section, are there descriptions of behavior related to language comprehension?
- Research Question 2, Sub-question 3: If present, was language production or comprehension discussed in a statement of justification for the decision?
- Research Question 2, Sub-question 4: What percentage of MDR meetings in a sample size of 20 show evidence of considering student language abilities?

Research Question 3: Are there descriptions, phrases and/or common themes in the description of the infraction?

- Research Question 3, Sub-question 1: In MDR meetings that resulted in a finding that the behavior/incident was a manifestation of the student's dis/ability ("yes"

decisions), is there evidence, if any, of common descriptions phrases and/or themes in the description of the infraction?

- Research Question 3, Sub-question 2: In MDR meetings that resulted in a finding that the behavior/incident was not a manifestation of the student’s dis/ability (“no” decisions), is there evidence, if any, of common descriptions, phrases and/or themes in the description of the infraction?

Research Question 4: Do the MDR hearing documents reflect best practices for MDRs as outlined in the MDR process recommendations by Allen (2021; p.16)?

- Research Question 4, Sub-question 1: Is there evidence the team followed the recommendations outlined by Allen (2021; p. 16) prior to the meeting?
- Research Question 4, Sub-question 2: Is there evidence the team followed the recommendations outlined by Allen (2021; p. 16) during the meeting?
- Research Question 4, Sub-question 3: Is there evidence the team followed the recommendations outlined by Allen (2021; p. 16) to develop plans after the meeting?

### **Reliability of Chosen Quantitative Measures**

The quantitative data collected to answer the first research question includes the number of MDR incidents in which SLPs were present and the number of MDR in which there was evidence an SLP explained the diagnosis, interpreted test results, shared IEP goal progress, and/or shared other information. The quantitative data collected to answer the second research question included the number of MDR incidents in which MDR teams considered language expression and language comprehension skills of a student in the “Description of Infraction” section and, if applicable, in other written parts of the MDR documentation where a justification for the MDR decision was described. The researcher used qualitative data (described below) to

answer the third research question. In answering the third research question, the researcher identified, through qualitative coding, the emerging categories in which the descriptions of incidents fell (i.e., verbal disrespect, drug use, etc.). The fourth research question was answered by identifying the number of MDR meetings in which 13 recommendations were followed based on Allen (2021, p.16). The researcher collected quantitative data to describe the sample, including the number of incidents in which the MDR team determined the incident was not a manifestation of the student's dis/ability and the number of incidents that involved a male student versus a female student. The quantitative data gathered (i.e., the frequency of incidents in each category) will also be discussed within the quantitative data to better describe the sample.

Some numbers were pulled directly from documentation created as a record of the meeting and written in the protocol (e.g., whether the SLP was present in the meeting, if a school psychologist was at the meeting, etc.). Other data points required the researcher to make judgments based on definitions stated in Table 1. For example, the researcher defined language expression and language comprehension. These definitions allowed the researcher to make binary yes/no choices in data collection. As each research question is answered, the researcher will discuss the basis for the decision. From the standpoint of reliability, there is a potential for clerical errors as well as errors in content in the original recording of the MDR document. The researcher made the assumption that the information that is present in the document is reliable. Other conclusions were also drawn based on understanding of dis/abilities and education law and will be discussed within each research question. As a reader interprets this data, it is important to remember these numbers are not meant to provide clarity on the reason for the decision; they are a measure of frequency.

### **Reliability of Chosen Qualitative Measures**

The qualitative data was collected from documentation and transcribed in the protocol. The threat to reliability is the lack of context and knowledge of the conversations and participation during the MDR meetings. The sections being coded for qualitative data were written by an unknown MDR member or members. The analysis is based on what is provided in the documentation and may not accurately reflect the MDR event as other members remember it. The document might have contained clerical errors or false information, but this is unknown to the researcher. The researchers spent time with the documents over several days. It is possible information could have been transferred incorrectly but the researcher attempted to minimize this threat to reliability by transferring information with great care and attention to detail.

### **Data Analysis Procedures for Quantitative and Qualitative Data**

The researcher pulled quantitative information from the sections that included the individuals who made the MDR team decision, the MDR Forms B, C, and D, the discipline documentation, and the NOA (if one was attached). The forms did change over the time period in which the data was pulled, and those differences are listed in Chapter 3. For the purpose of data collection, the changes did not impact the research. The researcher then utilized Excel to organize the data for frequency counts and percentages.

The researcher utilized coding of written sections of the MDR, discipline documentation and/or NOA (if applicable) to analyze the qualitative data in response to the third research question. The researcher hand wrote into the protocols what had been entered in the document by the MDR meeting scribe. The researcher used deductive coding for evidence of common descriptions, phrases, and/or themes related to language expression and comprehension. The researcher also used inductive coding, as some themes emerged. The researcher attempted to find

the common themes through the lens of expressive and receptive language. In addition to these themes, the researcher noted new patterns that emerged that will be described below. This was through an iterative inductive coding method. The researcher memoed throughout the process to bracket assumptions and beliefs that emerged. The researcher presented the findings in tables and narrative form below.

### **Data Analysis Results for Quantitative and Qualitative Data**

The researcher found quantitative data based on twenty MDR meetings to answer research questions 1, 2, and 4. The researcher found qualitative data based on twenty MDR meetings to answer research question 3.

#### ***Research Question 1: What is the role of a speech language pathologist during a manifestation determination review process?***

This research question was answered through two sub questions, the latter consisting of four indicators. This research is presented in Table 7.

**Table 7**

*The Role of an SLP during the MDR Process (N=20)*

Indicator	Frequency, <i>n</i> (%)
Are SLPs present in MDR Meetings?	12 (60%)
Was there evidence to show SLP reported on the language abilities of the student?	
SLP explained diagnosis	3 (15%)
SLP interpreted test results	3 (15%)
SLP shared IEP goal progress	11 (55%)
SLP shared other information	0 (0%)

**Sub-question 1: Evidence of SLP presence in MDR meetings.** In the case of the first sub-question, indicating if an SLP was present during the MDR process, the researcher was unable to answer this question with the initial information provided. In six of the MDR events,

the list of names and roles did not list an SLP. Instead, the first person listed was the *Case Manager*, without indicating if the person had additional roles in the meeting. *Case Manager* is a title used in special education to indicate a person is the special education provider who will write a student's IEP, report IEP goal progress, and be the main point of contact for families. All case managers in schools are special education teachers or SLPs. The researcher emailed the DER from the school district to ask if the case managers in six of the 18 cases were SLPs on January 5, 2024. The researcher received a response email on January 23, 2024, stating that the 6 "case managers" were teachers. An SLP as a case manager for a student with LI is common practice as an SLP is best suited to discuss the student's dis/ability and SLP is likely providing weekly minutes of language therapy. The researcher initially believed these case managers were likely SLPs, but it was confirmed by the DER that these case managers were teachers. Another MDR event that needed clarification included an SLP Effective Practice Specialist (EPS) present in the meeting. This individual is employed by the school district, works with SLPs and provides guidance, support and professional development within the district. They are certified by the American Speech-Language-Hearing Association and licensed by the State Board of Healing Arts as an SLP. To interpret the data with caution, it can be stated with certainty that an SLP was present in 13 of 20 MDR events (provided the record of the MDR meeting is accurate).

**Sub-question 2 Evidence SLP Reported on Language Abilities of the Student.** The second part of the first research question required the researcher to collect evidence about the SLP reporting on the language abilities of the student during the MDR process. It should be noted that the SLP was not mentioned by name or role in any of the 20 MDR events. The documentation was limited in length and the decision-making process was documented in brief.

The responses to these four parts of the second sub-question are based on critical assumptions made by the researcher.

***Indicator 1 Evidence the SLP Explained the Diagnosis.*** To determine if there was evidence of the first indicator, the researcher never found conclusive evidence stating this occurred. Rather, the researcher looked at all documents and located a section in the NOA that described the basis for the action (change of placement; see Appendix A). In one instance, the recorder stated the team based their decision on the “eligibility report.” In two other MDR events, the recorders reported the decisions were based on the most recent “reevaluation” or the “RED.” Because these documents support the determination of eligibility diagnosis, LI, this could be considered evidence the SLP (case manager) explained the diagnosis. This is the basis for the data, indicating the SLP explained the dis/ability in 3 of 20 MDR events.

***Indicator 2 Evidence the SLP Interpreted Test Results.*** Similarly, to find evidence of the second indicator, the researcher found that the three incidences referenced above in which the teams documented in the NOAs were evidence that test results were interpreted. Based on the fact that SLPs were present in those three meetings, there is evidence the SLP interpreted test results in three of the 20 MDR events.

***Indicator 3 Evidence the SLP Shared IEP Goal Progress.*** To determine if there was evidence of the third indicator, the researcher did not find it written explicitly that this occurred. The researcher looked at other parts of the MDR event including Section B in the MDR documentation and the section of the NOA that describes the test(s), record(s), and report(s) reviewed which provided the basis for the MDR decision (See Appendix A). In fourteen of the MDR events, the team checked a box in Section B that confirmed the team reviewed the student’s most recent IEP. In three of those cases, an SLP was not present in the MDR meeting.

A student with LI would have at least one language goal. If the IEP were reviewed, as the team reported, and the SLP was present, this is evidence the SLP reported IEP goal progress. In four of the MDR events, the team also wrote in the NOA that the IEP was reviewed. This is additional evidence the IEP goals were reported on by the SLP in the meeting. There is evidence the SLP reported on IEP goal progress in 11 of the 20 MDR meetings.

***Indicator 4 Evidence the SLP Shared Other Information.*** For the fourth indicator, the researcher looked for evidence the SLP shared other information during the MDR event. There was no evidence in any documentation the SLP spoke about any other information. The documentation was limited and there were limited descriptions of what was discussed during the meetings. In response to the other three indicators of this sub-question referenced above, the conclusions are based on the list of names and roles (indicating who contributed to making the MDR decision, checkboxes on Form B, and/or evidence listed in the NOA). There was no discussion in any MDR documentation about which individual discussed what information.

**Additional Notes for Research Question 1.** It should be noted that not all MDR events included an NOA. There were ten MDR events that had an NOA attached. It should be further noted that the student's behavior was not found to be a manifestation of the student's dis/ability in 19 of the 20 MDR events. An NOA would provide the team with notification of a change of placement. In 12 of the instances, the team explained how the student would receive special education services during their suspension. In six instances, the team did not explain how the district would provide special education during the suspension. In six instances, the plan for delivery of special education services was not in the MDR documentation. There is a possibility the case manager provided an NOA at a different time or opened a separate event in the record keeping software to create the NOA. If this were the case, the NOA would not print with the



MDR documentation. The researcher contacted the school district's DER to ask about these potential NOAs. He did respond but did not provide additional NOAs, and it was not confirmed if they existed. The other important factor is the documentation process. A document is a record of a meeting, but it cannot encapsulate the full range of the meeting. Although the documents do not provide answers to some of the research questions, it is a reflection of the documentation process and not necessarily of the meeting itself.

***Research Question 2: Do MDR teams consider the language abilities of the student?***

This research question was answered through four sub questions. The data is presented in Table 8.

**Table 8**

*MDR Teams that Consider the Language of the Student (N=20)*

Indicator	Frequency, <i>n</i> (%)
In the "Description of Infraction" section, are there descriptions of behavior related to language production?	11 (55%)
In the "Description of Infraction" section, are there descriptions of behavior related to language comprehension?	10 (50%)
If present, was language production or comprehension discussed in a statement of justification for the decision?	0 (0%)
What percentage of MDR meetings in a sample size of 20 show evidence of considering student language abilities?	12 (60%)

The second research question was changed based on conversations with the school district's DER. Prior to beginning this dissertation research, the researcher conducted a pilot study in Fall of 2022. During this pilot study, the researcher looked at MDR documentation in a small public school district in a rural part of the Midwest. The documentation included two sections in which the recorder of the meeting answered prompts in sentence form. These sections were "Brief Description of the Incident and Individuals Involved" and "Justification for MDR Decisions." From these sections, the researcher pulled the qualitative data describing evidence or

lack of evidence that expressive and receptive language were considered. The researcher initially wrote research questions with these sections in mind (see original research questions in Table 6). MO DESE has document templates for MDR events on the website. In Section II of DESE's "Discipline Documentation Form for Students with an Individualized Education Program (IEP)," the document requires the recorder to follow three steps. The first step is to review the following: a) Child's IEP, b) Any teacher observations, c) Relevant information provided by parents, d) other. The document provides checkboxes next to each section and space to further describe those areas. Step two is to answer the following questions:

- Was the conduct in question caused by, or does it have a direct and substantial relationship to, the child's disability?
- Was the conduct in question the direct result of the LEA's failure to implement the IEP?

Under each question are two checkboxes marked "yes" and "no" and below those checkboxes are two long answer text box sections, each titled "Rationale." This would be similar to the "Justification for MDR decision" section in the pilot study documents. The final step is to type out "the team conclusion" which may also include the decision and the rationale (DESE, 2022). The researcher initially based research questions on both the pilot study district forms and the forms provided online by DESE.

When the DER at the district received the MDR event documents he requested for the researcher, and looked at them, he noticed the "justification of decision" section was not present in the school district's forms. Logic would dictate that the MDR team would have a rationale or justification for an MDR decision, but the description of this thought process was absent from documentation. The researcher's question about the consideration of language in making the MDR decision became much more difficult to answer. A more appropriate question for which

data could be collected was if and how the team described the language skills of the student in the description of the incident or behavior. The researcher also altered the criteria when the changes in documentation were presented. The researcher narrowed the original search to only those with an eligibility determination of LI to ensure that if the documentation discusses eligibility, testing, or goals, it would be an indication that language was discussed.

**Sub-question 1: In the "Description of Infraction" Section, Are There Descriptions of Behavior Related to Language Production?** To answer the first sub-question, the researcher looked at the "Description of Infraction" section in each document to look for written descriptions of the student's language expression. The researcher checked "yes" if the student was described as speaking, or if they wrote, verbatim, what the student said during the event. Sometimes this would be as limited as the description stating the student "cursed" at someone, other times, the researcher found long passages with detailed descriptions of things the student said and/or typed. Because they described language expression, there is evidence that language was considered during the MDR event. There was a description of the behavior related to language production in 11 of the 20 MDR meetings. This does not necessarily provide evidence that language expression was considered in the decision-making process when answering the MDR questions to determine a decision.

**Sub-question 2: In the "Description of Infraction" Section, Are There Descriptions of Behavior Related to Language Comprehension?** To answer the second sub-question, the researcher read the "Description of Infraction" section in each document to identify written descriptions of the student's language comprehension. This would include if the student was given directives by an adult and if a student responded to prompts or questions when spoken to either verbally or through behavior. The full description of the common phrases and descriptions

will be found in the responses to the third research question. For the purpose of answering this question, the binary choice of yes or no was made based on whether the team mentioned speech or written expression the student was presented with and their overall response. There was a description of the behavior related to language comprehension in 10 of the 20 MDR meetings. The number of descriptions does not correspond with whether the student had language comprehension skills present during the time of the incident. These numbers also do not reflect evidence that language comprehension was considered in the decision-making process when answering the MDR questions.

**Sub-question 3: If Present, Was Language Production or Comprehension Discussed in a Statement of Justification for the Decision?** The third sub-question was a hybrid of two questions the researcher originally wanted to ask. The researcher found that there was no clear format for the individuals who recorded in the MDR documentation with regards to providing a justification for the decision. There was one document in which the recorder did provide a reason as to why the behavior was not related to the student's language impairment or their secondary dis/ability of specific learning dis/ability- math calculation. The reason provided was the student "knows not to throw food." When asked if the team considered other options and why there were rejected, the recorder said they did consider that the student's behavior was a manifestation of their dis/abilities but determined the student "knows right from wrong." In all other documents, the recorders either did not provide a justification for their decision, or their justification for the change of placement was that the student's behavior was not a manifestation of the student's dis/ability, without providing a justification for that statement. Nineteen of the 20 MDR events resulted in the team determining the behavior/incident was not a manifestation of the student's dis/ability including the case in which a justification for the decision was provided. The case in

which the student's behavior was found to be a manifestation of the student's LI also did not have a justification for that decision. There is no section of the school district's paperwork that provides a space for this information. There is a box titled "Additional Information" at the bottom of Section B of the MDR documentation in which a recorder can type additional information after checking boxes above. In the ten MDR events in which an NOA was attached, there was an NOA section for "description and explanation of the action." This is the section in which most recorders discussed the "action" of changing student placement (i.e., the amount of time spent in special education and general education setting), and the explanation was that they considered the possibility the behavior/incident was related to the dis/ability but determined it was not. This will be discussed in greater detail in the section of this dissertation on the responses to the third research question and sub-questions.

**Sub-question 4: What percentage of MDR meetings in a sample size of 20 show evidence of considering student language abilities?** The fourth sub-question is based on the data collected in sub-questions 1 and 2. The researcher identified if the MDR event contained a description of language (expression, comprehension or both) and found that 12 of the 20 MDR events described language skills of the student. This is evidence that language skills were discussed but not necessarily that language skills were considered by the MDR team. The researcher found that in the remaining 8 MDR events, seven of the events could be classified as "violence towards peers" and the eighth was possession of a gun. To answer the fourth research question, 60% of MDR events described the student's language expression and comprehension in the description of the infraction.

***Research Question 3: Are there descriptions, phrases and/or common themes in the description of the infraction?***

This research question required the researcher to collect qualitative data when looking at the “Description of Infraction” section in the Discipline Documentation. The researcher used an iterative coding process by reading and re-reading the description of incident section several times. The researcher created a notebook in which to memo for the purpose of writing down ideas, thoughts about data, etc. The researcher developed primary codes based on the categories of incidents that initially emerged as part of an inductive coding process. These primary codes/incidents include disrespecting authority, committing acts of violence, using/possessing drugs, making threats to staff/peers, and disrespecting other students. The researcher then defined these codes to make sure each was inclusive of one of the twenty MDR events. The researcher continued to code inductively and identified secondary codes including student responses to adult intervention during behavior/incident and staff action/verbalizations during incident/behavior. Table 9 includes the categories of infraction and the common descriptions within each student’s incident/behavior description.

**Table 9**

*Coded Categories of Infraction and Common Descriptions, Phrases, and/or Themes within the Categories*

Student	Coded Category of Infraction	Common Descriptions, Phrases, and/or Themes
1	Disrespect Authority	- Student used profanity (“cursing”)
2	Violence	
3	Drugs	- Student admitted during interaction with authority (“he admitted to smoking marijuana in the AM prior to boarding the bus”)
4	Threats	
5	Violence	
6	Disrespect Authority Violence Threats	- Student refusal in response to interaction with authority (“refused to go to art,” “refused to leave the art room,” “refused to make a decision”)

		- Student given choices (“helped student make the choice,” “had a choice to go the calming room”)
7	Violence	
8	Violence	
9	Disrespect Authority Threats	- Student made threat in response to confrontation with authority (“When staff asked him to leave, student responded ‘I’m going to smack you with my tool’”)
10	Disrespect Authority Threats	- Student used profanity (“F---- him! I’m talking to you”) - Student made threat in response to confrontation (“He comes close to her and says, ‘I put that on my momma, I uh- (I will)’ and paused. He heads to the door and says, ‘If you wasn’t female, I’d lay hands on you. Don’t let me catch you in the hallways,’ and leaves”)
11*	Violence*	
12	Disrespect Authority Violence	
13	Disrespect to Students	
14	Violence	
15	Disrespect Authority Violence Disrespect to Students	- Student used profanity (“calls his teacher curse words”) - Student refusal in response to interaction with authority (“He refuses to go to the calming area to take his breaks or go to a buddy room”) - Student given choices (“Strategies are in place to help student make better choices, but he is not responding”)
16	Disrespect Authority Drugs	- Student used profanity (“student used profanity repeatedly while walking down the hall”) - Student admitted during interaction with authority (“student admitted to using marijuana before school”)
17	Disrespect Authority Drugs	- Student refusal in response to interaction with authority (“He refused to let principal search his bag”)
18	Drugs	- Student admitted during interaction with authority (“student was under the influence of marijuana and admitted to smoking”)
19	Drugs	
20	Violence	

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*\*Denotes MDR event that resulted in a “yes” decision in which the behavior/incident was found to be a manifestation of the student’s dis/ability*

The researcher looked at descriptions of expressive language and receptive language. The researcher coded the data for these descriptions to identify themes within the categories of students’ abilities to express themselves verbally, students’ abilities to comprehend the language they were hearing, and student’s pragmatic language skills.

**Table 10**

*Common Words/Phrases Found in Description of Infraction Separated into Expressive and Receptive Language*

Student	Common Words/Phrases Describing Expressive Language	Common Words/Phrases Describing Receptive Language
1	“Cursing” “Disrespectful”	“(Principal) trying to speak with her”
2	No description	No description
3	“Admitted” Direct quote from student admitting to the smoking weed	“Admitted”
4	“Disrespectful speech” “Harassment” “Sexual Harassment” Direct quotes of writings from the student with violent/sexual threats Direct quote from student apologizing	No description
5	No description	No description
6	“Threats” “Make the choice” “Raised his voice” “Asked to sit in the office” “Verbalized he would not follow the rest of his schedule” “Stated he wanted to stay in art”	“Refused” “Refused” “Had a choice” “Refused” “Refused”
7	No description	No description
8	No description	No description
9	“Threats” Direct quote from student threatening staff	“Has been asked multiple times to stay out of the room” “Staff asked him to leave”



10	Six direct quotes from student stating he is not going to serve his detention and cursing at/threatening the staff member	“She told him he needed to speak with his principal” Two direct quotes from teacher telling him to speak to his principal
11	No description	No description
12	No description	No description
13	“Inappropriate text”	No description
14	No description	No description
15	“Shouting out” “Calls his teacher curse words”	“Not responding” “Refuses”
16	“Admitted” “Profanity”	“Admitted”
17		“Refused”
18	“Admitted”	“Admitted”
19	“Denied” “Denied” “Claimed”	“(School officials) questioned him” “Denied” “Denied”
20	No description	No description

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The most common words were “admitted,” “refused,” “threat,” and “cursing”/ “profanity.” These were all found to be “responses” and are further discussed in the next paragraph. Based on context, the words “admitted” and “denied” were often found to be descriptions of both receptive and expressive language skills, as the students were responding to adults in an affirmation or negation. Refusals, as they appeared in context, indicated a breakdown of receptive communication that staff seemed to believe was intentional by the student but may have been caused by a true inability to comprehend.

The researcher found that some students ( $n=8$ ) were responding to staff members when they exhibited the behavior that led to the suspension. Descriptions detail how students responded in one or more ways to staff members. The first student response type was profanity ( $n=4$ ). In one instance, after a student was discovered to have been smoking marijuana before school by staff members, “Student used profanity repeatedly while walking down the hall, signed herself out, and left the building.” Another response type was a refusal to comply with staff members or to change behavior ( $n=3$ ). In one instance, the recorder stated, “He refuses to go to

the calming area to take his breaks or go to a buddy room.” Another response type was eloping/attempting to leave the situation ( $n=3$ ). In one event, “He (Student) was asked to go to the calming room and he refused, trying to elope and pushing the teacher out of the way.” Another type of response was threatening staff members ( $n=2$ ). An example is when a student went to the office to inform a staff member he wouldn’t be coming to his detention. Student attempted to verbally negotiate and protest, resulting in the staff member telling him three separate times he would need to speak to his principal. This resulted in the student threatening the staff member: “I put that on my momma, I uh- (I will)... If you wasn’t female, I’d lay hands on you. Don’t let me catch you in the hallways.”

Two other themes that emerged were students “admitting” information ( $n=3$ ) and staff members offering choices to students during behavior/incident ( $n=2$ ). Recorders of events used the words “admitted” to describe student responses, indicating the student was addressed by a staff member with either a question or an accusation. It was recorded that some staff members offered choices to students during behavior incidents. In both cases, these students were in elementary school and in both cases, the staff describe the students “refusing” to make these choices.

The researcher attempted to look at the different descriptions, phrases, and themes as they applied to the outcome of the MDR event. The student’s behavior was found to be a manifestation of their dis/ability in one of the twenty MDR events. This didn’t provide a large sample size to determine if there were major differences in descriptions. Table 10 provides the descriptions, phrases, and themes based on the ultimate decision of the MDR team.

**Table 11**

*Common Descriptions, Phrases and/or Themes in the Description of the Infraction*

Cases in which the Incident/Behavior <b>WAS NOT</b> Found to be a Manifestation of the Student's Dis/ability	Cases in which the Incident/Behavior <b>WAS</b> Found to be a Manifestation of the Student's Dis/ability
<ul style="list-style-type: none"> <li>• Detailed descriptions of violence towards peers</li> <li>• Descriptions of drug use</li> <li>• Student responses to adults interceding during incidents/problem behavior:               <ul style="list-style-type: none"> <li>○ Admitting their wrongdoing</li> <li>○ Denying their wrongdoing</li> <li>○ Refusing to change their behavior</li> <li>○ Threatening staff</li> </ul> </li> <li>• Descriptions of profanity used by students throughout the event</li> <li>• Descriptions of student's making threats to staff and students</li> <li>• Indication that staff members offered choices to students during the behavior/incident</li> </ul>	<ul style="list-style-type: none"> <li>• Detailed description of student violence (e.g., "student hit and choked a female student and threw her into a glass door and a wall")</li> </ul>

There were inconsistencies in the writing of the description of infraction section. The researcher noticed that some descriptions were long while others were quite brief. The longest description was 494 words while the shortest was one word ("fighting"). The median number of words used to describe the infraction was 31.5. The average number of words used to describe the infractions was 76.85. Thirteen of the 20 MDR events included descriptions of incidents with 40 words or less. This is an indication that the documentation may not be an accurate reflection of the full event including how it started and how it ended. The coding and conclusions drawn are based on the descriptions and can't be seen as uniform or as a full description of the scope of the events.

***Research Question 4: Do the MDR hearing documents reflect best practices for MDRs as outlined in the MDR process recommendations by Allen (2021; p.16)?***

Allen (2021) identified practice recommendations for individuals participating in the MDR process. His guidance is based on the literature and each recommendation has a study or studies with which it is connected. Some recommendations are specific to certain stakeholders (i.e., people with the power to change policies and allocate resources) but some are applicable to all team members. The researcher looked at thirteen recommendations that could be completed prior to the meeting, during the meeting, and at the end, as a result of the meeting. The researcher's selection was also based on whether evidence could be collected from the MDR documentation to indicate if the recommendation was followed. For example, "Formal training for school staff in MDR procedures," was a recommendation that could not be verified within the MDR documentation.

**Sub-question 1: Is there evidence the team followed the recommendations outlined by Allen (2021; p. 16) prior to the meeting?** The researcher identified six indicators that could be completed prior to the MDR meeting that could be documented in the MDR documentation if present.

**Table 12**

*Evidence the Team Followed the Recommendations Outlined in Allen (2021) Prior to the Meeting (N=20)*

Indicator	Frequency, <i>n</i> (%)
Gather and review relevant information for the MDR process ahead of meeting	20 (100%)
Consider philosophical and ethical implications of the MDR process and consequences	0 (0%)
Train team members on disabilities characteristics including symptoms and associated behaviors	0 (0%)

Include a General Education teacher in the MDR process	8 (40%)
Include a School Psychologist in the MDR process	0 (0%)
Include other individuals in the MDR process that are not legally required (e.g., related service professionals, advocate)	10 (50%)

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***Recommendation 1: Gather and review relevant information for the MDR Process ahead of the meeting.*** Teams completing the MDR process complete the paperwork described in Chapter 3. One of the checkboxes in Form B of the MDR documentation states the team reviewed, “All relevant information in the student’s file.” This box was checked in all 20 MDR documents. In addition, there were three MDR events where additional evidence was found to confirm this indicator, in the NOA. The researcher found there was a more detailed description of the information gathered and considered in the decision-making process. The researcher did reach out to the DER with the school district to further define a student’s “file.” He responded this would be the documents entered in the online system (e.g., IEPs, REDs, NOAs, MDRs, BIPs, Evaluation results, and other miscellaneous special education documentation). This does not include the protocols of past assessments or student work samples. Tangible student files are used by many but not all special education case managers. Within these files, there may be additional observations, student work, records of communication, attendance, and other documentation. This is quite a broad definition of a student “file”, but the district does not have a current definition for that term, or a checklist of items they need to keep in a file for each student.

***Recommendation 2: Consider philosophical and ethical implications of the MDR process and consequences.*** The researcher did not find evidence of this within the documentation. The researcher was considering the NOA section that indicates the factors considered by the MDR team when making a decision. Most of the NOAs (n=8) indicate specific

documents and information considered (e.g., discipline documentation, student IEP, etc.). Only the first MDR documentation included a note that indicated “all other factors considered.” The researcher found this to be too broad and did not interpret this as an indication the team considered the philosophical and ethical implications of the MDR process and consequences.

***Recommendation 3: Train team members on disabilities characteristics including symptoms and associated behavior.*** The researcher looked at the long answer responses in the documentation to answer this question. There were no indicators of the team discussing dis/ability symptoms and characteristics during the MDR meetings. This would have been in the NOA or in the Form B where it allows the recorder to write “additional information.” Similar to the second recommendation, the MDR team for the first MDR event documentation reported “all other factors considered.” This was too broad to be sure the team was given additional information about the student’s dis/ability characteristics.

***Recommendation 4: Include a General Education teacher in the MDR process.*** The researcher reviewed the individuals present in each MDR team. Eight teams invited a general education teacher to the MDR meeting who attended the meeting. It was unclear who was invited, as the record reflects the individuals who were in attendance and contributed to the decision-making process. A general education teacher may have participated by providing information in writing.

***Recommendation 5: Include a School Psychologist in the MDR process.*** The researcher looked at the “Name(s) and Role(s) of individual(s) making the decision” section. There were zero MDR meetings in which a school psychologist was present. This is based on the record of individuals who attended the meeting and it’s possible the school psychologist was invited

and/or contributed to the meeting in writing. There is no mention of a school psychologist in the NOAs or any of the written sections of the documentation.

***Recommendation 6: Include other individuals in the MDR process that are not legally required (e.g., related service professionals, advocate).*** Within the “Name(s) and Role(s) of individual(s) making the decision” section, individuals who were not legally required were listed in ten of the twenty MDR events. Some examples include a counselor, an interpreter, a director of special education, a social worker, an SLP, and an Assistant Principal. This is not a reflection of who was invited, and others may have contributed in writing, though this is not mentioned in any record of the MDR meeting.

***Additional Information about MDR team members.*** The researcher wanted to provide further description of the individuals at the MDR meetings and their roles. The federal law mandates the MDR meeting take place with a representative from the Local Education Agency (LEA), a parent, and relevant members of the IEP team. IDEA states an IEP team should consist of the following members: parent, student, special education teacher, LEA representative, general education teacher and others. It is unclear both at the state and district level which IEP team members should attend MDR meetings.

The researcher looked at the individuals who attended the MDR meetings in the documentation. The roles were listed as many titles including “6th grade counselor,” “assistant principal,” “English teacher,” etc. The researcher categorized the individuals into 12 categories. Some were a perfect match (i.e., social worker) while others required the researcher’s knowledge of the organization. The following categories emerged: Special Education Administration (LEA), Building Level Administration (LEA), District Special Education Coordinator (LEA), District Level Administration (LEA), Parent, Student, SLP, Special Education Teacher, General

Education Teacher, Counselor, Social Worker, and Interpreter. The record of what individuals attended each meeting can be found in Table 13.

**Table 13**

*Individuals in Attendance at MDR Events*

Student	LEA	Parent	Other	Total Team at MDR	Roles	Individual to interpret instructional implications of evaluation results
1	x		x	4	Special Education Administration, Special Education Administration, Special Education Teacher, General Education Teacher	Special Education Teacher
2		x	x	4	Parent, Special Education Teacher, General Education Teacher, Counselor	Not required
3	x	x	x	6	Special Education Administration, Parent, SLP, Counselor, Building Level Administrator, Student	None listed
4	x	x	x	8	Building Level Administration, Building Level Administration, Parent, General Education Teacher, District Special Education Coordinator, SLP, Interpreter, Student	SLP
5	x	x	x	4	Special Education Administration, Parent, Special Education Teacher, Social Worker	Not required
6	x	x	x	5	District Special Education Coordinator, Building Level Administration, Building Level Administration, Parent, SLP	Not required
7	x		x	4	Special Education Administration, Special Education Teacher, SLP, Counselor	Special Education Teacher
8		x	x	2	Parent, SLP	Not required
9	x		x	3	Building Level Administration, General Education Teacher, SLP	SLP
10	x		x	3	Special Education Administration, Building Level Administration, SLP	Not required



Student	LEA	Parent	Other	Total Team at MDR	Roles	Individual to interpret instructional implications of evaluation results
11	x	x	x	6	Special Education Administration, Building Level Administration, Parent, Special Education Teacher, General Education Teacher, Counselor	None listed
12	x		x	3	Special Education Administration, Special Education Teacher, General Education Teacher	Special Education Teacher
13			x	2	Special Education Teacher, Special Education Teacher	None listed
14	x		x	3	Special Education Administration, Building level Administration, Special Education Teacher	None listed
15	x	x	x	7	Special Education Administration, Building Level Administration, District Special Education Coordinator, District Level Administration, Parent, SLP, Counselor	Special Education Administrator
16	x		x	2	Building Level Administration, SLP	SLP
17	x	x	x	7	Special Education Administration, Building Level Administration, Parent, Counselor, SLP, Social Worker, Student	None listed
18	x		x	5	Special Education Administration, Building Level Administration, General Education Teacher, SLP, Counselor	Counselor*
19	x		x	4	Special Education Administration, Building Level Administration, Special Education Teacher, General Education Teacher	Special Education Administrator
20	x		x	4	Special Education Administration, Building Level Administration, SLP, General Education Teacher	None listed

*\*Denotes individual who is not an individual who is not specified to interpret test results in the state guidelines*

The researcher identified that an LEA representative was present in 17 of the 20 meetings and a parent was present at 9 of the 20 meetings. There were three meetings at which the student was present and, as was previously discussed, an SLP was present in 12 of the 20 meetings. The record of who attended the meeting is different from the list of individuals who were invited. The researcher did not have access to this list. The requirement of having an LEA representative, a parent, and other relevant IEP team members was met in 7 of the 20 MDR meetings. The number of attendees ranged from 2 to 8 people with an average of 4.3 and a median of 4. The individuals who attended the most MDR meetings were special education administrators and building level administrators; both were present at 13 of the 20 meetings as LEA representatives. After SLPs, the groups that attended most frequently were Special Education Teachers, General Education teachers, and parents, all of whom are listed as required IEP team members. There were no teams that invited a school psychologist. Table 14 includes the number of meetings in which a representative of each category was present in the MDR meeting.

**Table 14**

*Roles and How Frequently they were Present in MDR Meetings (n=20)*

Category of Role	Number of Meetings at Least 1 Representative Was Present (n=20)
Special Education Administration (LEA)	13
Building Level Administration (LEA)	13
District Special Education Coordinator (LEA)	3
District Level Administration (LEA)	1
Parent	9
Student	3
SLP	12
Special Education Teacher	9
General Education Teacher	9
Counselor	7
Social Worker	2
Interpreter	1

The data collected regarding the individuals who attended the meeting give a better idea of how many individuals were involved when decisions were being made.

**Sub-question 2: Is there evidence the team followed the recommendations outlined by Allen (2021; p. 16) during the meeting?** The researcher identified five indicators of actions that could be completed during a meeting that were considered best practice by Allen (2021; p. 16).

**Table 15**

*Evidence the Team Followed the Recommendations Outlined in Allen (2021) During the Meeting*  
(N=20)

Indicator	Frequency, <i>n</i> (%)
Identify roles and functions of team members	0, (0%)
Establish inclusive group communication norms	0, (0%)
Incorporate current information about the child's functioning and identified disability from external sources such as a qualified health professional	0, (0%)
Standardize the decision-making process using structured questions	20, (100%)
Use specific MDR decision-making procedures that go beyond legal requirements	0, (0%)

***Recommendation 1: Identify roles and functions of team members.*** There was no evidence of this indicator other than the written documentation that lists the individuals who attended the meeting and their roles. It was noted by the researcher that some of the roles were incomplete. In some instances, when a person was to complete more than one role in a meeting (i.e., a principal also serving as the LEA, or an SLP also serving as the case manager) they often only listed one of their roles. This required the researcher to contact the DER at the school district to determine the additional roles. Because of the scope of the initial requests, there were some cases in which the details were not available.

***Recommendation 2: Establish inclusive group communication norms.*** This was not stated in any of the records of the meetings. There were no norms included in the written sections of the documentation. If the individual directing the meetings had an artifact of group norms such as google slides or a handout, these were not included in the official record of the meeting.

***Recommendation 3: Incorporate current information about the child's functioning and identified disability from external sources such as a qualified health professional.*** This information was not present in the long answer written sections of the MDR documentation. No outside health professional was listed in the individuals who attended the meeting/made the decision. In four of the MDR documents, a NOA included "eligibility," "RED," or "evaluation" in the list of factors considered. These documents would include medical information if it had been provided by a parent at the time of the most recent evaluation of the student. There was no indication that any new information was collected from external sources for the purpose of the MDR meeting. In one instance, it was stated in the "additional information" section of Form B that parents were going to have their child evaluated at a local university in the neuropsychology department. This was not completed at the time of the meeting, and there was no information from a medical professional present.

***Recommendation 4: Standardize the decision-making process using structured questions.*** The researcher identified the forms created by the district to guide decision making as uniformed and structured questions. A structured and neutral guide for the different dis/ability eligibility areas and the way those dis/abilities impact a student's behavior were not referenced by the teams.

***Recommendation 5: Use specific MDR decision-making procedures that go beyond legal requirements.*** The researcher noted that the structured questions in the MDR

documentation developed for and used by the school district did not include decision-making procedures that go beyond legal requirements.

**Sub-question 3: Is there evidence the team followed the recommendations outlined by Allen (2021; p. 16) to develop plans after the meeting?** The researcher identified two indicators that reflect best practices for the MDR process to be completed at the end of the meeting.

**Table 16**

*Evidence the Team Followed the Recommendations Outlined in Allen (2021) after the Meeting (N=20)*

Indicator	Frequency, n (%)
Regardless of the outcome, the MDR process is an indicator that a function-based intervention is needed (e.g., FBA, language testing)	1 (5%)
Consistently document practices	0 (0%)

***Recommendation 1: Regardless of the outcome, the MDR process is an indicator that a function-based intervention is needed (e.g., FBA, language testing).*** As previously reported, there was one of the twenty reviewed MDR events in which the behavior/incident was found to be a manifestation of the student's dis/ability. In the documentation of this event, the team stated the following information in the "Additional Information" section of Form B:

- Student will be returning to school following manifestation determination meeting
- Student will receive new academic schedule in order to avoid future conflict with student involved in behavior incident
- Parent consent for FBA will be obtained so that FBA can be completed
- BIP will be added to IEP once FBA is complete

As defined in Table 1, an FBA is a functional behavior assessment in which a behavior analyst assesses a student to determine the function of a behavior. A BIP is a behavior intervention plan

which includes documented descriptions of behaviors, their functions as determined by an FBA, and the appropriate interventions to prevent and to be used by staff when a behavior occurs. It was not documented in any other MDR event that the team planned to complete an FBA or additional testing. In thirteen of the documents, the team discussed the plan for the students to receive special education services during their suspension. These explanations included receiving homebound instruction, being placed in an alternate school, and receiving no special education services. Seven of the MDR events did not have a documented plan for the student's special education services during the suspensions.

***Recommendation 2: Consistently document practices.*** Teams did not consistently document practices. There were two versions of the forms but even those forms were not completed in the same way. The researcher looked for similarities in how the teams answered the two questions: Was the conduct in question caused by, or did it have a direct & substantial relationship to, the student's disability? And was the conduct in question the direct result of a failure to implement the IEP? In the documentation, there was one team that answered this question, and nineteen teams who just restated the questions as statements.

### **Other Relevant Results**

Other data was collected and analyzed as a way to describe the data and provide background information. This quantitative data will be described below.

#### ***Team Referrals to Complete FBAs***

IDEA (2004) mandates a team complete an FBA if the behavior/incident is found to be a manifestation of the student's dis/ability. The team then uses the results to design a behavior intervention plan to provide replacement strategies for problem behavior. The law does not limit the use of an FBA to those whose behavior was a manifestation of their dis/ability. The law also suggests a child with a dis/ability whose behavior was not a manifestation of their dis/ability

continue to receive education services and to “receive, as appropriate, a functional behavior assessment, behavioral intervention services and modifications, that are designed to address the behavior violation so that it does not recur” (IDEA, 2004, p.6). The researcher noted that FBAs were recommended in the cases of two of the 20 students. The first was a student suspended for 9.5 days with the recommendation to complete the FBA upon the student’s return. The second was the student whose behavior was a manifestation of their dis/ability and the team indicated they would start the FBA as soon as they received parent permission. In 18 of the 20 cases, an FBA was not recommended. In the ten MDR events where an NOA was included, the teams listed the information they considered. No team mentioned a BIP or the results of an FBA.

### ***Special Circumstances and Length of Suspensions***

IDEA (2020) allows districts to suspend up to 45 days “without regard to whether the behavior is determined to be a manifestation of child’s disability” in three instances. Districts can automatically suspend children if they: “(i) carries or possesses a weapon to or at school, on school premises, or to or at a school function under the jurisdiction of a State or local educational agency; (ii) knowingly possesses or uses illegal drugs, or sells or solicits the sale of a controlled substance, while at school, on school premises, or at a school function under the jurisdiction of a State or local educational agency; or (iii) has inflicted serious bodily injury upon another person while at school, on school premises, or at a school function under the jurisdiction of a State or local educational agency” (IDEA, 2004). Within the data set, there were eight instances in which the behavior could be categorized as violence towards others, five events in which the behavior included drug use/possession, and one incident involving the possession of a firearm. In one of the events that was categorized as “violence towards peers,” the behavior was found by the MDR team to be a manifestation of the student’s dis/ability. In all other cases, the suspension was

served after first holding an MDR meeting. The researcher took note of the overall length of each suspension in Table 17.

**Table 17**

*Student Offense(s) and Number of Days Suspended*

Student	Offense	Number of Days Suspended
1	Disrespect Authority	3
2	<b>Violence</b>	140
3	<b>Drugs</b>	11
4	Threats	180
5	<b>Violence</b>	10
6	Disrespect Authority <b>Violence</b> Threats	9.5
7	<b>Violence</b>	10
8	<b>Violence</b>	5
9	Disrespect Authority Threats	10
10	Disrespect Authority Threats	10
11	<b>Violence</b>	10 (not served due to behavior being found as a manifestation of the student's dis/ability)
12	Disrespect Authority <b>Violence</b> <b>Possessing a Firearm</b>	90
13	Disrespect to Students	11
14	<b>Violence</b>	10
15	Disrespect Authority <b>Violence</b> Disrespect to Students	10
16	Disrespect Authority <b>Drugs</b>	10
17	Disrespect Authority <b>Drugs</b>	79
18	<b>Drugs</b>	10
19	<b>Drugs</b>	10
20	<b>Violence</b>	43

The *special circumstances* outlined in the federal law stem from a movement called *Zero*

*Tolerance Policies* and they allow for a district to have automatic consequences to certain



behaviors. Districts often have more specific guidelines for suspension. Future research could look at the number of days suspended and the recommended guidelines, as well as more well-defined definitions of the special circumstances. Students were suspended between 3 and 180 days in this sample with an average suspension of 33.5 days and a mean suspension of 10 days.

### **Conclusion**

The researcher outlined the data analysis procedures and results for both the quantitative and qualitative data collected. The reliability of these measures was explored as well as additional factors regarding the results. These results will be discussed in greater detail in the next chapter.

## **Chapter 5: Discussion**

This chapter will discuss the qualitative and quantitative data analyzed and reported in the previous section. The researcher explored the complementarity of the quantitative and qualitative data, study findings, lessons learned, personal growth, study limitations, potential implications for practice, and implications for upcoming dissertation. Conclusions were drawn based on consideration of existing literature and through the lens of theoretical frameworks discussed in earlier chapters.

### **Study Overview**

When a student with a dis/ability in a public school is to be suspended for ten or more days, a team meets to determine if the incident or behavior is the result of the student's dis/ability and/or if the incident or behavior is the result of a school's failure to implement the student's Individualized Education Plan (IEP). The team is to be comprised of a parent, a Local Education Agency (LEA) representative, and other relevant IEP team members. This process, the Manifestation Determination Review (MDR), was designed to protect the rights of individuals with dis/abilities (IDEA, 2004). Exclusionary discipline practices, such as suspensions and expulsions, disproportionately affect students of color and students with dis/abilities in the U.S. (U.S. DOE, 2022). Researchers have found a connection between language disorders and future maladaptive behaviors (Chow et al., 2018, Sanger, et al., 2004) and research has established there is a disproportionate representation of youth with Developmental Language Delay (DLD) in the youth justice system (Anderson et al., 2016; Billstedt et al., 2017; Blanton & Dagenais, 2007; Bryan, 2004; Bryan et al., 2007; Bryan et al., 2015; Chow et al., 2022; Gregory & Bryan, 2011; Hughes et al., 2017; LaVigne & Rybroek, 2010; McLeod & McKinnon, 2007; Montgomery et al., 2003; Sanger et al., 2000; Snow, 2019; Snow et al., 2015; Sowerbuttes et al., 2021; Swain et al., 2020). It was determined by the researcher that school-based discipline for

students with DLD may have greater implications for some of the larger issues of inequity for individuals with DLD in the criminal justice system, and the efficacy of special education law.

The researcher designed this mixed-methods study through document analysis to answer the following research questions: (1) What is the role of a speech language pathologist (SLP) during a manifestation determination review process? (2) Do MDR teams consider the language abilities of the student? (3) Are there descriptions, phrases and/or common themes in the description of the infraction? (4) Do the MDR hearing documents reflect best practices for MDRs as outlined in the MDR process recommendations by Allen (2021; p.16)?

### **Study Findings and Relationship to Existing Literature and Theoretical Frameworks**

In Chapter 4, the researcher presented and analyzed the data to answer the research questions. The data led the researcher to several conclusions.

#### ***Recommendations from Allen (2021)***

The researcher identified best practices as outlined by Allen (2021). The researcher divided these practices into school policy and culture, preparation for the MDR meeting, implementation of the MDR meeting, proposed actions after the MDR meeting.

**District Policy and Culture.** The researcher identified the first nine practices Allen (2021) reported as part of district policy and a reflection of the district's culture. These practices are as follows:

- Develop a preventative/systems-based approach
- Formal training for school staff in MDR procedures
- Clarify the intended definition of the phrase “direct & substantial relationship to the child’s disability”

- A building administrator should attend all IEP meetings to review and address disciplinary concerns
- Include a disciplinary plan within the IEP for students with a history of misbehavior
- Implement Functional Behavioral Assessments and Behavioral Intervention Plans ahead of 10-day suspension limit
- Develop and follow a clear discipline policy
- Develop culturally and developmentally appropriate discipline and restorative practices
- Maintain consistent and timely communication and collaboration among the IEP team (including parents; Allen, 2021, p. 16)

As the researcher designed this study, it was not the intention to report if there was evidence of these indicators. However, upon data collection and analysis, the researcher has identified these recommendations as key to systematic change.

***Preventative Approach.*** A preventative systems-based approach is an intentional part of school culture that must be established and taught to all school shareholders including staff and students. One such example is Positive Behavior Intervention and Supports (PBIS) which is an evidence based 3-tiered approach with three different levels of intervention (Center on PBIS, 2024). Structured programs help school staff identify students who need additional behavior supports and provide evidence-based interventions. Additionally, many programs for social emotional learning that support young people with behavioral problems are not designed for students with language difficulties (Chow et al., 2018; Hancock et al., 2023; Sanger et al., 1994). In addition to using school-wide approaches, schools need to be aware that this specific population is at-risk for behavior incidents due to language difficulties and interventions will need to be designed to bypass their language barriers. This research investigated documentation

created as a part of the MDR process, which can only take place after an incident has occurred. It is possible for schools with these programs to decrease the number of discipline incidents by putting a school-wide preventative program in place. Additionally, all staff should be trained in de-escalation techniques. There were themes in the data of profanity, threats, and refusals. It should always be the goal of a staff member to de-escalate a situation when at all possible. This would also provide discipline and MDR teams with common language to discuss what interventions were utilized and what has helped a student be respectful in the past. The MDR documents reviewed exist in isolation for the researcher, but they are part of a larger story of the student and their life. Schools should have a common goal of keeping students in class, in their least restrictive environment, for as long as possible, using suspension and expulsion as a last resort after all other interventions have been utilized.

As part of policy changes, districts should provide a structured MDR agenda for teams to follow. This could be turned into an audit for administrators which will be discussed in the Organizational Improvement Plan.

*Changes to the Diagnostic Process.* In addition to school-wide behavior interventions, the researcher identified another area in which improvement could lead to less disciplinary incidents if changes are made. There is a need for change in the diagnostic and evaluative processes in the area of language. As previously cited, there are concerns regarding the diagnosis of DLD based on the Clinical Evaluation of Language Fundamentals- Fifth Edition (CELF-5). Timler & Alano Covey (2021) found the CELF-5 was not as effective in determining DLD as it was in determining Autism Spectrum Disorder (ASD) and Social Pragmatic Communication Disorder (SPCD). If schools are primarily utilizing the CELF-5 to diagnose DLD, the possibility of students being mis-identified is greater than if teams utilized other diagnostic methods.

Pragmatics and discourse need to be described in detail in the evaluation and in the present level of the IEP. These skills were not included in the data collection process, but the researcher noted there was no information regarding students' pragmatic and discourse skills in the documentation. Chow & Hollo (2015) described social language of individuals with DLD, indicating these students struggle with incorrect sentence structures, limited vocabulary, and a failure to adapt language in different social contexts. This is a barrier to a student's ability to respond to correction by a staff member. The data shows four students were cursing at the time of the behavior/incident, leading to an identification by the MDR team of being disrespectful. In some cases, this appeared to increase the severity of their problematic behavior which, in turn, may have added more days to their suspension. Cursing serves a pragmatic function for individuals with DLD who lack the language skills needed to negotiate and advocate for themselves in situations that may have caused increased stress and anxiety. These connections between behavior and DLD must be known by the SLP and communicated to MDR team members, preferably prior to the student being given consequences for their problematic behavior.

***Case Manager Selection.*** Another school policy change could be case manager selection. In schools, SLPs can be case managers of students with DLD (i.e., eligibility determination of Language Impairment (LI)). Special education teachers were listed as the case manager in at least seven of the 20 MDR events (other events couldn't be verified which individual was the case manager) and SLPs weren't present in eight of the twenty MDR events studies. If the SLP had been the case manager, the SLP would have had the role of organizing the MDR meeting which would increase the likelihood of their attendance barring some extenuating circumstance. SLPs are the most qualified individuals in schools to interpret language evaluation results and to

understand the connection between language and behavior. But making SLPs case managers alone is not enough. Research suggests school based SLPs lack background knowledge to support individuals with DLD who are involved in violence (Katz et al., 2010; Sanger et al., 2004). Additional training is necessary to support school based SLPs in their role as case manager and in their knowledge about the relationship between language and problematic behavior including violence. When an SLP is more comfortable with this knowledge, it will allow them to educate the rest of the team on what it means for the behavior to have a “direct and substantial relationship” (DESE, 2022) to the student’s dis/ability.

These issues (lack of school-based behavior interventions, under diagnosis of DLD, little to no mention of pragmatics and discourse in the IEP, SLPs not being the case manager of student with DLD, and SLPs knowledge base at the intersection of language and behavior, especially violence) must be addressed. The researcher integrated these recommendations into the organizational improvement plan outlined later in this chapter.

**Preparation for the MDR Meeting.** Allen (2021) had recommendations for MDR teams prior to the MDR meeting being held. The recommendations were

- Gather and review relevant information for the MDR process ahead of the meeting,
- Consider philosophical and ethical implications of the MDR process and consequences
- Train team members on disabilities characteristics including symptoms and associated behaviors
- Include a General Education teacher in the MDR process
- Include a School Psychologist in the MDR process,
- Include other individuals in the MDR process that are not legally required (e.g., related service professionals, advocate; Allen, 2021, p. 16)

In Chapter 4, the researcher discussed the evidence in the data collected of teams following these recommendations. One of the largest discrepancies appeared to be in what information is considered *relevant* and what it looks like to both gather and review that information. There was no evidence the teams considered philosophical and ethical implications of the MDR process and consequences or that the team was trained on dis/ability characteristics and symptoms associated with behaviors. The researcher will discuss the steps that could be taken to ensure these criteria are met in the organizational improvement plan.

*Parents and Local Education Agency (LEA) Representatives.* As far as who was invited, the researcher was surprised by the inconsistencies between the MDR events regarding who attended and contributed. It is a federal mandate that an LEA representative and parent attend, as well as relevant IEP members. In some situations, parents may have been invited but not present, or may have submitted information in writing. It's unclear to what lengths the MDR teams went to ensure the parent was present (i.e., being flexible with before and after school availability, providing an option to join virtually, providing documentation for their employers, etc.) but in addition to not having parents present, there were three meetings in which an LEA representative was not present. It is unclear if the individuals organizing these meetings were familiar enough with this process to understand that this is a federal requirement. While some roles can only be filled by one specific person, the LEA representative can be any principal, or assistant principal. Most buildings have at least two principals and many have more. The co-op district in which this research was conducted has the unique experience of having additional LEA representatives that are from the co-op and work with the partner district. There is at least one area coordinator for each building. This means there were a minimum of three individuals that are in a building on a given day that could have satisfied this requirement. It's important



SLPs and all individuals on MDR teams be trained in the best practices for this process, especially those that are federally mandated.

***Student Invitation and Participation.*** MDR teams are to be comprised of an LEA representative, parent, and other relevant IEP team members. Students were present in three of the 20 MDR meetings as members of their team. One student was 18 and the others were 17. The researcher also identified there were six students who were 16 or older who did not attend their MDR meetings. As described in Chapter 1, students become a member of their IEP team the year they turn 16 as a new section of the IEP is activated to plan for post-secondary outcomes. Allen (2021) recommends inviting other IEP team members that aren't legally required and students fall within this category. Students may need support in preparation for these meetings and would need much of the same preparation as the other team members. As reported by Gynther (1957) and Rauch & van der Kolk (1996), students who are experiencing stress or recalling a stressful situation may have decreased language skills, below their baseline or the level at which they were previously assessed. There would be challenges to including students as MDR team members, but if they can contribute as members of their IEP team, they should be given the opportunity to communicate as a member of their MDR team.

**Implementation of the MDR Meeting.** The researcher looked at recommendations from Allen (2021, p. 16) with regards to conducting an MDR meeting. The recommendations are as follows:

- Identify roles and functions of team members
- Establish inclusive group communication norms
- Incorporate current information about the child's functioning and identified disability from external sources such as a qualified health professional

- Standardize the decision-making process using structured questions
- Use specific MDR decision-making procedures that go beyond legal requirements

There was little evidence that these recommendations were followed in this research. The largest barrier to determining if these practices took place is the lack of documentation. There were checkboxes for many of the most important requirements, but the documentation was missing key sections that would have provided future readers with more information about the content of the meeting.

*Inclusion of Justification of Decision Section.* As discussed in Chapter 3 and 4, there was a key element missing from the MDR documentation collected from the school district: a section justifying the decisions. Lewis (2017) conducted research with a similar method of document analysis. Lewis (2017) requested 20 “yes” decisions (i.e., the behavior/incident was found to be a manifestation of the student’s dis/ability) and 20 “no” decisions (the behavior/incident was not found to be a manifestation of the student’s dis/ability) from a large school district. Lewis’ (2017) goal was to understand the factors that influenced the decisions made by the MDR teams and this researcher coded qualitatively the sections in which the team stated their reasoning for the outcome in the documentation. In the present study, the researcher wanted, among other goals, to determine if there were common descriptions, phrases and themes in the MDR teams’ justification of their decision. In the pilot study (Turner, 2023), the researcher analyzed documentation from a rural school district in the Midwest. This paperwork had a written response section for the justification of the MDR decision. The federal law mandates that the team determine if the behavior/incident has a direct or substantial relationship to the student’s dis/ability and if the incident/behavior was the result of a failure to implement the IEP (IDEA, 2004). There is no federal requirement to put the decision in writing, but logic dictates that a

decision would be made based on a team discussion that could be put in writing, otherwise it's not clear if the questions and the relevant information were adequately addressed. The state in which the research takes place has a department of elementary and secondary education which provides a template for the MDR process. This document, last updated July 7, 2020, differs from the template used by the school district in which the research was conducted. It was more similar in content and form to the document used by the rural school district from the researcher's pilot study. Prior to asking if the student's behavior had a direct and/or substantial relationship to the student's dis/ability, it asks the team if a pattern has been created through the following questions: "Is the child's behavior substantially similar to the child's behavior from previous incidents that resulted in the series of removals?" and "Are there other factors such as length of each removal, the total amount of time the child has been removed, and the proximity of the removals to one another that create a pattern?" (DESE, 2020). The form instructs the team to discontinue the MDR if there is no pattern as "the disciplinary removal likely does not constitute a pattern and would not be a long-term suspension under IDEA" (DESE, 2020). If the answers are both "yes," the form instructs the team to continue to next section, which is very similar to Form B seen in the school district's documentation. The team is required to check boxes indicating they reviewed the child's IEP, teacher observations, and relevant information provided by parents. Next, the team is required to determine: Was the conduct in question caused by, or does it have a direct and substantial relationship to, the child's disability? The document gives the team two check boxes next to "yes" and "no." Under the checkboxes, is a short answer section titled "Rationale" (DESE, 2020). Were this completed, this would contain the decision's justification. It's the same format with the next question: Was the conduct in question the direct result of the LEA's failure to implement the IEP? Under the checkboxes for "YES" and "NO"

there is a short answer section titled “Rationale” (DESE, 2020). Below this section is a short answer section titled “Step 3: The Team Conclusion” (DESE, 2020). This would be another location for the team to state the rationale or reason for the decisions they made.

The researcher was interested in these sections when designing this document analysis research to learn more about the decision-making process in MDR meetings. In the documents collected for analysis in the present study, boxes were checked to indicate a team decision was made, but there is no documented justification or reason. The most generous assumption would be that a robust and full conversation took place but in reality, there is no way of knowing why the teams made the decisions they made. Additionally, in the ten MDR events in which a Notice of Action (NOA) was attached, there is a section titled “description and explanation of the action,” and a section titled “options considered and why rejected.” In these sections, there is only one MDR event that contains a justification for why the student’s behavior is a manifestation of their dis/ability: “Student knows the difference between right and wrong” and “Student knows not to throw food.” All other documentation rephrased the MDR questions as statements (i.e., “The behavior did not have a direct and substantial relationship to the dis/ability”) or stated the diagnosis was not related to the behavior (i.e., “Finding behavior related to disability was rejected because his disability did not cause him to fight. Also, behavior was not caused by a failure to implement the IEP”).

***Neutrality of Written Information.*** For the writing that was present, behavior was not described in a neutral manner. Training in describing behavior in a neutral manner without bias should be part of the preparation for these meetings. This is crucial, as biased writing can affect the outcomes of an MDR meeting. In the research, one teacher went as far as to write “*Student’s* behavior is detrimental to the safety of others, himself, and to the good of the school.” This is not

neutral and could quickly affect the opinions of others in the MDR meeting. Writing a description of the behavior and leaving out opinions is key and should be addressed directly by leadership in the district, as will be discussed in the organizational improvement plan later in the chapter.

This lack of writing space in the documentation template, as well as a lack of specificity in the NOAs, provides those who want to understand an MDR decision with more questions than answers. If an individual wanted more information about MDR results from a specific meeting, they would be required to find the individuals responsible for the decision and ask for their recollections, as the written information would not suffice. In the organizational improvement plan at the end of this chapter, the researcher will discuss how simple changes to the documentation templates providing a space for “rationale” could make a difference in how districts document MDR decisions.

**Proposed Actions After the MDR Meeting.** The following recommendations were proposed by Allen (2021; p. 16) to transition the team from current meeting to the proposed actions and responsibilities of team members following the meeting:

- Remember, regardless of the outcome, the MDR process is an indicator that a function-based intervention is needed
- Consistently document practices

**Conducting a Functional Behavior Assessment (FBA).** Allen (2021) identified best practices based on his findings when he did a systematic review of research on the MDR process. One of the recommendations was to conduct a function-based intervention (i.e., an FBA), *regardless of the outcome* of the MDR meeting (Allen, 2021). A behavior that warrants out of school suspension should be an indication to team members that the student’s current IEP,

function-based interventions, and special education services should be reviewed (Allen, 2021). McKenna et al. (2015) conducted a systematic review of function-based replacement behavior interventions, specifically for students with, or at risk for, behavioral and emotional disorders. One of their key findings was that schools should consider FBAs for a larger variety of students. Many students participate in school-wide behavior supports such as Positive Behavior Intervention and Supports (PBIS) which is a tiered system with universal behavior interventions utilized with all students. The researchers suggest FBAs for students who don't respond to those universals supports (McKenna et al., 2015). FBAs can be tailored to a variety of behavior needs, even in students who appear to can verbalize appropriate and inappropriate behavior. As was reported in Chapter 4, there were two MDR events where teams recommended FBAs. The first was for a student suspended for 9.5 days to be completed upon her return and the second was for a student whose behavior was found to be a manifestation of his dis/ability to be completed as soon as parent permission was obtained.

***When to Complete the FBA.*** Allen (2021) discussed completing the FBA within the ten days prior to the MDR meeting in the initial recommendations. This is a tight timeline for practitioners currently working in schools, but it is best practice. It could also be suggested that an FBA be conducted prior to the suspension, even if the team determined the behavior/incident was not a manifestation of the student's dis/ability. It's unclear the benefit of waiting to complete the FBA until the student's return. The researcher noted that there was one case in which the individual was disciplined for a behavior or incident that did not qualify as a special circumstance, as described in the federal law (i.e., drugs, weapons, bodily harm). The student made sexual and violent threats about a teacher in an online forum. The student was suspended for 180 days. There was no indication there was past wrongdoing. This student may have

benefited from an FBA, which would indicate the individuals who work with the student are *curious* about this behavior rather than moving towards being immediately punitive. If it's the prerogative of the school to support students, an FBA might help the student change their behaviors, rather than excluding them from the general education setting for 180 days. One would question what the student will be like upon return. This is a case that supports the recommendation that FBAs be completed on all students regardless of the MDR decision, and the sooner the FBA is completed, the sooner school teams can support the student in finding replacement behaviors.

***Standardization of Forms.*** The consistent documenting of practices was also a concern when the researcher looked at the MDR records. While the forms were uniform, the amount of information was not. Some recorders wrote things like “n/a” and “-” in sections for long written responses. They restated questions as statements rather than providing justification for their responses. While the documentation may have satisfied the legal requirements, the record of how the team made a decision is missing and unclear. Some of these students were suspended for entire school years, and there should be documentation to back up a decision of that magnitude. The changes in documentation will be addressed in the organizational improvement plan found later in this chapter.

### **Complementarity of the Quantitative and Qualitative Data**

Because the MDR documentation was uniform in format but varied so greatly in content, the researcher looked beyond the “description of incident” to other areas in the MDR documentation for additional descriptions. Section B of the MDR documentation had a section titled “additional information” in which the recorder wrote further descriptions of the incident. Similarly, in the NOA, there were sections to provide notification for the change to the student's

placement (i.e., the amount of time spent in special education in the public-school setting). The researcher also coded these two sections to look for descriptions, phrases, and/or common themes as evidence of whether the MDR team considered the language skills of the student. It was clear from all written sections that there was no evidence of language consideration other than to describe the language of the student at the time of the incident. The teams often indicated the information they considered including the IEP, evaluations and Review of Existing Data (REDs). Because these students were diagnosed with LI, it can be concluded that language was a topic discussed in all documents. This does not mean all aspects of language were considered, as it's not clear whether LI students are receiving accurate diagnoses of pragmatic language abilities.

The researcher found the qualitative data was complimentary to the quantitative data in that it told a similar story when analyzed and looked at in context. The quantitative data showed little consideration of language and minimal evidence of following recommendations by Allen (2021). The documentation process was inconsistent and there is still a question of what was considered and discussed in MDR meetings.

### **Study Limitations**

The researcher identified multiple limitations to this study and opportunities for future research. The researcher identified limited sample size, limited access to supporting documents, limited uniformity in reporting behavior incidents, and limited knowledge of pragmatic language and discourse skills as barriers to generalizability.

#### ***Limited Sample Size***

The sample size of 20 was appropriate for this study to answer the research question but it makes it difficult to generalize the study results. The researcher was interested in the number



of female and male students that were the subject of the 20 MDR documents but due to small sample size, this gives us information only about these 20 cases and not about the divide of male and female students in school-based discipline. Twenty cases made it difficult to perform quantitative analyses with the data. It's a large enough sample size to provide preliminary findings, but a future study with a larger sample size would allow the researcher the ability to draw further conclusions.

### ***Need for Additional Supporting Documentation***

The researcher realized during the data analysis process that access to past discipline documentation, IEPs, standardized testing results, evaluation documents, and REDs would have been beneficial in triangulating the data. It must be considered that the individuals documenting the MDR meetings may have made clerical errors or possibly recorded the meeting and its findings incorrectly. The information in the MDR documents and the accompanying NOAs was so limited in length that it raised additional questions about the students. In each scenario, the researcher wanted the following information: Did the student have difficulties with this behavior previously? What behavior intervention strategies are documented in this student's IEP and/or BIP? In which areas of language does this student have the most difficulty? In what ways does this student's dis/ability affect their ability to communicate with others and respond to directives? Did the present level describe the possibility of these behaviors? These are all questions that could have been investigated with access to the supporting documents.

### ***Lack of Uniformity in Response to and Reporting of Behavior Incidents***

The researcher reported the number of discipline incidents per 100 students in each school district as well as the state average in Chapter 3, as part of the description of the population. There was a large disparity and no correlation between discipline incidents and

percentage of students who qualify for free or reduced lunch. This led to a question of what is counted as a disciplinary incident and how are these incidents reported to the state? Some schools may be managing behavior using some of the school-wide interventions discussed previously in this chapter. Internally, school districts may see their numbers change from year to year but there is no way to know how school districts' number of disciplinary incidents compare to each other if there is no uniformity in reporting. If the sample had been larger, one would expect to find more discipline documentation for MDR events in districts that had higher rates of disciplinary incidents, but, as was previously discussed, it's difficult to generalize with the current sample size. Some of the descriptions of incidents in the 20 cases studied for this research appeared to be incidents that another team may have handled internally by conducting an FBA and implementing targeted behavior replacement strategies. It's unclear the reasons why teams use out of school suspensions according to their handbook policies rather than changing their own policies and practices. MDR teams are using exclusionary discipline for students who needs arguably the most instructional time due to their dis/ability.

### ***Lack of Knowledge of Student Pragmatic Language and Discourse Skills***

The researcher considered coding pragmatic language skills. Pragmatic language is the rules that govern how we use all the other domains of language in conversation and wider social rules with the application of context (Finegan, 2008). In future studies, the researcher would include a research question regarding pragmatic language skills and code for these skills including descriptions of tone, pitch, body language, facial expressions, gestures, and other communicative behaviors. This information would be even more beneficial if future studies include supporting documentation, as the researcher previously discussed.

### ***Assumptions Made Throughout the Process***

The researcher based much of the data on assumptions. These assumptions were reached based on logical conclusions (i.e., if the student has DLD as their primary diagnosis and the team stated they discussed the IEP goals, the team discussed language at some point during the meeting, at minimum during the goal review). The researcher designed research questions that were specific to the format of document analysis and therefore all data can be relied upon when viewed through that lens. In future studies, it might be beneficial to triangulate the data by speaking with a member of the team who was present in the meeting to determine if the MDR documentation is an accurate reflection of what was discussed during the MDR meeting.

### **Directions for Future Research**

The researcher identified new directions for future research in the area of MDR policy and the relationship between language and behavior. One area of research might be on the efficacy of suspensions and expulsions in youths with DLD. As reported in Chapter 2, Wolf & Kupchik (2017) found increased likelihood that students who were suspended would later experience criminal victimization, criminal involvement, and incarceration as adults. There is less research supporting the use of exclusionary discipline practice, and school zero-tolerance policies should be investigated.

Another area for continued research is to better understand what occurs during an MDR meeting. The MDR documentation used for this dissertation was a wealth of information and the data collected told a story. In future research, it would be beneficial to speak to MDR team members and conduct mock MDR meetings to learn more about the decision-making process. This would also have helped triangulate the data of this dissertation to have feedback from a member of the MDR team. Because the team checked a box that something was discussed, it does not mean it was discussed well, or even in the correct context for the purpose of making an

MDR determination. Future research could also look at the amount of time these meetings take and the people who are typically invited.

As was discussed in Chapter 2, language skills decrease when stress and anxiety increase (Gynther, 1957). A future study could look at the language used by students during discipline. It was a finding of this study that the students with LI who were confronted by staff often used profanity and threats. Many of these MDR events in this study had quoted words in the description of infraction and may have been transcribed using CCTV. Future researchers could investigate the language abilities of students in times of crisis and in the time after an event when they have calmed down.

### **Implications for Practice**

Based on results of the data collection, analysis and report, the researcher has identified implications for practice and has integrated those conclusions into an organizational improvement plan meant to support the school district and be a model for change for other districts with similar concerns.

### **Organizational Improvement Plan**

#### ***Vision for Change***

For the more than 20 school districts that are serviced by the school district co-operative discussed in this research, handbooks refer to the Individuals with Disabilities Act (IDEA) and Section 504 of the Rehabilitation Act of 1973. This indicates schools are not providing additional policies or practices beyond what is written in the federal law. The school district from this research has policies regarding suspensions exceeding 10 days for public separate schools. These policies mirror the federal law in IDEA. There are no additional policies to include the “relevant” IEP team members, or the “relevant” information to be provided by the parents and

the school personnel. Discipline is to be enforced by the district of the school the student attends, led by the principal.

The researcher recommends changes to school handbook policies to reflect the findings of this research (Table 18).

**Table 18**

*Recommendations for Changes Based on Research Findings*

Area of Concern	Recommendations for Changes
District Policy and Culture	<ul style="list-style-type: none"> <li>• School-wide preventative behavior interventions/programs (e.g. PBIS)</li> <li>• Require all students with DLD have a case manager who is an SLP</li> <li>• Changes to Diagnostic Processes               <ul style="list-style-type: none"> <li>○ Determine best diagnostic tools for DLD</li> <li>○ Include information in IEPs about pragmatics and discourse</li> </ul> </li> <li>• Education for SLPs to increase knowledge of the relationship between DLD and behaviors, especially violence</li> <li>• Standardize the written forms to align with the state forms</li> <li>• Create a structured MDR agenda to mirror future auditing forms</li> <li>• Education for meeting members on neutral writing practices</li> </ul>
Preparation for MDR Meeting	<ul style="list-style-type: none"> <li>• 10-day timeline; permission for case manager to make MDR a priority</li> <li>• Make sure key team members are present (parents, LEA representatives, students, and IEP team members, especially SLP and school psychologist)</li> <li>• Gather all necessary information to present</li> </ul>
Implementation of the MDR Meeting	<ul style="list-style-type: none"> <li>• Inform team members of their roles and the expectations for the MDR event procedures</li> <li>• Include and record a justification of the decision in a designated section</li> <li>• Utilize neutral non-biased writing practices</li> </ul>

- Have SLP report on student language abilities and past test scores
  - Take time in meeting to review all information including past test scores, how dis/ability relates to behavior/incident, behavior interventions, and current IEP
- Proposed Actions After the MDR Meeting
- Always complete an FBA
  - Tailor FBA to student abilities if usual procedures are inappropriate
  - Complete FBA prior to student leaving for suspension
  - Make sure documentation reflects the meeting that took place
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### *Change Readiness*

This vision for change would require movement at many levels of the school district. It would require changes in leadership practices, education/training for the implementation team, and a plan for implementation of changes to be made by district staff. A possible tool to assess organizational readiness is the Organizational Readiness to Change Assessment (ORCA; Helfrich et al., 2009). This assessment, which includes rating scales to be completed by stakeholders, investigates three areas. First, is the evidence put forth by the change maker to suggest change is necessary? This includes the amount of discord about existing evidence, existing research, clinical experience, and patient preferences (4 subscales). In the case of applying this tool to a school district, patient preferences would be student and family preferences. The second area the assessment investigates is the context, including the culture of senior leadership and staff, behavior of leadership, opinions and feedback from leadership and general resources (6 subscales). The third area investigated is the capacity to facilitate change and provide internal support. This includes practices of senior leaders, champion characteristics, roles of leadership and team in implementation, implementation plan, plans for project

communication, progress tracking, resources and context, and evaluation (9 subscales). This tool would require some adaptations to make it applicable to the school district, rather than a healthcare setting. This would be a useful assessment tool to identify if the school district is ready to make a major change.

### ***Theory for Framing Change***

If the school district is found ready by the previous assessment (ORCA) to implement and support change, a framework will be adapted to ensure the changes are made. Kotter (2014) created a model to accelerate organizational change and allow these changes to be self-sustainable. The framework is based on an accelerated organizational model for change developed by Kotter (2014). Kotter's eight steps include:

1. Create a sense of urgency.
2. Build a guiding coalition.
3. Form a strategic vision.
4. Enlist a volunteer army.
5. Enable action by removing barriers.
6. Generate short-term wins.
7. Sustain Acceleration.
8. Institute change (Kotter, 2014, p.9).

### ***Identification of Potential Solutions***

**Accelerator 1: Create a Sense of Urgency.** There are many stakeholders who would need to get involved at the start of this process. SLPs in this school district meet at the beginning of each school year. A presentation including the problem of practice and research findings would be a way to create urgency. This could be presented as a professional development (PD)

learning opportunity as an in-person training, or as a synchronous webinar. Leadership from within the district should also be sharing the general information from the research findings with district principals and area coordinators. Because building level administrators in partner districts are not employed by the district, this could be an email with a call to action, including a short video to engage them as part of the process. All parents and families of students with dis/abilities should receive information about this initiative via email or in a newsletter. District social media could also share the initiative.

**Accelerator 2: Build a Guiding Coalition.** In the case of this problem of practice, district executive leadership members, area coordinators, partner district building principals, district legal representatives, special education teachers, SLPs, school psychologists, and families would need to partner together to ensure success. The first included would be those who are like-minded, excited, and able to volunteer. With progress, the invitation would then be extended to others who may not initially have had the capacity to participate but are ready to join. Eventually, there would be inclusion of all with a heavy focus on encouraging buy-in.

**Accelerator 3: Form a Strategic Vision and Initiatives.** The overall vision would be a change to district policy to ensure MDR practices include consideration of expressive, receptive and pragmatic language, an SLP is always present if language is provided as a related service and the additional recommendations in Table 18. Initiatives to achieve this vision are included in Table 19.

**Table 19**

*Preliminary, Implementation Phase, and Follow-Up /Maintenance Phase Activities*

Phase	Activities to be Completed
Preliminary	- Make problem of practice and research findings available to district leadership, parents/families, all district staff, and all partner district staff



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	<ul style="list-style-type: none"> <li>- Create video summarizing findings</li> <li>- Identify school-wide positive behavior intervention programs to be utilized in all buildings.</li> <li>- Change district policy in handbook</li> <li>- Change and standardize the MDR forms</li> <li>- Create a script or checklist to use in MDR meetings, including identifying team roles</li> <li>- Create a resource to support SLPs who have not had experiences in an MDR meeting</li> <li>- Create resources to support parents/families of students with dis/abilities to support them during an MDR meeting</li> <li>- Create a professional development training to provide to SLPs</li> <li>- Recruit and create cohort of partner district principals and district SLPs with highest number of MDR meetings to provide more in-depth training monthly throughout the year.</li> <li>- Create an audit form (that mirrors the checklist/script for SLPs) for Effective Practice Specialists (EPSs) to bring to MDR meetings to collect data on whether expressive and receptive language are considered and whether the SLP is present.</li> </ul>
Implementation	<ul style="list-style-type: none"> <li>- Provide professional development courses for SLPs, teachers, area coordinators, school psychologists, district legal teams, partner-district principals, and families</li> <li>- Provide resources, scripts, checklists, and findings to all stakeholders</li> <li>- Begin in-depth monthly trainings for a cohort of principals and SLPs</li> </ul>
Follow-up/Maintenance	<ul style="list-style-type: none"> <li>- Begin audits of MDR meetings</li> <li>- Collect and assess feedback from individuals taking professional development courses</li> <li>- Collect and assess feedback from ongoing cohort trainings and meetings</li> <li>- Make changes to plan based on feedback to remove barriers</li> <li>- Develop new cohorts over the next 3-5 school years</li> <li>- Report out “short-term wins” and exclusionary discipline data for cohort districts</li> <li>- Have cohort members speak in new trainings about success</li> </ul>

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**Accelerator 4: Enlist a Volunteer Army.** As part of the implementation plan and the follow-up/maintenance phase, cohorts will be formed, and feedback will be requested frequently. These cohorts will receive training beyond their peers and their insights will serve as a blueprint for future training. It will be crucial that these individuals see the value in the work they are

doing and the changes from before and after receiving training. These cohorts will be selected based on principals and SLPs who most often hold and attend MDR meetings in their building. It is not yet known if these teams are best at conducting these meetings just because they have a higher volume, but piloting in schools with the most MDRs will have the greatest impact on students in the shortest amount of time.

**Accelerator 5: Enable Action by Removing Barriers.** Based on feedback, action will be taken to improve practices. When small groups in professional development trainings or in the cohorts provide feedback about barriers they experience, it will support identifying and removing further systemic barriers. Some barriers may be predicted based on current knowledge of the system, but others may present themselves through closer observation and experience. When principals and district level leaders are involved, there is greater ability to remove barriers.

**Accelerator 6: Generate Short-term wins.** Table 18 provides a blueprint for short-term goals that can be celebrated when completed. It is important to find ways to document completion of all goals and initiatives. If the cohort is able to implement certain aspects more quickly, their success can be celebrated and those people could go on to be trainers, and/or describe their success. One of the most important numbers to document and observe is the number of incidences of exclusionary discipline. A reduction in this number will be something a school or district can celebrate and therefore share with other buildings and districts.

**Accelerator 7: Sustain Acceleration.** The school district should continue cohort training monthly for the first two school years. Cohorts will meet twice per school year in years 3-5. Data collected by audits should be presented and the cohorts should work with leadership to identify if change is occurring. Leaders should review exclusionary discipline data and other objective data along with subjective data collected in the form of surveys, interviews, and focus groups from a

variety of stakeholders including professional staff and family. They can adjust and set new goals as needed. New cohorts should be formed for the first three years.

**Accelerator 8: Institute Change.** Change will be the result of stakeholders and leaders implementing the initiatives and assessing feedback and data throughout the process. Change may not occur over the course of one school year and may take time to occur throughout all 22 school districts within the district. If individuals continue to prioritize this important goal, the status quo will change, and a new paradigm will occur for future students, families, educators, and administrators. As leaders in change, it's also the responsibility of the district to create presentations for local, state, and national conferences. This organizational improvement plan can serve as a blueprint for other districts.

### ***Tools for Measuring and Communicating Change***

Tools that can measure change include district data (i.e., number of incidences of exclusionary discipline, exclusionary discipline incidences with students with dis/abilities, MDR meeting results, success rates of other forms of disciplinary action), checklist data and audit data from SLP EPSs. These data points, when looked at year over year, will tell a story of change occurring. Because data will be reviewed so frequently, this will ensure barriers to positive change have been removed (Accelerator 5). To communicate change, district representatives can provide these numbers in newsletters, at board meetings, directly to families in email/social media or in person, and to all stakeholders.

### ***Limitations of the OIP***

One limitation is the time constraint mandated by the federal law. There is limited time during which individuals must organize and meet for the MDR meeting. According to federal law, a meeting must be held within 10 days of the incident. This can provide a problem for

scheduling and ensuring all key individuals are present. It should be the highest concern of the case manager to ensure as many IEP team members are present as possible including SLP, parents, students, student/family advocates (if applicable), and a variety of staff members who know the student. An SLP can interpret data and assessments that can be key to identifying if the student's behavior was or wasn't a manifestation of their dis/ability. If the student's SLP is unable to attend because of the tight window of time, it should be a district policy to have another SLP attend in their place.

Another limitation is the resources required to ensure this organizational improvement plan is enacted. It would require board approval to allocate funds to ensure this change takes place. Along with monetary support, it would require continued visual leadership support throughout the process in order to maintain focus. With best intentions, leaders would expect the plan to maintain momentum, but school districts face many challenges (i.e., global pandemics) that can impact prioritization.

## **Conclusions**

Nationally, public school educators are expected to implement MDR procedures based on guidance from a federal law and there is evidence to suggest there is less than uniform implementation of this procedure (Allen, 2021; Fisher et al., 2021; Lewis, 2017). In the school district in which this research was conducted, administrators and educators can partner together to ensure SLPs are present and participating during MDR meetings and recommendations determined by this research (Table 18) are followed. There is evidence to suggest students with DLD may exhibit behaviors that can impede their learning (Bryan et al., 2015; Chow et al., 2018; Sanger et al., 2004) and SLPs can be present during discipline and advocate for the effects of students' dis/abilities. Exclusionary discipline practices affect students with DLD

disproportionately than their peers and can lead to removal from the school environment that can lead to future involvement in the criminal justice system (Anderson et al., 2016; Billstedt et al., 2017; Blanton & Dagenais, 2007; Bryan, 2004; Bryan et al., 2007; Bryan et al., 2015; Chow et al., 2022; Gregory & Bryan, 2011; Hughes et al., 2017; LaVigne & Rybroek, 2010; McLeod & McKinnon, 2007; Montgomery et al., 2003; Sanger et al., 2000; Snow, 2019; Snow et al., 2015; Sowerbuttes et al., 2021; Swain et al., 2020). If policies are put in place to provide professional development training, education, and updated guidelines, change is possible.

### **Closing words**

This research was completed to answer the following research questions and their sub-questions:

1. What is the role of a speech language pathologist (SLP) during a manifestation determination review process?
2. Do MDR teams consider the language abilities of the student?
3. Are there descriptions, phrases and/or common themes in the description of the infraction?
4. Do the MDR hearing documents reflect best practices for MDRs as outlined in the MDR process recommendations by Allen (2021; p.16)?

The researcher reviewed the current literature in the areas of school-based discipline, the incidence of DLD in youth incarceration, the connection between language disorders and problematic behaviors, the limitations of the federal law for the MDR process, the *School-to-Prison Pipeline*, and the overrepresentation of individuals with dis/abilities and people of color being disciplined through exclusionary practices. The researcher designed a qualitative and quantitative study to analyze documentation from 20 MDR events from a school district to

answer the research questions. After completing the study, the researcher reported the findings and drew conclusions. There were obvious areas for improvement in the discipline process for students with dis/abilities and the researcher integrated the findings into a proposed organizational improvement plan. This researcher hopes that future studies will continue to investigate the overrepresentation of individuals with dis/abilities in exclusionary discipline practices and the connection between language disorders and behavior. There is a need for federal, state, and district policy changes to the disciplinary process for individuals with dis/abilities.

## References

- Achenbach T. M. (1978). The Child Behavior Profile: I. Boys aged 6-11. *Journal of consulting and clinical psychology*, 46(3), 478–488. <https://doi.org/10.1037//0022-006x.46.3.478>
- Allen, J. (2021). The school psychologist’s role in manifestation determination reviews: Recommendations for practice. *Journal of Applied School Psychology*, 38(1), 1-20. <https://doi.org/10.1080/15377903.2021.1895396>
- American Speech-Language-Hearing Association. (2023). *Language in brief*. American Speech-Language-Hearing Association. <https://www.asha.org/practice-portal/clinical-topics/spoken-language-disorders/language-in-brief/>
- American Speech-Language-Hearing Association. (2010). *Roles and responsibilities of speech-language pathologists in schools* [Professional Issues Statement]. Available from <https://www.asha.org/policy/pi2010-00317/>
- American Speech-Language-Hearing Association. (2016). *Scope of Practice in Speech Language Pathology* [Scope of Practice]. Available from [www.asha.org/policy/](http://www.asha.org/policy/).
- Andersson L. (2005). Determining the adequacy of tests of children’s language. *Communication Disorders Quarterly*, 26(4), 207–251. <https://doi.org/10.1177/15257401050260040301>
- Atkinson, L., Beitchman, J., Gonzalez, A., Young, A., Wilson, B., Escobar, M., Chisholm, V., Brownlie, E., Khoury, J. E., Ludmer, J., & Villani, V. (2015). Cumulative risk, cumulative outcome: A 20-year longitudinal study. *PLoS ONE*, 10(6), 1–16. <https://doi.org/10.1371/journal.pone.0127650>
- Balfanz, R., & Byrnes, V. (2012). *The importance of being in school: A report on absenteeism in the nation’s public schools*. Baltimore: Johns Hopkins University Center for Social Organization of Schools.
- Balfanz, R., Byrnes, V., & Fox, J. (2013, April 6). *Sent home and put off track: The antecedents,*

- disproportionalities, and consequences of being suspended in the ninth grade.* Paper presented at the Closing the School Discipline Gap: Research to Practice Conference, Washington, DC.
- Behavior Analyst Certification Board. (2023, November 1). *Board certified assistant behavior analyst handbook - bacb.com.* BCBA Handbook. [https://www.bacb.com/wp-content/uploads/2022/01/BCaBAHandbook\\_231023-a.pdf](https://www.bacb.com/wp-content/uploads/2022/01/BCaBAHandbook_231023-a.pdf)
- Beitchman, J. H., Douglas, L., Wilson, B., Johnson, C., Young, A., Atkinson, L., Escobar, M., & Taback, N. (1999). Adolescent substance use disorders: Findings from a 14-year follow-up of speech/language-impaired and control children. *Journal of Clinical Child Psychology, 28*(3), 312–321. <https://doi.org/10.1207/S15374424jccp280303>
- Berko Gleason, J. (2005). *The development of language* (6th ed.). Pearson Education.
- Brownley, B. (2014). Handling a manifestation determination review (MDR): A “How To” for attorneys. Wrightslaw. Retrieved from <http://www.wrightslaw.com/info/adiscipl.mdr.strategy.htm>
- Brownlie, E. B., Jabbar, A., & Beitchman, J. (2007). Language impairment and sexual assault of girls and women: Findings from a community sample. *Journal of Abnormal Child Psychology, 35*(4), 618–626. <https://doi.org/10.1007/s10802-007-9117-4>
- Burkholder, G., Cox, K., Crawford, L., & Hitchcock, J. (2020). *Research design and methods: An applied guide for the scholar-practitioner.* SAGE.
- Caesar, L. G., & Kohler, P. D. (2009). Tools clinicians use: A survey of language assessment procedures used by school-based speech-language pathologists. *Communication Disorders Quarterly, 30*(4), 226–236. <https://doi.org/10.1177/1525740108326334>
- CAST (2018). Universal Design for Learning Guidelines version 2.2. Retrieved from



<http://udlguidelines.cast.org>

- Cate, S. & Moak, D. (2023). The School-to-Prison Pipeline and the limits of metaphor. *New Political Science*, 45(4), 613-640. <https://doi.org/10.1080/07393148.2023.2249297>
- Chow, J. C. (2018). Comorbid Language and Behavior Problems: Development, Frameworks, and Intervention. *School Psychology Quarterly*, 33(3), 356–360.  
<https://doi.org/10.1037/spq0000270>
- Chow, J. C., & Wehby, J. H. (2019). Profiles of problem behavior in children with varying language ability. *Journal of Emotional and Behavioral Disorders*, 27(2), 110–118.  
<https://doi.org/10.1177/1063426617733714>
- Chow, J. C., Wallace, E. S., Senter, R., Kumm, S., & Mason, C. Q. (2022). A systematic review and meta-analysis of the language skills of youth offenders. *Journal of Speech, Language, and Hearing Research: JSLHR*, 65(3), 1166–1182. [https://doi.org/10.1044/2021\\_JSLHR-20-00308](https://doi.org/10.1044/2021_JSLHR-20-00308)
- Chow, J. C., Walters, S., & Hollo, A. (2020). Supporting students with co-occurring language and behavioral deficits in the classroom. *Teaching Exceptional Children*, 52(4), 222–230.  
<https://doi.org/10.1177/0040059919887760>
- Cohen, N. J., & Barwick, M. A. (1998). Language, achievement, and cognitive processing in psychiatrically disturbed children with previously identified and unsuspected language impairments. *Journal of Child Psychology & Psychiatry & Allied Disciplines*, 39(6), 865.  
<https://doi.org/10.1111/1469-7610.00387>
- Conti-Ramsden, G., Mok, P. L., Pickles, A., & Durkin, K. (2013). Adolescents with a history of specific language impairment (SLI): Strengths and difficulties in social, emotional and behavioral functioning. *Research in Developmental Disabilities*, 34(11), p. 4161-4169,

<https://doi.org/10.1016/j.ridd.2013.08.043>.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). SAGE Publications.

Darling, S. M., Dukes, C., & Hall, K. (2016). What unites us all: Establishing special education teacher education universals. *Teacher Education and Special Education, 39*(3), 209–219.  
<https://doi.org/10.1177/0888406416650729>

Davis, A. (2003). *Are prisons obsolete?* Seven Stories Press.

Finegan, E. (2008). *Language: Its structure and use* (5<sup>th</sup> edition). Thomson Wadsworth Publishing.

Fisher, A. E., Fisher, B. W., & Railey, K. S. (2021). Disciplinary disparities by race and disability: using DisCrit theory to examine the manifestation determination review process in special education in the United States. *Race, Ethnicity & Education, 24*(6), 755–769. <https://doi.org/10.1080/13613324.2020.1753671>

Gynther, R. A. (1957). The effects of anxiety and of situational stress on communicative efficiency. *Journal of Abnormal Psychology, 54*(2), 274–276.  
<https://doi.org/10.1037/h0045637>

Hancock, A., Northcott, S., Hobson, H., & Clarke, M. (2023). Speech, language and communication needs and mental health: The experiences of speech and language therapists and mental health professionals. *International Journal of Language & Communication Disorders, 58*(1), 52–66. <https://doi.org/10.1111/1460-6984.12767>

Helfrich, C. D., Li, Y., Sharp, N. D., Sales, A. E. (2009). Organizational readiness to change assessment (ORCA): Development of an instrument based on Promoting Action on Research in Health Services (PARIHS) framework.

*Implementation Science*, 4(38), <https://doi.org/10.1186/1748-5908-4-38>

Hines, D. E., King Jr., R., & Ford, D. Y. (2018). Black students in handcuffs:

Addressing racial disproportionality in school discipline for students with dis/abilities. *Teachers College Record*, 120(13), 1–24.

Hollo, A., & Chow, J. (2015). Communicative functions of problem behavior for students with high-incidence disabilities. *Beyond Behavior*, 24(3), 23–30.

<https://doi.org/10.1177/107429561502400304>

Hollo, A., Wehby, J. H., & Oliver, R. M. (2014). Unidentified language deficits in children with emotional and behavioral disorders: A meta-analysis.

*Exceptional Children*, 80(2), 169–186.

<https://doi.org/10.1177/001440291408000203>

Hopkins, B. (2015). *Restorative theory in practice: Insights into what works and why*.

Jessica Kinglsey Publishers.

Hurwitz, S., Cohen, E. D., & Perry, B. L. (2021). Special education is associated with reduced odds of school discipline among students with disabilities.

*Educational Researcher*, 50(2), 86–96.

<https://doi.org/10.3102/0013189X20982589>

Individuals With Disabilities Education Act, 20 U.S.C. § 1400 (2004).

Johnson, C. J., Beitchman, J. H., & Brownlie, E. B. (2010). Twenty-year follow-up of children

with and without speech-language impairments: Family, educational, occupational, and quality of life outcomes. *American Journal of Speech-Language Pathology*, 19(1), 51–65.

[https://doi.org/10.1044/1058-0360\(2009/08-0083\)](https://doi.org/10.1044/1058-0360(2009/08-0083))

Katsiyannis, A., Counts, J., Adams, S., & Ennis, R. P. (2019). Excessive force and

students with disabilities: Legal and practice considerations. *Journal of Child & Family Studies*, 28(4), 885–893. [https://doi.org/10.1007/s10826-019-01327-](https://doi.org/10.1007/s10826-019-01327-6)

6

Katz, L.A., Maag, A., Fallon, K.A., Blenkarn, K., & Smith, M.K. (2010). What makes a caseload (un)manageable? School-based speech-language pathologists speak. *Language, Speech & Hearing Services in Schools*, 41(2), 139–151.

[https://doi.org/10.1044/0161-1461\(2009/08-0090\)](https://doi.org/10.1044/0161-1461(2009/08-0090))

Knudsen, M. E., & Bethune, K. S. (2018). Manifestation determinations: An interdisciplinary guide to best practices. *TEACHING Exceptional Children*, 50(3), 153–160. <https://doi.org/10.1177/0040059917745653>

Kotter, J. P. (2014). *Accelerate: Building strategic agility for a faster-moving world*.

Harvard Business Review Press.

Lewis, M. M. (2017). Were the student's actions a manifestation of the student's disability? The need for policy change and guidance. *Education Policy Analysis Archives*, 25(50), 1-21. <https://doi.org/10.14507/epaa.25.2880>

Lichtenberg, D. & Schmitz, J. (2022) Prior Written Notice [PowerPoint slides].

Missouri Department of Elementary and Secondary Education.

<https://dese.mo.gov/sites/dese/files/media/file/2022/10/Prior%20Written%20Notice.pptx>

Lyles, C. & Ayt, C. (2022). The FBA and BIP processes: Quick overview for partner district administrators. Special School District.

<https://www.ssdmo.org/site/handlers/filedownload.ashx?moduleinstanceid=4897&dataid=333933&FileName=Functional%20Behavior%20Assessment%20an>

d%20BIP%20for%20Principal%20Institute.pdf

Missouri Department of Elementary and Secondary Education. (2022). *Compliance Evaluation Report*. Missouri Department of Elementary and Secondary Education.  
[https://dese.mo.gov/sites/dese/files/media/file/2022/08/se\\_compliance\\_evaluation\\_report\\_2022\\_0.docx](https://dese.mo.gov/sites/dese/files/media/file/2022/08/se_compliance_evaluation_report_2022_0.docx)

Missouri Department of Elementary and Secondary Education Homepage. Discipline Documentation Form for Students with an IEP 2022 | Missouri Department of Elementary and Secondary Education. (2022). <https://dese.mo.gov/media/file/discipline-documentation-form-students-iep-2022>

Missouri Department of Elementary and Secondary Education. (2023). *District/Charter Report Card- Special School District of St. Louis County*. DESE Missouri Comprehensive Data System. <https://apps.dese.mo.gov/MCDS/Visualizations.aspx?id=29>

Missouri Department of Elementary and Secondary Education. (2017). *What is the Department of Elementary and Secondary Education (DESE)?*. What is the Department of Elementary and Secondary Education (DESE)? | Missouri Department of Elementary and Secondary Education. <https://dese.mo.gov/what-department-elementary-and-secondary-education-dese>

Morgan, P. L., Farkas, G., Hillemeier, M. M., Wang, Y., Mandel, Z., DeJarnett, C., & Maczuga, S. (2019). Are students with disabilities suspended more frequently than otherwise similar students without disabilities? *Journal of School Psychology, 72*, 1–13.  
<https://doi.org/10.1016/j.jsp.2018.11.001>

Noltemeyer, A. L., Marie, R., Mcloughlin, C., & Vanderwood, M. (2015). Relationship between school suspension and student outcomes: A meta-analysis. *School Psychology Review*,

44(2), 224–240. <https://doi.org/10.17105/spr-14-0008.1>

Potoczak, K., Carr, J. E., & Michael, J. (2007). The effects of consequence manipulation during functional analysis of problem behavior maintained by negative reinforcement. *Journal of applied behavior analysis*, 40(4), 719–724. <https://doi.org/10.1901/jaba.2007.719-724>

Rauch, S. L., van der Kolk, B. A., Fisler, R. E., & Alpert, N. M. (1996). A symptom provocation study of posttraumatic stress disorder using positron emission tomography and script-driven imagery. *Archives of General Psychiatry*, 53(5), 380–387.

<https://doi.org/10.1001/archpsyc.1996.01830050014003>

Ritzman MJ, & Sanger D. (2007). Principals' opinions on the role of speech-language pathologists serving students with communication disorders involved in violence. *Language, Speech & Hearing Services in Schools*, 38(4), 365–377.

[https://doi.org/10.1044/0161-1461\(2007/038\)](https://doi.org/10.1044/0161-1461(2007/038))

Sanders, J., Liebenberg, L., & Munford, R. (2020). The impact of school exclusion on later justice system involvement: Investigating the experiences of male and female students. *Educational Review*, 72(3), 386–403.

<https://doi.org/10.1080/00131911.2018.1513909>

Sanger, D. D., Creswell, J. W., Dworak, J., & Schultz, L. (2000). Cultural analysis of communication behaviors among juveniles in a correctional facility. *Journal of Communication Disorders*, 33(1), 31–57. [https://doi.org/10.1016/S0021-](https://doi.org/10.1016/S0021-9924(99)00024-6)

[9924\(99\)00024-6](https://doi.org/10.1016/S0021-9924(99)00024-6)

Sanger, D., Maag, J. W., & Shapera, N. R. (1994). Language problems among students with emotional and behavioral disorders. *Intervention in School & Clinic*,

30(2), 103. <https://doi.org/10.1177/105345129403000207>

- Sanger, D., Moore-Brown, B. J., Montgomery, J., & Hellerich, S. (2004). Speech language pathologists' opinions on communication disorders and violence. *Language, Speech, and Hearing Services in Schools, 35*(1), 16–29. [https://doi.org/10.1044/0161-1461\(2004/003\)](https://doi.org/10.1044/0161-1461(2004/003))
- Skiba, R. J., & Knesting, K. (2001). Zero tolerance, zero evidence: An analysis of school disciplinary practice. *New directions for youth development, 92*, 17–43. <https://doi.org/10.1002/yd.23320019204>
- Smith, A. (2021, November). *Turning negatives into positives: EBP behavior interventions for the school-based SLP* [Convention Session]. American Speech-Language-Hearing Association Convention, Washington D.C.
- Special School District of St. Louis County. (2023). *District Overview / SSD at a glance*. District Overview / SSD At a Glance. <https://www.ssdmo.org/Page/281>
- Timler, G. R., & Alano Covey, M. (2021). Pragmatic language and social communication tests for students aged 8-18 years: A review of test accuracy. *Perspectives of the ASHA Special Interest Groups, 6*(1), 18–38. [https://doi.org/10.1044/2020\\_PERSP-20-00172](https://doi.org/10.1044/2020_PERSP-20-00172)
- Turner, K., & Hughes, N. (2022). Supporting young people's cognition and communication in the courtroom: A scoping review of current practices. *Criminal Behaviour & Mental Health, 32*(3), 175–196. <https://doi.org/10.1002/cbm.2237>
- What is PBIS?. Center on PBIS. (2024). <https://www.pbis.org/pbis/what-is-pbis>
- Wig, E.H., Semel, E., Secord, W.A., 2013 <https://www.pearsonclinical.ca/content/dam/school/global/clinical/ca/assets/celf-5/celf-5-test-objectives-and-descriptions-can.pdf>
- Winstanley, M., Webb, R., & Conti-Ramsden, G. (2018) More or less likely to offend?

Young adults with a history of identified developmental language.

*International Journal of Language and Communication Disorders*, 53(2), 256-270. 10.1111/1460-6984.12339

Wolf, K. C., & Kupchik, A. (2017). School suspensions and adverse experiences in adulthood. *JQ: Justice Quarterly*, 34(3), 407–430.

<https://doi.org/10.1080/07418825.2016.1168475>

US Department of Education (ED). (2022). *Office for Civil Rights: U.S. Department of Education*. Home. Retrieved December 8, 2022, from

<https://sites.ed.gov/idea/regs/b/e/300.530/e>.

U.S. Department of Health and Human Services. (2022). *Developmental language disorder - NIDCD*. National Institute on Deafness and Other Communication Disorders.

<https://www.nidcd.nih.gov/sites/default/files/developmental-language-disorder.pdf>

Yew, S. G. K., & O’Kearney, R. (2013). Emotional and behavioural outcomes later in childhood and adolescence for children with specific language impairments: Meta-analyses of controlled prospective studies. *Journal of Child Psychology & Psychiatry*, 54(5), 516–524.

<https://doi.org/10.1111/jcpp.12009>



## Appendices

### Appendix A

#### MDR Event Documents and Required Sections

MDR Event Document or Section	Description of What is Required to be Completed by Team
Section B (Version A)	<p>Checkboxes:</p> <p>The team reviewed the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All relevant information in the student's file</li> <li><input type="checkbox"/> Child's IEP</li> <li><input type="checkbox"/> Any teacher observations</li> <li><input type="checkbox"/> Relevant information provided by parents</li> </ul> <p>The team determined that:</p> <ul style="list-style-type: none"> <li>- The conduct in question was caused by, or had a direct &amp; substantial relationship to the child's disability               <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul> </li> <li>- The conduct in question was the direct result of a failure to implement the IEP               <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul> </li> </ul> <p>Finding of the team:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The conduct is not a manifestation of the disability (Section C)</li> <li><input type="checkbox"/> The conduct is a manifestation of the disability (Section D)</li> </ul> <p>Short Answer Line:</p> <p>Date of Decision: _____</p>
Section B (Version B)	<p>Checkboxes:</p> <p>The team reviewed the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All relevant information in the student's file</li> <li><input type="checkbox"/> Student's IEP</li> <li><input type="checkbox"/> Any teacher observations</li> <li><input type="checkbox"/> Relevant information provided by parents</li> </ul> <p>Team determination:</p> <p>A. Was the conduct in question caused by, or did it have a direct &amp; substantial relationship to, the student's disability?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul> <p>B. Was the conduct in question the direct result of a failure to implement the IEP?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul> <p>The team conclusion:</p>

	<p><input type="checkbox"/> If both A <u>and</u> B are NO, the conduct is <u>not</u> a manifestation of the disability. Go to Section C.</p> <p><input type="checkbox"/> If <u>either</u> A <u>or</u> B is YES, the conduct is manifestation of the disability. Go to Section D.</p> <p><i>Short Answer Line:</i> Date of Decision: _____</p>
Section C (Version A)	<p><i>Checkboxes:</i> Documentation is present that:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Relevant IEP members found the conduct was not a manifestation of the disability</li> <li><input type="checkbox"/> The IEP team determined placement (except for a 45-day interim alternative education setting that is a decision of the district(s)).</li> </ul> <p>School personnel may apply the relevant disciplinary procedures to children with disabilities in the same manner and for the same duration as the procedures would be applied to children without disabilities except that the IEP team must determine services that will enable the child to:</p> <ul style="list-style-type: none"> <li>- Continue to receive educational services to continue to participate in the general education curriculum, although in another setting</li> <li>- Progress toward meeting goals in the IEP</li> <li>- Receive, as appropriate, a functional behavior assessment (FBA) and behavior intervention services and modifications designed to address the behavior violation so that it does not recur</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Parent provided with prior written Notice of Action for change of placement/services</li> <li><input type="checkbox"/> Parent provided a copy of the Procedural Safeguards</li> </ul>
Section C (Version B)	<p><i>Checkboxes:</i> Documentation is present that: (must complete all three steps)</p> <p>Step 1</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Relevant IEP team members found the conduct was not a manifestation of the disability (refer to Section B documentation and determinations)</li> </ul> <p>Step 2</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> School personnel may apply the relevant disciplinary procedures to children with disabilities in the same manner and for the same duration as the procedures would be applied to children without disabilities except that the IEP team must determine services that will enable the student to: <ul style="list-style-type: none"> <li>o Continue to receive educational services to continue to participate in the general education curriculum, although in another setting</li> <li>o Progress toward meeting goals in the IEP</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Receive, as appropriate, a functional behavior assessment (FBA) and behavior intervention services and modifications designed to address the behavior violation so that it does not recur</li> </ul> <p>Step 3  <i>Short Answer Line</i>            Date of IEP meeting or Amendment: _____</p> <p><i>Checkbox</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Describe the services, educational setting and placement to be provided to the student during the long-term suspension (except for a 45-day interim educational setting that is the decision of the district(s)), as determined by the IEP team.</li> </ul> <p><i>Long Answer Text Box</i></p> <p>Name(s) and role(s) of individual(s) making the decision.  <i>Short Answer Lines</i></p> <table border="0"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Role</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p><i>Checkboxes</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Parent provided Prior Written Notice for change of placement/services, if necessary.</li> <li><input type="checkbox"/> Parent provided a copy of the Procedural Safeguards</li> </ul>	Name	Role	_____	_____	_____	_____	_____	_____	_____	_____
Name	Role										
_____	_____										
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_____	_____										
<p>Section D (Version A)</p>	<p><i>Checkboxes</i></p> <p>Documentation is present that:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Relevant IEP team members found the conduct was a manifestation of the child’s disability</li> </ul> <p>The IEP team</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Conducted a functional behavioral assessment (FBA)           <ul style="list-style-type: none"> <li>○ <b>OR</b></li> </ul> </li> <li><input type="checkbox"/> FBA was conducted prior to this behavioral incident</li> </ul> <p>The IEP team</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Developed a behavior intervention plan (BIP),           <ul style="list-style-type: none"> <li>○ <b>OR</b></li> </ul> </li> <li><input type="checkbox"/> Reviewed an existing BIP           <ul style="list-style-type: none"> <li>○ <b>AND/OR</b></li> </ul> </li> <li><input type="checkbox"/> Modified an existing BIP, as necessary, to address the behavior related to the incident</li> </ul> <p>The IEP team made the following placement decision:</p>										

	<ul style="list-style-type: none"> <li><input type="checkbox"/> The district(s) returned child to the placement from which the child was removed <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>OR</b></li> </ul> </li> <li><input type="checkbox"/> Parent and district(s) agreed to a change of placement as part of the modifications of the BIP <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>OR</b></li> </ul> </li> <li><input type="checkbox"/> In the case of a 45-school day placement for drugs, weapons, or serious bodily injury continued the child's placement in the interim alternative educational setting <ul style="list-style-type: none"> <li><input type="checkbox"/> Continued the child's placement in the interim alternative education setting as determined by the district(s). <ul style="list-style-type: none"> <li>• <b>AND</b></li> </ul> </li> <li><input type="checkbox"/> Determined services that would enable the child to <ul style="list-style-type: none"> <li>• Continue to participate in the general education curriculum, although in another setting</li> <li>• Progress toward meeting goals established in the IEP</li> <li>• Receive, as appropriate, behavior intervention services and modifications that are designed to address the behavior violation so that it does not recur.</li> </ul> </li> </ul> </li> </ul> <p>Documentation is present that:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> If the IEP determines a change of placement/services is required, parent is provided with prior written Notice of Action for the proposed change of placement/services.</li> </ul>
Section D (Version B)	<p><i>Checkboxes</i></p> <p>Documentation is present that:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Relevant IEP team members found the conduct to be a manifestation of the student's disability (refer to Section B documentation and determinations).</li> </ul> <p>The IEP team:</p> <ol style="list-style-type: none"> <li>1. <b>Considered a functional behavioral assessment (FBA) of the student</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Took steps to conduct an FBA <ul style="list-style-type: none"> <li>○ <b>OR</b></li> </ul> </li> <li><input type="checkbox"/> Reviewed an FBA conducted prior to behavioral incident</li> </ul> </li> <li>2. <b>Considered a behavior intervention plan (BIP) for the student</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Reviewed, and modified as necessary, an existing BIP to address behavior related to this incident</li> </ul> </li> </ol>

○ **OR**

- Developed, or will develop, a BIP and provided Prior Written Notice

3. **Made a placement decision for the student**

- The district(s) returned child to the placement from which the child was removed

• **OR**

- Parent and district(s) agreed to a change of placement as part resulting from the BIP

- Documentation is present that if the IPE team determines a change of placement/services is required, parent is provided Prior Written Notice for the proposed change of placement/services

• **OR**

- In the case of a 45-school day placement for drugs, weapons, or serious bodily injury
  - Continued the child’s placement in the interim alternative education setting as determined by the district(s).

• **AND**

- Determined services that would enable the student to continue to participate in the general education curriculum, although in another setting, progress toward meeting goals established in the IEP, and to receive, as appropriate, behavior intervention services and modifications designed to address the behavior violation so that it does not recur.

*Long Answer Text Box*

Describe services:

- Documentation is present that if the IEP team determines a change of placement/services is required, parent is provided Prior Written Notice of the proposed change of placement/services.

*Short Answer Lines*

Name(s) and role(s) of individual(s) making the decision.

<b>Name</b>	<b>Role</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<p>Section E (only present in Version B)</p>	<p><i>Checkboxes</i></p>
<p>Notice of Action (Attached to some MDR events)</p>	<p><i>Checkboxes</i></p> <ul style="list-style-type: none"><li>- Personally Presented</li><li>- Mailed</li></ul> <p><i>Short Answer Lines</i></p> <p>Student: _____</p> <p>Date of Birth: _____</p> <p>Date of Notice: _____</p> <p><i>Checkboxes</i></p> <p>Prior Written Notice is given before our district takes certain actions. The following is to inform you of the action(s)</p> <ul style="list-style-type: none"><li>- Proposed by</li><li>- Refused by</li><li>- Change of Services</li><li>- Change in placement</li></ul> <p><i>Checkbox and Short Answer Line</i></p> <ul style="list-style-type: none"><li>- Other _____</li></ul> <p><i>Long Answer Text Boxes</i></p> <p>Description and explanation of the action:</p> <p>Options considered and why rejected:</p> <p>This action was based on a review of the following test(s), record(s), report(s):</p> <p>Other relevant factors considered:</p> <p><i>Short Answer Lines</i></p> <p>Name _____</p> <p>Title _____</p> <p>Contact Information _____</p>
<p>Discipline Documentation (Version A)</p>	<p><i>Short Answer Lines</i></p> <p>Student: _____</p> <p>Date of Birth: _____</p> <p>Date of Infraction: _____</p> <p>ID#: _____</p> <p>Case Manager: _____</p> <p><i>Long Answer Text Box</i></p> <p>Description of Infraction:</p> <p><i>Short Answer Line</i></p> <p>Number of OSS days for this infraction: _____</p> <p><i>Checkbox</i></p>

	<p>1. Is the total number of days for this infraction greater than 10?</p> <p><input type="checkbox"/> Yes. Go to #2.</p> <p><input type="checkbox"/> No. Go to #3.</p> <p>2. Is this a 45 school day suspension or interim alternative placement for drugs/weapons/serious bodily injury?</p> <p><input type="checkbox"/> Yes. Go to Section B and E.</p> <p><input type="checkbox"/> No. Go to Section B. (Manifestation Determination)</p> <p><i>Short Answer Line</i></p> <p>3. Number of OSS days this school year prior to this infraction: _____</p> <p>4. Total number of OSS days this school year (#1 + #3): _____</p> <p><i>Checkbox</i></p> <p>5. Total OSS days (#4) is greater than 10?</p> <p><input type="checkbox"/> Yes, proceed to next question.</p> <p><input type="checkbox"/> No- <b>STOP</b>. No special procedures required.</p> <p>6. Has a pattern been created?</p> <p><input type="checkbox"/> No (no pattern created)</p> <p><input type="checkbox"/> <b>Yes, AND at least one of the following factors is present (choose factor(s) present):</b></p> <p><i>Checkboxes and Short Answer Lines</i></p> <p><input type="checkbox"/> Length of each removal: _____</p> <p><input type="checkbox"/> Total amount of time the child has been removed: _____ days</p> <p><input type="checkbox"/> Proximity of removals to one another (enter dates): _____</p> <p><input type="checkbox"/> Yes, BUT none of the above factors is present (no pattern created)</p> <p>Based on the above considerations has a pattern been created?</p> <p><input type="checkbox"/> No. Proceed to Section A.</p> <p><input type="checkbox"/> Yes. Proceed to Section B (Manifestation Determination)</p>
Discipline Documentation (Version B)	<p><i>Short Answer Lines</i></p> <p>Student: _____</p> <p>Date of Birth: _____</p> <p>Date of Infraction: _____</p> <p>ID#: _____</p> <p>Case Manager: _____</p> <p><i>Long Answer Text Box</i></p> <p>Description of Infraction:</p> <p><i>Short Answer Line</i></p> <p>1. Number of disciplinary removal days for this infraction: _____</p>

	<p><i>Checkbox</i></p> <p>2. Is this disciplinary removal for drugs/weapons/serious bodily injury?</p> <p><input type="checkbox"/> Yes. Go to #2.</p> <p><input type="checkbox"/> No. Go to #3.</p> <p><i>Short Answer Lines</i></p> <p>3. Number of disciplinary removal days this school year prior to this infraction: _____</p> <p>4. Total number of cumulative disciplinary removal days this school year (#1 + #3): _____</p> <p><i>Checkbox</i></p> <p>5. Is the total number of disciplinary removal days (#4) greater than 10 days cumulatively?</p> <p><input type="checkbox"/> Yes, proceed to next question.</p> <p><input type="checkbox"/> No- <b>STOP</b>. No special procedures required.</p> <p>6. Has a pattern been created?</p> <p>A) Is the student's behavior substantially similar to the student's behavior from previous incidents that resulted in the series of removals?</p> <p><input type="checkbox"/> YES- Proceed to question B.</p> <p><input type="checkbox"/> NO- No pattern created. Complete Section A.</p> <p>B) Are there other factors such as length of each removal, the total amount of time the student has been removed, and the proximity of the removals to one another that create a pattern?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><i>f</i> If either A <u>or</u> B above is NO, no pattern has been created. Proceed to section A. (Manifestation Determination is <u>NOT</u> required)</p> <p><i>f</i> IF both A <u>and</u> B above are YES, a pattern has been created. Proceed to Section B. (Manifestation Determination <u>IS</u> required)</p>
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**Appendix B**  
**Research Question 1 Results with Notes**

Research Sub-Question	Frequency of MDR meetings in which the data is present	Percent	Notes if results are unclear
Are SLPs present in MDR Meetings?	SLPs were present in 12 of the 20 MDR meetings.	60%	Results interpreted with caution- five MDR documents included individuals listed as Case Manager but did not specify if they were an SLP; DER reported they are teachers
Was there evidence to show SLP reported on the language abilities of the student?			
SLP explained diagnosis	There is evidence the SLP explained the diagnosis in 3 of the 20 MDR meetings.	15%	Evidence found in all three instances in the NOA; eligibility/educational diagnosis considered in the decision-making process
SLP interpreted test results	There is evidence the SLP interpreted test results in 3 of the 20 MDR meetings.	15%	Evidence found in all three instances in the NOA; previous testing was considered in the decision-making process
SLP shared IEP goal progress	There is evidence the SLP shared IEP goal progress in 11 of the 20 MDR meetings.	55%	Evidence found in five instances in the NOA as the IEP was considered in the decision-making progress; in 6 other instances, evidence based on a checkbox in Section B the teams selected to indicate they reviewed the IEP
SLP shared other information	There is evidence the SLP shared other information in 0 of the 20 MDR meetings.	0%	Evidence not found

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Research Question 2

Research Sub-Question	Frequency of MDR meetings in which the data is present	Percent	Notes if results are unclear
RQ2SQ1: In the "Description of Infraction" section, are there descriptions of behavior related to language production?	There was a description of the behavior related to language production in 11 of the 20 MDR meetings.	55%	Recorder mentioned student's language production at the time of the incident in the event description
RQ2SQ2: In the "Description of Infraction" section, are there descriptions of behavior related to language comprehension?	There was a description of the behavior related to language comprehension in 7 of the 20 MDR meetings.	35%	Recorder mentioned student's language comprehension at the time of the incident in the event description
RQ2SQ3: If present, was language production or comprehension discussed in a statement of justification for the decision?	There was one MDR document that included a justification of decision. Statement did not reflect student's language skills.	0%	Researcher looked for evidence in all written portions of documentation. The explanation for decision for one document was found in an NOA
RQ2SQ4: What percentage of MDR meetings in a sample size of 20 show evidence of considering student language abilities?	Language (either production or comprehension) was described in the "Description of Infraction" section and therefore considered in 60% of MDR events.	60%	Researcher considered language described in events where language production and comprehension are both described and in events where either language production or language comprehension were described but not both

## Appendix C

### Protocol for Data Collection

Question			
Age:		Dis/ability ID:	Gender
RQ1	What is the role of a speech language pathologist during a manifestation determination review process?		
RQ1SQ1	Are SLPs present in MDR meetings?	yes	no
RQ1SQ2	Was there evidence to show SLP reported on the language abilities of the student?		
RQ1SQ2pA	SLP explained diagnoses	yes	no
RQ1SQ2pB	SLP interpreted test results	yes	no
RQ1SQ2pC	SLP shared IEP goal progress	yes	no
RQ1SQ2pD	SLP shared other information	yes	no
RQ2	Do MDR teams consider the language abilities of the student?		
RQ2SQ1	In the “description of event” section, are there descriptions of behavior related to language expression?	yes	no
RQ2SQ2	In the “description of event” section, are there descriptions of behavior related to language comprehension?	yes	no
RQ2SQ3	What percentage of MDR meetings in a sample size of 20 show evidence of considering student language abilities?		
RQ2SQ4	Are the receptive language skills of the student described in the “justification for MDR decision”?	yes	no
RQ3	Are there descriptions, phrases and/or common themes in the description of the event?		
	Description of Event		
RQ3SQ 1 & 2	Phrases in description of event (Was this a “yes” or “no” decision? Circle.) <b>YES NO F2I</b>		
RQ4	Do the MDR hearing documents reflect best practices for MDRs as outlined in the MDR process recommendations by Allen (2021; p.16)?		

RQ4 SQ1	Is there evidence the team followed the recommendations outlined by Allen (2021; p. 16) prior to the meeting?		
	<ul style="list-style-type: none"> <li>Recommendation 1: Gather and review relevant information for the MDR process ahead of the meeting.</li> </ul>	yes	no
	<ul style="list-style-type: none"> <li>Recommendation 2: Consider philosophical and ethical implications of the MDR process and consequences.</li> </ul>	yes	no
	<ul style="list-style-type: none"> <li>Recommendation 3: Train team members on disabilities characteristics including symptoms and associated behaviors.</li> </ul>	yes	no
	<ul style="list-style-type: none"> <li>Recommendation 4: Include a General Education teacher in the MDR process.</li> </ul>	yes	no
	<ul style="list-style-type: none"> <li>Recommendation 5: Include a School Psychologist in the MDR process.</li> </ul>	yes	no
	<ul style="list-style-type: none"> <li>Recommendation 6: Include other individuals in the MDR process that are not legally required (e.g., related service professionals, advocate).</li> </ul>	yes	no
RQ4 SQ2	Is there evidence the team followed the recommendations outlined by Allen (2021; p. 16) during the meeting?		
	<ul style="list-style-type: none"> <li>Recommendation 1: Identify roles and functions of team members.</li> </ul>	yes	no
	<ul style="list-style-type: none"> <li>Recommendation 2: Establish inclusive group communication norms.</li> </ul>	yes	no
	<ul style="list-style-type: none"> <li>Recommendation 3: Incorporate current information about the child's functioning and identified disability from external sources such as a qualified health professional.</li> </ul>	yes	no
	<ul style="list-style-type: none"> <li>Recommendation 4: Standardize the decision-making process using structured questions.</li> </ul>	yes	no
	<ul style="list-style-type: none"> <li>Recommendation 5: Use specific MDR decision-making procedures that go beyond legal requirements.</li> </ul>	yes	no
RQ4 SQ3	Is there evidence the team followed the recommendations outlined by Allen (2021; p. 16) to develop plans after the meeting?		
	<ul style="list-style-type: none"> <li>Recommendation 1: Regardless of the outcome, the MDR process is an indicator that a function-based intervention is needed (e.g., FBA, language testing)</li> </ul>	yes	no
	<ul style="list-style-type: none"> <li>Recommendation 2: Consistently document practices.</li> </ul>	yes	no