What do a Bike and an IEP have in Common?

PROCEDURAL

Both a bike and an IEP have critical components that need to be in place and well developed. For the IEP, IDEA outlines 7 key parts that must be included in every IEP. There are additional parts that may be needed, based on student needs and state law.

SUBSTANTIVE

The parts of a bike and the parts of the IEP must be individualized to the rider or student needs. In addition, the parts of the bike, like the parts of the IEP, must fit together in order to make progress.

IMPLEMENTATION

The bike or the IEP are only useful when taken for a ride or implemented. To successfully implement the IEP, we need to consider the ecosystem in place in our schools and districts to build educator capacity and ensure fidelity of implementation. We can think of that like the road maintenance, training, and problem-solving that need to be in place to ensure a successful bike ride.

Notes and reflections:
Interested in learning more about what the PROGRESS Center has to offer? Connect with us!

- Visit [https://promotingprogress.org](https://promotingprogress.org)
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- Connect with us on Facebook [@k12progress](https://facebook.com/@k12progress)
- Contact us at progresscenter@air.org

**WHO WE ARE**

The PROGRESS Center provides information, resources, tools, and technical assistance services to support local educators and leaders (kindergarten through transition age) in developing and implementing high-quality educational programming that ensures students with disabilities have access to free appropriate public education (FAPE), which allows them to make progress and meet challenging goals, consistent with the U.S. Supreme Court’s decision in *Endrew F. v. Douglas County School District* (2017).
This tip sheet introduces and briefly defines what is needed for the statement of special education defined as specially designed instruction, or SDI and provides tips for implementation. To learn more, review the additional resources and check with state law for supplemental requirements. This is one of four tip sheets in a collection of the statement of services and aids in the individualized education program (IEP; Sec. 300.320(a)(4)). The overview tip sheet provides a summary of the complete statement.

What Does IDEA Say?

According to IDEA Sec. 300.39(b), “(3) Specially designed instruction means adapting, as appropriate to the needs of an eligible child under this part, the content, methodology, or delivery of instruction—
(i) To address the unique needs of the child that result from the child’s disability; and
(ii) To ensure access of the child to the general curriculum, so that the child can meet the educational standards within the jurisdiction of the public agency that apply to all children.”

Let’s Break It Down

Who delivers?
SDI is typically delivered by the special educator or related service provider but may be delivered by another educator or provider based on the needs of the child.

Why?
Ensure child’s access to the general curriculum so that the child can meet the educational standards.

Where?
SDI is a service, not a place. SDI can be provided in any location, as long as the location is consistent with the student’s IEP and the student’s least restrictive environment.

Elements of SDI

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<tr>
<th>SDI Element</th>
<th>What it Means</th>
<th>Questions to Consider</th>
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</table>
| **Content** | What is taught to allow the student to access general education programming | • Are adaptations needed for the content as a result of the disability?  
• Is the content aligned to the student’s academic and functional needs and grade-level standards?  
• Does the content address engagement and behavioral supports?  
• How can we leverage the student’s strengths and current knowledge as we identify the content that will be provided?  
• What is the evidence base for the proposed practices? |
| **Methodology** | How the instruction is delivered or the practices and approach the teacher uses to teach | • Is there a method that has proven to be more effective for this student when acquiring knowledge and skills?  
• Are there methods that have been ineffective for this student when acquiring knowledge and skills?  
• What is the evidence base for the proposed instructional strategies? |
| **Delivery of Instruction** | Who, where, and when the instruction is delivered | • What is the plan for instructional delivery, including the following:  
  o Who will provide the instruction?  
  o How frequently?  
  o Where?  
• Does the delivery (including the group size) provide sufficient opportunities for the student to practice and receive explicit feedback?  
• Does the provider have the knowledge and skills to individualize and intensify instruction as needed? |

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**Tips for Design and Implementation**

- Determine SDI on an individual basis and justify based on the student's needs identified in the present levels of academic achievement and functional performance statement.

- Clearly outline the SDI in the student's IEP.

- Engage students, families, and educators in discussion about instructional approaches that have and have not been successful.

- Use data throughout the development and implementation of SDI to ensure that it addresses the evolving needs of students.

- Ensure that team members understand the difference between SDI, accommodations, modifications, intervention programs, and instruction provided to all students. For example,
  - SDI is not an accommodation, but teaching the student how to use the accommodation is a form of SDI.
  - SDI is not a specific intervention program, but an intervention program may be used as part of the design of SDI.
  - SDI is not differentiated instruction or universal design for learning (UDL) that is accessible to all students, but SDI may draw on UDL practices within the instructional design to address the unique needs of the child that results from their disability.

**Where Can You Learn More?**

- **Breaking Down the DBI Process: Questions & Considerations** (National Center on Intensive Intervention). SDI can be supported and implemented through data-based individualization (DBI). DBI is a research-based process for individualizing and intensifying interventions through the systematic use of assessment data, validated interventions, and research-based adaptation strategies.

- **High-Leverage Practices for Students with Disabilities** (CEEDAR Center and Council for Exceptional Children). The 22 high-leverage practices (HLPs) define activities that all special educators should be able to use in their classroom. The HLPs include strategies that can be used in the development and implementation of SDI, such as “provide scaffolded supports,” “use explicit instruction,” and “use flexible grouping.”

- **PROGRESS Center Website**. The PROGRESS Center website includes additional information about developing high-quality IEPs and additional tip sheets in this series.
Data-based individualization (DBI) is a research-based process for individualizing and intensifying interventions for students with severe and persistent learning and behavioral needs. The process integrates evidence-based intervention, assessment, and strategies using 5 interactive steps:

**STEP 1 | Validated Intervention Program: The Foundation**

The DBI process builds on an evidence-based and standardized intervention delivered with fidelity. At this step, teachers consider:
- Does the intervention target the student’s academic and behavioral needs?
- Is the intervention based on the best available evidence?
- Does the intervention align with core instruction?
- Has the intervention been shown to work with most students?
- Are procedures in place to ensure the intervention is delivered as planned?

**STEP 2 | Progress Monitor: Did the Intervention Work?**

At this step, staff regularly collect and analyze progress monitoring data to determine if the student is responding to the validated intervention. Teachers consider:
- Does the tool meet technical standards for progress monitoring and match the desired academic or behavioral outcome?
- Were data collected regularly and with a consistent approach?
- Were progress data graphed?
- Was the goal set using a validated approach?
- Was the intervention effective for most students?

**ANALYZING DATA**

Do data indicate that the intervention is working?

- If no, move to Step 3.
- If yes, move back to Step 1 and continue to provide the validated intervention and monitor progress.

**STEP 3 | Diagnostic Data: Why Didn’t the Intervention Work?**

At this step, staff use diagnostic data to develop a hypothesis about why the student is struggling. Teachers consider:
- Do multiple data sources confirm slow progress?
- Have both academic and behavioral explanations been considered?
- What do these data suggest about what needs to changed?

**STEP 4 | Intervention Adaptation: What Change Is Needed?**

The hypothesis, along with educator expertise, is used to develop an individual student plan for modifying or adapting the intervention to better meet the student’s individual needs. Teachers consider:
- Does the adaptation address the hypothesis?
- Does the plan address both academic and behavioral concerns when needed?
- Are procedures in place for implementing and monitoring the adapted intervention?
- Are only a few adaptations made at one time?

**STEP 5 | Progress Monitor: Did the Change Work?**

Continue to collect, graph, and analyze progress monitoring data to determine if the student is responding to the adapted intervention. Teachers consider:
- Are data collected according to the plan?
- Does the graph indicate when adaptations were made?

**ANALYZING DATA**

Do data indicate that the intervention is working?

- If no, return to Step 3.
- If yes, return to Step 5 and continue to provide the adapted intervention and progress monitor.
IEP Tip Sheet

Overview of the Statement of Services & Aids

This tip sheet introduces and provides an overview of the statement of special education, related services, supplementary aids and services, and program modifications that are part of the individualized education program (IEP). It also includes a brief summary of federal regulations and tips for implementation. To learn more, review the more in-depth tip sheets for all four parts and check with state law for additional requirements.

What Does IDEA Say?

According to the Individuals with Disabilities Education Act (IDEA), Section 300.320(a), each child’s IEP must contain the following:

“(4) A statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided to enable the child—

(i) To advance appropriately toward attaining the annual goals;
(ii) To be involved in and make progress in the general education curriculum in accordance with paragraph (a)(1) of this section, and to participate in extracurricular and other nonacademic activities; and
(iii) To be educated and participate with other children with disabilities and nondisabled children in the activities described in this section [emphasis added].”

Breaking Down the Parts of Statement

<table>
<thead>
<tr>
<th>Statement Component</th>
<th>Definition</th>
<th>Examples</th>
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<tbody>
<tr>
<td>Special Education</td>
<td>“... specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability...” ([Sec. 300.39(a)])</td>
<td>• Specialized instruction conducted in the classroom, home, hospitals, institutions, and other settings</td>
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<td>• Specialized instruction in physical education</td>
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<td>• Travel training</td>
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<td>• Vocational education</td>
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<td></td>
<td></td>
<td>• Speech-language pathology services, or any other related service, if the service is considered special education rather than a related service</td>
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<tr>
<td>Related Services</td>
<td>“... transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education...” ([Sec. 300.34(a)])</td>
<td>• Speech-language pathology and audiology services</td>
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<td>• Interpreting services</td>
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<td>• Psychological services</td>
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<td>• Physical and occupational therapy</td>
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<td></td>
<td>• Recreation, including therapeutic recreation</td>
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<td></td>
<td></td>
<td>• Early identification and assessment of disabilities in children</td>
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<td></td>
<td></td>
<td>• Parent counseling and training</td>
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<tr>
<td>Supplementary Aids &amp; Services</td>
<td>“... aids, services, and other supports that are provided in regular education classes, other education-related settings, and in extracurricular and nonacademic settings, to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate...” ([Sec. 300.42])</td>
<td>• Accommodations</td>
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<td></td>
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<td>• Modifications</td>
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<tr>
<td></td>
<td></td>
<td>• Other direct services</td>
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<tr>
<td>Program Modifications &amp; Supports</td>
<td>Supports and modifications to assist staff in supporting implementation of the IEP</td>
<td>• Training for staff to support implementation</td>
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<td></td>
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<td>• Special equipment or resources for providing instruction and supports</td>
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<td></td>
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<td>• Collaborative planning time between the general education teacher, the special education teacher, and related service providers</td>
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</table>

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Tips for Implementation

Ensure that the present levels of academic achievement and functional performance (PLAAFP) statement justifies the IEP team's selection of special education, aids, and services to be provided to the student.

Avoid identifying specific programs and instead focus on the features of an individualized program necessary for the student to benefit.

Identify special education, aids, and services based on the unique needs of the student as opposed to a disability label or the location of services.

Consider what knowledge and skills school personnel will need to successfully implement the IEP and support the child across learning environments.

For students who are nonresponsive to evidence-based programs, consider using a research-based process, such as data-based individualization, to individualize supports.

Review the research and resources from Office of Special Education Programs–funded centers to identify specialized instructional approaches and strategies plus aids and services that are supported by evidence, as appropriate.

Where can you learn more?
Access these PROGRESS IEP Tip Sheets for more details about each part of this required statement:

⭐ Program modifications or supports
⭐ Supplementary aids and services
⭐ Related services
⭐ Special education

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The sum of evidence from the Three Circles’ provides a starting point for evidence-based decision making, but it is also important to examine the intervention using the FAIR test. This document provides guiding questions for each component of the FAIR test as you select the best intervention for your student or group of students. If an intervention does not meet all the FAIR criteria, you may need to revisit one or more of the circles to look for new evidence or consider whether a different practice, strategy, or program would be a better fit.

**The FAIR Test**
- **Feasible** to implement,
- **Acceptable** to families/students/professionals,
- effective in producing a positive **Impact**, and
- **Relevant** for your identified context.

### FEASIBILITY
Is it possible to implement the intervention as it was designed and researched (e.g., with fidelity)?
- Are there sufficient staff to implement the intervention and do staff have the requisite knowledge, skills, or credentials to implement the intervention? Or will they need special training?
- How will the intervention fit into schedules and educational settings?
- What are additional costs associated with implementing the intervention?

### ACCEPTABILITY
What do students, families, and professionals think about the proposed intervention?
- Do the outcomes of the intervention align with the goals for the student or students?
- How does the intervention align with the culture, values, and priorities of the student and family?
- How does the intervention align with the principles, standards and priorities of the professionals?

### IMPACT
Is there evidence of positive results from implementation of the intervention?
- Has scientifically sound, rigorous research shown positive results from the intervention? If so, have positive results been found for your outcomes of interests, with students and context similar to yours (e.g. disability status, race/ethnicity, culture, language)?
- Is there any evidence that the intervention may cause harm, be ineffective, or have unintended consequences for certain students or subgroups?
- When rigorous research is not available for an intervention, is there other evidence supporting its consideration (e.g., evidence supporting components or strategies within the intervention)?
- Does student data (e.g., progress monitoring data) indicate the intervention is effective for the student?

### RELEVANCE
Was the intervention used with students who share similar characteristics with those with whom you work?
- Does the evidence show positive results for students and contexts similar to yours (e.g. disability status, race/ethnicity, culture, language)?
- Does the intervention match the specific needs of a given student or group of students?
- If the students or context are not a direct match for your particular context, is there evidence or reason to suggest that the intervention may work in your context/with your students?
Want to learn more about selecting an intervention?

Example resources to support intervention selection include:

- **IRIS Center Evidence-Based Practices Module 1: Identifying and Selecting a Practice or Program**
  https://iris.peabody.vanderbilt.edu/module/ebp_01/

- **National Center for Systemic Improvement: Pursuing Equity-Equitable Research-Informed Practices**
  https://ncsi.wested.org/resources/pursuing-equity/

- **National Center on Intensive Intervention: Taxonomy of Intervention Intensity**
  https://intensiveintervention.org/taxonomy-intervention-intensity

- **National Implementation Research Network: The Hexagon: An Exploration Tool**
  https://nirn.fpg.unc.edu/resources/hexagon-exploration-tool

- **What Works Clearinghouse: How the WWC Rates a Study**

- **What Works Clearinghouse: Evidence Tiers and WWC Ratings**
  https://ies.ed.gov/ncee/wwc/Resources/Evidence

1 For more information, see our resource *Three Circles of Evidence-Based Decision-making to Support Students with Disabilities*, available here: https://ncsi-library.wested.org/resources/731

The content of this document was developed under a grant from the US Department of Education, #H326R190001. However, those contents do not necessarily represent the policy of the US Department of Education, and you should not assume endorsement by the Federal Government. Project Officer: Perry Williams (July 2021)
Clarifying Questions to Create a Hypothesis to Guide Intervention Changes: Question Bank

This resource includes questions that teams can use to develop a hypothesis about why an individual or group of students may not be responding to an intervention. The hypothesis should help guide intervention planning and selection of intensification strategies using the Intervention Intensification Strategy Checklist. When developing a hypothesis, teams should consider the intervention design, fidelity of implementation, and learner needs. Intervention fidelity data collected using the Data-Based Individualization Implementation Log and informal diagnostic data may help teams answer the sample questions below related to these three areas.

Tip: If most students are not responding to the intervention, consider developing a hypothesis to guide selection and implementation of adaptations or intensification strategies for the group. If most students are responding and a few students are not, consider using this resource to develop a hypothesis to guide adaptations and intensification for individual students.

**Intervention Design (Strength/Evidence base)**

- Does evidence suggest that the intervention is expected to lead to improved outcomes (strength)?
  - For the identified skill deficits and/or function of the behavior?
  - For students with similar characteristics (e.g., English learner, disability, socioeconomic status, geographic setting)?
  - For students with similar growth goals?
- Does the group size, duration, and frequency provide sufficient opportunities to respond and receive corrective feedback (dosage)?
- Does the intervention match the student’s identified needs (alignment)?
- Does it assist the student in generalizing the learned skills to general education or other tasks (attention to transfer)?
- Does the intervention include elements of explicit instruction (comprehensiveness)?
- Does the student have opportunities to develop the behavior skills necessary to be successful (behavioral support)? Does the behavior intervention complement rather than supplant the academic focus (academic support)?

If teams indicate no or are unsure about any of these questions, click on the link in the parentheses to access additional questions to help clarify or narrow the hypothesis.

**Intervention Delivery/Fidelity**

- Does the interventionist have the necessary training, knowledge, and skills to deliver the intervention with fidelity?
- Is there evidence that the intervention was delivered with fidelity? Consider the following:
Adherence: How well do we stick to the plan, curriculum, or assessment? Is the intervention delivered consistently across different teachers and settings?

Program specificity: How well is the intervention defined and different from other interventions?

Engagement: How engaged and involved are the students in this instruction/intervention?

Duration:
- Is the student regularly attending school?
- Is the teacher regularly available to support instruction/intervention?
- How often does a student receive instruction/intervention? How long does instruction/intervention last?
- Did any factors prevent the student from receiving the intervention as intended?

Quality of delivery:
- How well is the intervention, assessment, or instruction delivered?
- Are quality teaching practices used consistently and with appropriate intensity across all sessions or interventionists?

Learner Needs and Background

- What previous interventions or supports has the student received? How has he/she responded to these interventions or supports?
- Have we reviewed available assessment data related to areas of strength, concern, skill deficits, etc.?
- Has the teacher communicated with previous teachers, parents, or the student to get a better sense of his/her performance and considerations of factors that may be impacting the student?
- Are other factors contributing to the learning or behavior concerns that need to be addressed (e.g., home life, health, vision, hearing, attendance/tardies, disability, behavior)?
- Are there environmental variables that may impacting the student’s learning? For instance, does the problem occur in a particular setting, under certain conditions, or at a certain time of day?
- Is the student an English learner? Are appropriate practices to support language development used?
- For students with an identified disability, does the support and instruction align with the individualized education program (IEP) or 504 plan? Are modifications needed to the student’s program or plan?
- For students without an identified disability, do data warrant a referral to special education, given the district’s policies?

Taxonomy of Intervention Intensity Dimensions—Refining the Hypothesis

Teams may use these additional questions, organized using the Taxonomy of Intervention Intensity, to refine the hypothesis to make more effective and efficient decisions about intensification.

Dosage (Opportunities to practice and receive corrective feedback)

- Does the intervention, when delivered with fidelity, provide enough opportunities to learn or practice the target skill(s)? Is the frequency of corrective feedback sufficient?
  - How does the group size impact the student’s opportunities to respond and receive feedback?
Is there sufficient time during the intervention session for modeling, guided practice, and corrective feedback?

Does the frequency in which the intervention components are delivered match the learner’s needs?

- Does the student participate or remain engaged during the entire session?
- Does the student need additional practice opportunities or feedback to benefit from the intervention?
- Does the student need additional practice opportunities distributed across the instructional day or week?

Alignment

- Does the intervention target the student’s academic or behavior learning needs?
- Have we identified all potential skill deficits or functions of the behavior?
- Are progress monitoring data collected at the appropriate level and frequency?
- Does the intervention incorporate a meaningful focus on skills necessary to access grade-appropriate curricular standards or meet schoolwide expectations?
- Are the academic tasks at the right level for the student? Are the target behavior skills relevant for the student?
- Does the student need additional instruction in a specific skill area?
  - What specific skill deficits may be contributing to the problem?
  - Are the academic tasks on the right level for the student?
- What does the team believe the student is trying to accomplish with the behavior? (What is the function of the behavior?)
  - To avoid or escape something (e.g., difficult task or social interaction).
  - To gain or obtain something (e.g., attention or stimuli).
- Have you considered the Antecedents-Behavior-Consequences (ABCs)? Also, are strategies in place to address the ABCs?
  - Antecedent (i.e., anything that happens immediately before the behavior occurs)
  - Behavior (i.e., the action a student demonstrates that can be clearly defined and measured)
  - Consequence (i.e., any positive or negative event that occurs after a student demonstrates a behavior)
- Other: ______________________________________________________

Attention to Transfer (Generalization of skills)

- To what extent are other classroom teachers reinforcing the knowledge and skills being taught in the intervention?
- To what extent does the intervention help the student(s) realize connections between mastered and related skills?
- Do data suggest the student is making progress in the intervention, but not transferring the skills to other settings (e.g., core instruction, other content areas, other settings)?
- Are there inconsistencies in expectations or routines from transferring the intervention to other settings?
- Other: ______________________________________________________
Comprehensiveness *(Elements of explicit instruction)*

- To what extent does the academic intervention include elements of explicit instruction? Consider the following:
  - Provides explanations in simple, direct language.
  - Models efficient strategies (e.g., decoding unknown words) instead of expecting students to discover strategies on their own.
  - Ensures that students have the necessary background knowledge and skills to succeed with those strategies.
  - Gradually fades support for students’ correct execution of those strategies.
  - Provides practice so that students use the strategies to generate many correct responses.
  - Incorporates systematic cumulative review.

- To what extent does the behavior intervention:
  - Teach appropriate behavior?
  - Adjust antecedent conditions to prevent problem behavior?
  - Reinforce appropriate behavior?
  - Minimize reinforcement for problem behavior?
  - Fade supports?
  - Monitor fidelity?
  - Work in conjunction with related services?

- Is the student’s academic/behavioral/social-emotional skill deficit a “can’t do” (i.e., the student requires instruction) or a “won’t do” (i.e., the student has performed the skill previously but is no longer demonstrating the skill)?

- Other: ________________________________________________________________

Behavior and Academic Supports and Considerations

- Does the student demonstrate appropriate behavioral/social-emotional skills? If so, how are those reinforced during academic intervention? If not, how are those skills being taught to the student?
- How engaged and involved is the student in this intervention or activity?
  - What strategies support the student’s engagement?
- Other: ________________________________________________________________

For Intensive Intervention in Academics

- Are methods to promote self-regulation and executive function incorporated?
- Are behavioral principles to minimize nonproductive behavior incorporated?

For Intensive Intervention in Behavior

- Is the intervention easily integrated within the context of academic instruction?
- Does it complement rather than supplant the academic focus?
- Does it include procedures for reinforcing responses related to academic achievement (e.g., engagement, work completion)?
Considerations for Effective Implementation

5 Elements of Fidelity

- **Student Engagement**: How attentive and involved are the students in this intervention or activity?
- **Program Specificity**: How well is the intervention defined and different from other interventions?
- **Quality of Delivery**
  - Does the interventionist have the necessary training, knowledge, and skills to deliver the intervention correctly?
  - How well is the intervention, assessment, or instruction delivered?
  - Are quality teaching practices used consistently and with appropriate intensity across all sessions or interventionists?
- **Adherence**: How well do we stick to the plan, the curriculum, or assessment? Are the intervention and assessment delivered consistently across different teachers and settings?
- **Exposure/Duration**: Does the schedule allow the intervention to be delivered for the recommended dosage (duration and frequency)?
  - How often does a student receive an intervention? How long does it last?
  - Is the student regularly attending school?
  - Is the teacher regularly available to support instruction?
  - Did any factors prevent the student from receiving the intervention as intended?

Why fidelity? If we don’t implement critical components of an intervention with consistency, we cannot link student outcomes to the instruction provided. Fidelity can help us to determine the effectiveness of an intervention, and identify if a student requires more intensive supports.

Source: Dane and Schneider (1998); Gresham, Gansle, and Noell (1993); O’Donnell (2008).