

# The CEEDAR Center

## Evidence Standards





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## The CEEDAR Center Evidence Standards

The higher quality the research, the more confident we can be about the findings and recommendations. Although the What Works Clearinghouse (WWC) criteria would be ideal, little to nothing would qualify as an evidence-based practice (EBP) in special education. Identifying EBPs in special education is complex because of the variability in participants and educational contexts. There is no current consensus in special education on the criteria for an EBP (Cook & Odom, 2013).

Council for Exceptional Children (CEC, 2008)

*An evidence-based special education professional practice is a strategy or intervention designed for use by special educators and intended to support the education of individuals with exceptional learning needs.*

Cook & Cook (2011)

*Evidence-based practices are instructional techniques with meaningful research support that represent critical tools in bridging the research-to-practice gap and improving student outcome.*

The research syntheses and innovation configurations (ICs) necessitate teams using the research to identify EBPs. To guide teams, the following criteria will be used to label practices at four levels:

- (1) Strong EBP
- (2) Moderate EBP
- (3) Limited EBP
- (4) Emerging EBP

The criteria are primarily derived, with some adjustments, from CEC's Division of Research Recommendations, CEC's *Classifying Evidence Manual*, and the special edition of *Exceptional Children* in 2005.

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Cook, B. G., & Cook, S. C. (2011). *Thinking and communicating clearly about evidence-based practices in special education*. Arlington, VA: Council for Exceptional Children.

Cook, B. G., & Odom, S. L. (2013). Evidence-based practices and implementation science in special education. *Exceptional Children*, 79(2), 135-144.

Council for Exceptional Children. (2008). *Classifying the state of evidence for special education professional practices: CEC practice study manual*. Arlington, VA: Author.



### Strong Evidence-Based Practice

Group Experimental & Quasi-Experimental Designs	Single-Subject Designs	Correlational Designs
<ul style="list-style-type: none"> <li>Group experimental designs with random assignment of participants to conditions.</li> <li>Group quasi-experimental designs in which experimental and control groups were equivalent before treatment began.</li> </ul>	<ul style="list-style-type: none"> <li>Practice is operationally described.</li> <li>Context and outcomes are clearly described.</li> <li>Practice is implemented with documented fidelity.</li> <li>Practice is functionally related to outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>A noteworthy correlation (i.e., <math>\geq .30</math>) between the intervention predictor and the outcome exists.</li> <li>Alternative explanations for the impact of the intervention predictor on the outcome were examined.</li> </ul>
<p><b>AT LEAST</b> one strong causal design study that is well implemented with positive effects</p> <p><b>AND</b> one moderately strong causal design study that is well implemented with positive effects</p> <p><b>FROM</b> at least two independent research teams</p> <p><b>AND</b> none with negative effects.</p> <p><b>OR</b></p> <p><b>AT LEAST</b> four moderately strong causal design studies that are well implemented with positive effects</p> <p><b>FROM</b> at least two independent research teams</p> <p><b>AND</b> none with negative effects.</p>	<p><b>AT LEAST</b> five or more single-subject design studies that are well implemented with positive effects,</p> <p><b>AND</b> the body of studies must have included 20 or more participants</p> <p><b>FROM</b> at least three independent research teams</p> <p><b>AND</b> none with negative effects.</p>	<p><b>AT LEAST</b> five or more correlational design studies that are well implemented with positive effects</p> <p><b>FROM</b> at least three independent research teams</p> <p><b>AND</b> none with negative effects.</p>



**Moderate Evidence-Based Practice**

<b>Group Experimental &amp; Quasi-Experimental Designs</b>	<b>Single-Subject Designs</b>	<b>Correlational Designs</b>	<b>Qualitative Designs</b>
<p><b>AT LEAST</b> three moderately strong causal design studies that are well implemented with positive effects</p> <p><b>FROM</b> at least two independent research teams</p> <p><b>AND</b> none with negative effects.</p>	<p><b>AT LEAST</b> three or more single-subject design studies that are well implemented with positive effects,</p> <p><b>AND</b> the body of studies must have included 20 or more participants</p> <p><b>FROM</b> at least two independent research teams</p> <p><b>AND</b> none with negative effects.</p>	<p><b>AT LEAST</b> three correlational design studies that are well implemented with positive effects</p> <p><b>FROM</b> at least two independent research teams</p> <p><b>AND</b> none with negative effects.</p>	<p><b>AT LEAST</b> two or more meta-analyses/syntheses written by distinct research teams detailing strengths and weaknesses of practice with sufficient criteria to establish trustworthiness and credibility (e.g., conceptualization and description to allow replication, triangulation, member checking) for each included study,</p> <p><b>AND</b> reports include rich, thick descriptions of representative themes and any discrepant outcomes.</p>



**Limited Evidence-Based Practice**

<b>Group Experimental &amp; Quasi-Experimental Designs</b>	<b>Single-Subject Designs</b>	<b>Correlational Designs</b>	<b>Qualitative Designs</b>
<p><b>AT LEAST</b> one strong or moderately strong causal design study that is well or moderately well implemented with positive effects.</p>	<p><b>AT LEAST</b> one single-subject design study that is well implemented with positive effects.</p>	<p><b>AT LEAST</b> one correlational design study that is well implemented with positive effects.</p>	<p><b>AT LEAST</b> one meta-analysis/synthesis detailing strengths and weaknesses of practice with sufficient criteria to establish trustworthiness and credibility (e.g., conceptualization and description to allow replication, triangulation, member checking) for each included study,</p> <p><b>AND</b> report includes rich, thick descriptions of representative themes and any discrepant findings/outcomes</p> <p><b>OR</b> more than three studies conducted by distinct research teams detailing strengths and weaknesses of practice with sufficient criteria to establish trustworthiness and credibility (e.g., conceptualization and description to allow replication, triangulation, member checking) for each study.</p>



**Evidence of Emerging Practice**

<b>Policy</b>	<b>Clinical</b>	<b>Emerging Practice</b>
<p><b>AT LEAST</b> a practice supported by professional education organizations (e.g., general education, special education, psychology, speech pathology, school administration, teacher education); published in policy documents; vetted by qualified and recognized professionals; and published by the organization</p> <p><b>OR</b> a practice supported by state or federal agencies and published in agency documents (e.g., websites) after a validating process that is described and supported by the professional literature and has undergone a defensible peer- or agency-review process.</p>	<p><b>AT LEAST</b> a practice documented in the literature, supported by peer-reviewed references, and published in professional journals in general and special education, psychology, speech pathology, school administration, teacher education, etc.</p> <p><b>OR</b> a practice documented in the literature, supported by peer-reviewed references, and published in professional journals of a related or relevant discipline such as psychology.</p>	<p><b>AT LEAST</b> developed through documented review of the professional literature, validated by preliminary data, and presented before a professional audience (e.g., professional conference in peer-reviewed submission, final report of a research grant).</p>

