

School Professionals' Knowledge of the Disability Determination Process for Children Applying  
for Supplemental Security Income  
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### Abstract

Children with disabilities may be entitled to financial benefits that could help supplement their needs with financial aid and potentially bridge a large gap in learning for which they may be susceptible to. Through the Individuals with Disabilities Education Act (IDEA) Child Find mandate, school professionals are legally required to identify children with disabilities. However, there are no laws that mandate advocating for or informing families about social services programs, such as SSI despite there being ethical standards for most school professionals to do so. The current study examined the knowledge school professionals had on Supplemental Security Income (SSI) and the disability determination process of applicant children. More specifically, this study analyzed their knowledge of SSI through a questionnaire examining school professionals that work with children. This investigation used a quantitative approach through descriptive and inferential statistical analyses to understand the knowledge school professionals have on SSI and the disability determination process. Professionals involved in submitting medical evidence to SSI on behalf of a claimant do not usually get special training on the application process (Noblitt & Noblitt, 2010). The findings of the investigation suggested that school professionals need more training on SSI as a large percentage of participants had no knowledge of SSI or the disability determination process for SSI.

*Keywords:* social security administration, supplemental security income, child disability reporting, school professional, disability determination process, child find, IDEA

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### Introduction

The 1970s were transformative years in that progressivism served as a catalyst for change. Amongst the many things that occurred during this era, laws and programs that benefited children with disabilities were introduced and enacted. One such program is the Supplemental Security Income (SSI) program, which is under Title 16 of the Social Security Act. Introduced as an amendment to the Social Security Act, in 1974 the SSI program enabled adults and children with little to no income and with a severe impairment to receive benefit payments ("Social Security Administration," [SSA] n.d.). Another enactment to benefit children with disabilities was the establishment of the Education of Handicapped Children Act, which was executed in 1975 and changed its name to the Individuals with Disabilities Education Act (IDEA) in 1990 (U.S. Department of Education, [U.S. DOE] 2010.). IDEA mandated the right for children with disabilities to a free and appropriate education. These system changes left an emblem in American history within public policy in relation to children with disabilities. This regulation supported more than one million children with disabilities who had been excluded entirely from the education system (U.S. DOE, 2010). Today there are many more individuals that are affected by these establishments.

Prior to 1975 many students with a severe disability were denied an appropriate education. The National Center for Education Statistics (2017) indicated that in the 2014-2015 school year there were 6.6 million students receiving special education services, which was 13 percent of public school students. While students receiving special education services consist of a spectrum of disabilities, of particular importance to societal progression are children with severe disabilities that are living in low income households, because they are at greater risks of further unfavorable circumstances. Research indicates that students in high-poverty communities are more likely to have disabilities than their affluent peers are (Sack, 2004). The relationship between poverty and disability are twofold: not only do conditions of poverty contribute to the risk of disability, but disability adds to the risk of poverty (Elwan, 1999). The poor and disabled are vulnerable in that they are most at risk for achieving less education and tend to have lower income levels than the rest of the population (Brault, 2010). Vallas and Fremstad (2014) indicate that "disability is both a cause and consequence of poverty" (para.1): a cause because it can lead to lower earning potential due to less skills; and a consequence because poverty can interfere with gaining healthcare that can improve circumstances of the disability. Furthermore, the financial costs endured by families who have a child with a disability are more than families with non-disabled children, placing these families at greater chances of being in severe poverty (Meyers, Brady, & Seto, 2000). The primary financial means in the United States for assisting these families is SSI for children (Meyers, Brady & Seto, 2000). This is one reason why the SSI program is of substantial significance to this large group that serves 1.2 million children under the age 18 (SSA, 2017).

Since the inception of IDEA, various amendments have been made to the legislation. One revision to the law is that school professionals are legally required to identify children with disabilities under the Child Find mandate of IDEA (2004). Essentially, schools are legally

required to locate, identify and evaluate all children with disabilities and provide services and special education to the qualifying children. This requirement is important to assist children in getting the help they need in order to be successful in school. Special education services allows for students with a disability to receive an education tailored to their needs and at no cost. Although school professionals are expected to identify and service children with a disability in order to better the students' circumstances, there are no laws that require school professionals to assist students and families in receiving or advocating for any financial support services available to them. However, many school professional associations' ethical guidelines suggest that the school professionals should engage in advocating for students and providing information to families about resources that may benefit them (American School Counselor Association, 2016; American Psychological Association, 2002; American Speech-Language-Hearing Association, 2016; Association of American Educators, 1994-2017; National Association of School Psychologists, 2010; National Association of Social Workers, 2016).

In order for any school professional to inform families of programs that they may need or benefit from, the school professional must first be aware of such programs. Being knowledgeable of supportive programs often depends on training, experience, advertising and initiation of learning from the professional. Public programs such as SSI can financially assist low income families who have a child with a disability by providing funds for basic needs. Research on educational tools to learn about SSI for school professionals did not result in any information. It seems that for anyone to gain awareness of SSI and the determination process to receive the aid, one must initiate this learning on their own. Awareness of public programs is usually made by national advertisement programs, but many of the methods used to advertise do not achieve the best results (Dunst & Clow 2007).

The Social Security Administration (SSA) governs the SSI program. SSI pays benefits to aged, blind, and disabled people based on need. Children with a severe impairment may qualify for SSI assistance if they also meet the financial criteria. Among school professionals, advocates, health professionals, and other individuals there are a variety of definitions for disability. According to SSA's website, a child is considered disabled for SSI purposes if they "have a physical or mental condition(s) that very seriously limits his or her activities; and The condition(s) must have lasted, or be expected to last, at least 1 year or result in death" ("SSA," n.d., "Child Disability Starter Kit – Fact Sheet," para. 2). Furthermore, the impairment must be established by medical evidence.

Considering that schools are expected to identify and assess students to determine a disability, school professionals could be the first people to introduce the SSI program to families. Additionally, school professionals are often the first to recognize a child's disability (Reschly, 1996). At the school level, a student must undergo an evaluation in order to determine if he or she meets the criteria for a disability. Under IDEA (2004) there are 13 categories of disability which are: autism; deaf-blindness; deafness; emotional disturbance; hearing impairment; intellectual disability; multiple disabilities; orthopedic impairment; other health impairment; specific learning disability; speech or language impairment; traumatic brain injury; or visual impairment/blindness (National Center for Education Statistics, 2017, para. 3). After the evaluation of the student, and depending on the nature of the disability and the financial status of the family, the school professional could be the catalyst for improvement of the child's circumstances by informing the family of the benefits of SSI and assisting with the application to

SSI. Furthermore, the school professional could also assist the SSA by providing corresponding documents that explain the child's disability and can serve as liaisons to SSA.

Wixon and Strand (2013) in their SSA website publication *Identifying SSA's Sequential Disability Determination Steps Using Administrative Data*, list the steps involved in the disability determination process to receive SSI. These steps can help understand where the school professionals' involvement can be useful:

**Step 1** – Involves a financial screening process that includes reviewing a portion of the parents' income and resources. If the child meets financial eligibility, the case moves onto step 2.

**Step 2** – Screens the paperwork for a severe impairment. If the child is determined to have a severe impairment, then the case moves onto step 3a. If it is determined that the applicant does not meet the criteria of a severe impairment SSI is denied.

**Step 3a** – At this step, if the child's impairment(s) meet or medically equal the criteria of one of SSA's listing of Impairments, then the child will be found disabled. If the impairment does not meet the criteria and it is unclear if the child's impairment is severe, the case moves onto step 3b.

**Step 3b** – At this step, the Disability Determination Service (DDS) will assess if the child's impairment is severe. DDS will evaluate the effects of the impairment(s) on the child's ability to function at home, school, and in the community. If the child's impairment is severe, the child is approved for SSI. If not, the child is denied benefits. (para. 10)

If a child is denied SSI, the parent has the right to appeal the case findings. A variety of legal websites and resources on the internet offer support for appealing a case with SSA (Morton, 2016; Derochie, 2016; Social Security Disabilities Appeals Process, 2016; Appealing Your SSDI or SSI Disability Denial, 2016; Linebaugh, 2016). One explanation why a child may be rejected for SSI is because often a child disability claim includes limited medical information, and therefore it cannot be determined if criteria for assistance is met (Noblitt & Noblitt, 2010). However, if the medical evidence provided by the medical source is incomplete, a consultative examination, which is a physical or mental health examination purchased on behalf of the claimant at SSA's expense, may also be provided to fulfill the necessary medical documentation for a claim (Wittenberg, et al., 2012). Having to provide a consultative examination is an unnecessary cost if school professionals were competent in providing the appropriate medical evidence, but in reality many of these professionals have not received training in this and may not understand the value of SSI benefits (Noblitt & Noblitt, 2010). Consequently, the school professional's role in the application process is critical in contributing to a more efficient process (Bush & Heilbronner, 2012).

The SSA's current code of federal regulations (SSA, 2017) has a list of various acceptable medical sources to provide medical evidence for an SSI applicant. Amongst the list of acceptable medical sources, that can be found in a school setting are:

School psychologists, or other licensed or certified individuals with other titles who perform the same function as a school psychologist in a school setting, for impairments of intellectual disability, learning disabilities, and borderline intellectual functioning only;

Qualified speech-language pathologists (SLPs) for speech or language impairments only;

Licensed audiologists for impairments of hearing loss, auditory processing disorders, and balance disorders within the licensed scope of practice only;

Licensed Advanced Practice Registered Nurses (APRN), also known in some States as Advanced Practice Nurse (APN), and Advanced Registered Nurse Practitioner (ARNP) for impairments within his or her licensed scope of practice. (p. 5845-5848)

The SSA requires objective medical evidence from an acceptable medical source to establish that an individual has a Medically Determinable Impairment. Medical evidence that SSA requires are described as (SSA, 2017):

Signs - one or more anatomical, physiological, or psychological abnormalities that are observable, apart from the claimant's statements (description of symptoms). Signs must be shown by medically acceptable clinical diagnostic techniques. Psychiatric signs are medically demonstrable phenomena that indicate specific psychological abnormalities, e.g., abnormalities of behavior, mood, thought, memory, orientation, development, or perception. Psychiatric signs must be shown by observable facts that can be medically described and evaluated.

Laboratory findings - one or more anatomical, physiological, or psychological phenomena that can be shown by the use of medically acceptable laboratory diagnostic techniques. Diagnostic techniques include chemical tests (such as blood tests), electrophysiological studies (such as electrocardiograms and electroencephalograms), medical imaging (such as X-rays), and psychological tests. (p. 5844-5847)

What is expected by the SSA in medical reports is similar to diagnostic methods and reports used to identify a student with a disability within an educational setting. Respectively, the SSA (2017) requires medical reports to include:

Clinical findings (such as the results of physical or mental status examinations);

Laboratory findings (such as blood pressure, x-rays); Diagnosis (statement of disease or injury based on its signs and symptoms); Treatment prescribed with response, and prognosis; and a statement about what you can still do despite your impairment(s) based on the acceptable medical source's findings on the factors under paragraphs (b)(1) through (b)(5) of this section (except in statutory blindness claims). (SSA § 404.1513)

Likewise, the content of an Individualized Education Plan (IEP), which is what is required to specifically describe the needs of a student identified with a disability, has similar content to the above medical reports described. Generally, a student's IEP is created based off of assessments provided by a school professional and describes the educational program that has been designed to meet that child's particular needs. An IEP includes: a statement of the child's present level of performance in school; annual goals which address the needs of the student; special education supports and services that the school deemed appropriate to addressing the child's needs; modification and accommodations the school will provide to help the student make progress; and transition planning that prepares older students for life after high school (IDEA, 2004). The IEP, if written correctly can give a good indication of a student's disability and assist in the determination process. The IEP along with any assessments in the possession of the school professional can be submitted as medical evidence to the SSA to help determine SSI eligibility. The SSA's website, in their *Guide for School Professionals* suggests, "school records and appropriate educational personnel are two of the best sources of evidence about how a school-age child is functioning" (SSA, 2001, "Role of the School Professional," para. 1).

The goal in illustrating the similarities between an IEP and medical reports is to show how pivotal the educational professional can be in assisting in the disability determination process for SSI. Research on the quality of the supporting medical documentation provided by school professionals on behalf of an SSI claimant is limited. Search results on academic databases, such as, ERIC, PsychArticles, and PsychInfo, did not retrieve information on understanding how much training professionals working with children with disabilities have on supplying supporting medical documents for, or understanding of SSI and the process for eligibility in general. Failure to understand what supportive medical documentation consists of for a claim is detrimental to the determination process and above all to the claimant. It is important for school professionals to know what information facilitates approval or denial of a claim to SSI. This is why studying the knowledge that school professionals have regarding SSA and SSI is essential. It is hypothesized that most school professionals have a limited understanding of what SSI is and who qualifies for it.

### **Purpose of the Study**

While there are a variety of resources and information on SSA's website for school professionals, current literature does not include the importance of school professionals' knowledge of the SSI determination process or of SSI. The purpose of this study is to research the knowledge that school professionals have on SSI and their role in the disability determination process. More specifically, this study analyzes school professionals' knowledge of SSI through a questionnaire for school professionals that work with children with disabilities. It will also explore school professionals training on preparing medical documentation submitted to the SSA for SSI and their understanding of the role school professionals play in the disability determination process. Moreover, this study reviews if there are relationships with discipline and years of experience to knowledge of SSI so that future training for school professionals can develop.

### **Methodology**

The target population for this study was school professionals. The participants, solicited through an email, were invited to complete an online survey. Solicitation was conducted at various public schools; universities; and through Qualtrics, a survey company paid to provide a larger, more diverse sample size. A total of 237 school professionals, including school psychologists, school counselors, school social workers, school nurses, teachers, and speech and language therapists, among other school professionals participated in the study.

This investigation used a quantitative approach through descriptive and inferential statistical analyses to understand the knowledge school professionals have about SSI and the disability determination process. A measure of SSI knowledge was obtained using a constructed survey. This survey asked participants to respond to questions about their role, understanding, and training on SSI. The survey questions were uploaded by the researcher on [www.qualtrics.com](http://www.qualtrics.com). This particular survey website was chosen by the researcher for several reasons: 1) the university had an account with this company, 2) the use of the software was recommended by the university, and 3) the institutional researcher could be provided support to gain a larger and more diverse sample size. The survey approval for the study was obtained from the Fairleigh Dickinson University Institutional Review Board (IRB).

The following guiding questions were investigated:

1. How much, if any knowledge do school professionals have about SSI and the disability determination process?
2. Is there a relationship between school discipline and knowledge of SSI?
3. Is there a relationship between years of work experience in a school system and knowledge of SSI?
4. Is there a relationship between years of work experience in a school system and familiarity with SSI?

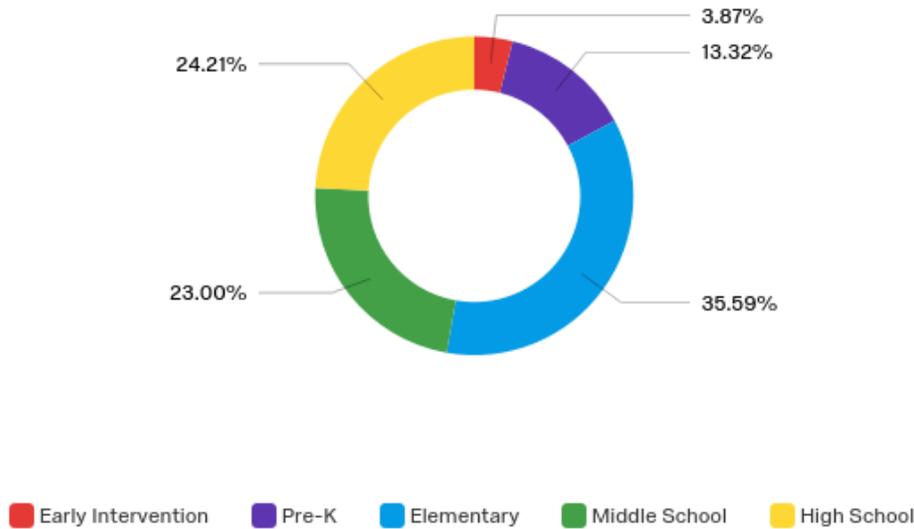
### **Results**

The majority of the participants (196; 82%) were female and from all over the United States, with New York having the highest number of respondents (88; 37%) (see appendix). Respondents that worked in ethnically and racially diverse schools were (148; 76%). A little less than half of the respondents belonged to a professional organization (94; 40%). The participants consisted of varying school profession of which general education teachers were more represented (109; 46%). When describing the school district's demographics, more than half of the respondents indicated they either worked in low income or mixed income school districts (123; 61%), not all respondents gave a response to describing the school districts income. A little over half of the participants (120; 51%) indicated they worked in urban school areas (120; 51%), two respondents did not answer this question, which is why the school area count is (235). Table 1 presents count and percent of participants across various demographic variables which include: occupation, number of years of experience, and demographics of the school areas they work in.

Table 1  
*Count and Percent of Participants across Various Demographic Variables*

Demographic Variable	Count	Percent
<i>Occupation</i>		
School Counselor	15	6
School Nurse	5	2
School Social Worker	13	5
School Psychologist	28	12
Special Education Teacher	38	16
General Education Teacher	109	46
School Speech and Language Therapist	7	3
Other	22	9
<i>Number of Years Experience</i>		
Under 1 year	19	8
1-5 years	76	32
6-10 years	54	23
11-15 years	38	16
16-20	26	11
21-25 years	9	4
More than 25 years	15	6
<i>School Socio-Economic Status</i>		
Low	58	29
Middle	70	39
High	4	8
Mixed	65	32
<i>School Area</i>		
Urban	120	51
Suburban	80	34
Rural	35	15

To understand what sort of experience school professionals had with working with students of various grade levels, respondents were asked to choose as many grade levels they have worked with throughout their careers. See Figure 1 below for percentages of the various grade level experiences.



Participants were asked to describe their experience level in working with children who have disabilities. Many participants (141; 60%) responded they were moderately and very experienced working with children who have disabilities. Only a few participants had no experience with children with disabilities (11; 5%). This is important because the majority of school professionals that have had experience with children with disabilities is (95%), suggesting that most school professionals have some experience with children who have disabilities (see Table 2).

Table 2  
*Count and Percent of Participant Experience Level of Working with Children who have Disabilities*

Experience Level	Count	Percent
No Experience	11	5
Slightly Experienced	49	20
Moderately Experienced	72	30
Very Experienced	69	30
Extremely Experience	36	15
Total	237	100

***Knowledge of SSI***

Of the 237 participants, more than half reported having no knowledge of the SSI program (134; 57%). Participants that indicated they had knowledge of SSI were less than half (103; 43%). Of those respondents that had knowledge of SSI, only (88; 37%) were slightly or moderately familiar with SSI. Few participants (15; 6%) reported highly familiar or extremely familiar with SSI (see Table 3). These results indicate a large gap in knowledge of SSI amongst school professionals, and indicates only two respondents were extremely familiar with SSI.

Table 3

*Count and Percent of Participant Knowledge Level of the Supplemental Security Income Program*

Knowledge level	Count	Percent
None	134	57
Slightly familiar	43	18
Moderately familiar	45	19
Highly familiar	13	5
Extremely familiar	2	1
Total	237	100

A chi-square test was performed to examine the relationship between a specific discipline of school professionals and knowledge of SSI. The relationship between these variables was not significant,  $\chi^2 (7, N=237) = 11.93, p = .10$ . Indicating that knowledge of SSI was not equally distributed amongst school disciplines. Refer to Table 4 for frequency distribution of school professional's "yes" or "no" response to the question "Do you have any knowledge of SSI?"

Table 4

*Frequency Distribution of Knowledge of Supplemental Security Income amongst School Professional*

SSI Knowledge	School Counselor	School Nurse	School Social Worker	School Psychologist	Special Education Teacher	General Education Teacher	School Speech & Language Therapist	Other	Total
Yes	10	1	9	14	18	39	2	10	103
No	5	4	4	14	20	70	5	12	134
Total	15	5	13	28	38	109	7	22	237

Another chi square analysis was used to determine if there was a significant relationship between years of experience working in a school system and knowledge of SSI. Results to the chi square test indicated that there was a significant association between the two variables:  $\chi^2(6, N=237) = 12.89, p = .04$ . These results suggest that those with more experience working in a school system were more likely to know about SSI. Refer to (Table 5) for frequency distribution of school professional's years of work experience and "yes" or "no" response to having knowledge of SSI.

Table 5  
*Knowledge of Supplemental Security Income in Comparison to Years of Work Experience as a School Professional*

SSI Knowledge	<1 year	1-5 years	6-10 years	11-15 years	16-20 years	21-25 years	> 25 years	Total
Yes	7	22	27	19	14	4	10	103
No	12	54	27	19	12	5	5	134
Total	19	76	54	38	26	9	15	237

A follow up question geared to participants that have knowledge of SSI, asked how familiar they were with the SSI program. From that question, a chi square analysis was performed to understand the association between school professionals' years of experience in comparison to familiarity level with SSI. Results of the chi square test indicated that there was no significance between the two variables  $\chi^2(18, N=103) = 15.08, p = .66$ . To understand the distribution amongst experience level and familiarity of SSI refer to Table 6.

Table 6  
*Familiarity level of Supplemental Security Income in Comparison to Years of Work Experience as a School Professional*

Years working in a school system	Extremely Familiar	Very familiar	Moderately familiar	Slightly familiar	Total
< 1 year	0	0	5	2	7
1-5 years	1	3	8	10	22
6-10 years	0	6	10	11	27
11-15 years	0	0	10	9	19
16-20 years	0	3	6	5	14
21-25 years	0	0	2	2	4
> 25 years	1	1	4	4	10
Total	2	13	45	43	103

**Experience with SSI**

In order to understand how school professionals gained knowledge of SSI, the question “How do you know about Supplemental Security Income” was asked. Of the 129 who responded to this question, 43 percent said they knew about SSI through work with children at a school. 28 percent of participants indicated that they learned about SSI from a family member/friend that is a recipient. 22 percent indicated they learned about SSI through training/education in becoming a school professional, and 7 percent responded “Other”. “Other” specific responses included: “through private practice”; “past recipient was a family member”; “I don't know much, just what I've read/heard in the news”; “performed evaluation for the system”; “worked for an attorney who specializes in workers compensation and SSD/SSI”; “trained at a hospital”; “general knowledge/reading”; and “hospital work.”

For the “yes” or “no” question “I have participated in professional development that has informed me about Supplemental Security Income and the benefits it has to families and children”. The vast majority (71%) indicated they had not. When asked specifically “What is required for Supplemental Security Income disability determination (choose all that are applicable)”, 49 percent responded “proof of current income/resources for the child and family members living in the household”, indicating that a slightly more than half of the participants (51%) did not know what is required to qualify for SSI. Almost all respondents (94%) correctly responded “Medical Documentation”.

**Disability Determination Process**

To gain awareness of how familiar school professionals are with the disability determination process for SSI, they were asked to provide a familiarity level with the disability determination process for SSI. Table 7 portrays how various occupations responded to this question. Only one school counselor indicated they were extremely familiar with the disability determination process for SSI. Another four school professionals did not respond to the question, this is why the number dropped to 99, from 103.

Table 7

*Familiarity with the Disability Determination Process for SSI amongst School Professionals*

<i>Occupations</i>	Extremely familiar	Very familiar	Moderately familiar	Slightly familiar	Not familiar at all	Total
School Counselor	0	1	3	5	1	10
School Nurse	0	0	0	0	1	1
School Social Worker	0	2	1	4	0	7
School Psychologist	1	2	3	7	1	14
Special Education Teacher	0	3	2	10	3	18
General Education Teacher	0	5	11	20	2	38
School Speech & Language Therapist	0	0	1	1	0	2
Other	0	0	2	1	6	9
Total	1	13	23	48	14	99

To understand if a school professional filed online for SSI and used the SSA's website to file a claim on behalf of a child, the following question was asked "Have you filed directly online to SSA.gov for Supplemental Security Income on behalf of a child", in which 92 out of 103 said "No."

On a separate question which asked "Do you know who would qualify for SSI" and respondents had to choose from "yes" or "no" responses, 79 out of 103 (77%) responded yes. Another question asked "Which of the following circumstances could qualify a child for SSI (choose as many that apply)", 66 percent responded "A child with any chronic disability can receive SSI, there are no limitations" and 33 percent responded "The child's family income and resources are not considered", both incorrect responses.

When participants were asked to provide any additional comments regarding their experiences with Social Security Administration or Supplemental Security Income, several comments with similar themes emerged. These included: "it is a lot of paperwork"; "we have to wait to speak to anyone and sometimes they are helpful and sometimes not"; "the paperwork that we are asked to fill out allows us to make additional comments rather than just a checklist, which sometimes does not allow us to give a complete picture of the child"; "it can be a lengthy process"; and "it is a long process."

### **Discussion and Limitations**

This study is a preliminary attempt to investigate how much knowledge school professionals of various demographic attributes have about SSI and the disability determination process. Based on the results of the survey, it seems that there is limited knowledge about SSI and the disability determination process amongst school professionals. Implications of the

present study can guide future professional development and training programs on SSI and the disability determination process. Noblitt and Noblitt (2010) suggest that there were no formal programs to teach about SSI and the disability determination process. The SSA's website has a variety of helpful resources, including one document specifically geared to school professionals, titled *A Guide for School Professionals* (SSA, 2001). While the guide is informative, someone would have to initiate the learning on their own and retrieve the information from the website. This is a faulty way of gaining knowledge because it would be difficult for someone to initiate learning of something they are not aware of. Higher education systems may want to include SSI, Child Find and advocacy education in their institutions or minimally in professional developments or training offered through organizations working with children with disabilities of low income.

The SSA's website also has a "Social Security Educator Toolkit" (SSA, 2017), which consists of lesson plans and information on SSA for teachers to teach high school students with. Something similar to this "toolkit", but geared to teach school professionals and sent to the department of education, higher education institutions and/or professional associations to implement as training, could perhaps increase awareness of SSI and the disability determination process. As medical and diagnostic evidence is critical in determining eligibility for SSI, the school professional can assist in providing information for the application process, which can include an IEP that documents clearly a child's disability and functioning and any assessments related to the determination for disability to receive special education services. School professionals can work closely with SSA by assisting in streamlining the disability determination process. Children who have a disability and are of low socio economic status are at risk to a myriad of disadvantages. As it is a school professional's ethical responsibility to advocate for students in need, school professionals should be equipped with as much information to assist in helping. Also, since there is a relationship with poverty and disability, guiding a family who qualifies for SSI to receive another source of income could increase progression in the child's functioning.

Although the present study highlighted some information on how much knowledge school professionals have regarding SSI and the disability determination process, there were various limitations. While the sample size was ample, a larger sample would be more representative of school professionals. Another limitation is that prior research on the topic of this study is scarce. There is no research specifically reviewing how the role of the school professional for SSI benefits could be useful or what they know about SSI. Another flaw in the study is that survey questions that are a result of self-reported data can contain biases, some school professionals may not remember if they learned about SSI and this may result in a false response. Lastly, the research was conducted and distributed electronically, limiting others that are less technologically competent or without access to an electronic device to respond.

Future research should be focused on increasing knowledge of barriers that prevent a qualifying SSI child from initiating an application to SSI. Comprehending these barriers could be advantageous to the SSA and for the disability determination process. In addition, Prospective studies should concentrate on understanding how much knowledge school professionals have on their role as advocates and laws that protect students with disabilities. Examining this could shed light on the narrow knowledge school professionals have about SSI.

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## Appendix

List of participants' state they practice in:	Percent	Count
Alabama	0.85%	2
Alaska	0.00%	0
Arizona	2.54%	6
Arkansas	0.85%	2
California	5.08%	12
Colorado	1.27%	3
Connecticut	0.42%	1
Delaware	0.00%	0
District of Columbia	0.00%	0
Florida	3.39%	8
Georgia	2.12%	5
Hawaii	0.42%	1
Idaho	0.85%	2
Illinois	2.97%	7
Indiana	2.54%	6
Iowa	0.85%	2
Kansas	0.85%	2
Kentucky	1.27%	3
Louisiana	0.42%	1
Maine	0.00%	0
Maryland	0.42%	1
Massachusetts	0.42%	1
Michigan	1.69%	4
Minnesota	0.85%	2
Mississippi	0.42%	1
Missouri	1.69%	4
Montana	0.00%	0
Nebraska	0.85%	2
Nevada	0.00%	0
New Hampshire	0.85%	2
New Jersey	2.54%	6
New Mexico	0.00%	0
New York	37.29%	88
North Carolina	2.12%	5
North Dakota	0.00%	0
Ohio	1.69%	4

## SSI, DDP - CHILDREN

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Oklahoma	1.69%	4
Oregon	0.42%	1
Pennsylvania	1.69%	4
Puerto Rico	0.00%	0
Rhode Island	0.42%	1
South Carolina	0.85%	2
South Dakota	0.85%	2
Tennessee	1.69%	4
Texas	5.93%	14
Utah	0.85%	2
Vermont	0.42%	1
Virginia	2.12%	5
Washington	3.39%	8
West Virginia	0.42%	1
Wisconsin	0.85%	2
Wyoming	0.42%	1
I do not practice in the United States	0.42%	1

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