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Educating Parents Effectively to Prepare Them for Their Role in the Special Education Process

Dawn Harnischfeger

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Educating Parents Effectively to Prepare Them for Their Role in the Special Education Process

by

Dawn Harnischfeger

August 2008

A thesis or project submitted to the Department of Education and Human Development of the State University of New York College at Brockport in partial fulfillment of the requirements for the degree of Master of Science in Education
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Chapter One

Statement of the Problem

I chose to research the overarching question: How can parents be educated effectively to prepare them for their role in the special education process? This was driven by my past experiences with parents during the referral process. During my career as a Headstart teacher, I have watched many parents of children with special needs become frustrated with their experiences and the decisions that were made about their child’s education, and yet, many times, the parents didn’t voice their opinions or express their feelings. It was almost as if our center’s Committee on Special Education (CSE) made the decision for them. I began to question the reasons for the parents’ silence. How were they feeling? Were they uncomfortable? Did they not understand the process or the terminology? These questions led me to wonder what I and other teachers could do to help the parents understand the special education process.

Statement of the Purpose

The objective of this thesis is to research what preparation or information parents or caregivers need in order to be an effective advocate for their child through the Committee on Preschool Special Education/Committee on Special Education (CPSE/CSE) process. The work of Konanek and Kupper (2000) helped frame this study. They discussed who the Individualized Education Plan (IEP) team members were and the specific role each one plays. In order for the team to be successful, team members need to communicate with one another. The ultimate goal of both parents
and educators in these collaborations is to provide the student with the best learning environment, which will challenge and engage the child and support the school’s endeavor to help all children grow into independent, creative and contributing adults. To achieve this goal, parents and teachers need to talk to one another as equal, informed partners. The teacher has professional expertise and experience, and the parents have specific knowledge of the child’s personality and home environment. Ideally, a parent-school collaboration provides an exchange of vital information to enhance the student’s learning opportunities. Unfortunately, the reality is that parents often feel intimidated or uninformed by the process, which results in the parents’ perspectives going unheard.

Therefore, the purpose of this thesis was to study how to a.) Effectively prepare parents for the special education process and b.) Empower parents who seek to be part of a team effort to insure an optimal school experience for their child.

My overarching research question, as stated above, was: How can parents be educated effectively to prepare them for their role in the special education process? I also examined several sub-questions:

a. How did the parents/guardian feel when they found out their child may have a suspected learning disability?

b. What programs are effective in assisting parents to become educated advocates of the special education process?

c. How involved are parents in this process?

d. Are parents aware of the services available to them?
Definition of Terms

This study is comprised of several components: Special Education Terminology, The Definition and Diagnosis of a Learning Disability, The Laws that Govern Special Education, Effective Parent-Teacher Conferences, and The IEP Team. At this point, I feel it is necessary to address the last component: special education terminology.

Special educational terminology or jargon has the potential to cause miscommunication between parents and school professionals. School professionals need to take the time to explain terminology to parents so that they aren’t made to feel confused, discouraged, or marginalized.

Throughout this thesis, I use many of special education terms, which I define below. All definitions are from Rogers (2004) unless otherwise noted.

Attention Deficit Disorder (ADD) - a severe difficulty in focusing and maintaining attention.

Attention Deficit Hyperactivity Disorder (ADHD) - another name for Attention Deficit Disorder.

Advocate - an individual who is not an attorney but who assists parents and children in their dealings with school districts regarding the children’s special education programs.

Affective - emotions and attitudes.

Annual Goals – a required component of an IEP. Goals are written for the individual student and can be for a maximum of one year.

At Risk – children who may or may not develop problems in their development that will impact their learning.
Cognitive – reasoning or intellectual capacity.

Conference – generic term that may refer to a multidisciplinary conference, IEP meeting, annual review, or other type of meeting.

Delay – when development does not occur within expected time ranges.

Developmental Aphasia – a severe language disorder that is presumed to be due to brain injury rather than because of a developmental delay.

Disability – a physical, sensory cognitive or affective impairment that causes the student to need special education services.

Individualized Education Plan (IEP) – the document developed at IEP meetings that sets the standard by which subsequent special education services are usually determined appropriate.

Learning Disability – an eligibility category under the Individuals with Disabilities Education Act (IDEA) and described in detail within the statute.

Learning Disabled Child – Most recently referred to as Developmentally Delayed Child. Any child who has been assessed by a qualified person and determined to meet the criteria of having being delayed.

Least Restrictive Environment (LRE) – a regular educational environment that permits inclusion of a child with a learning disability.

Placement – the setting in which the special education service is delivered to the student. It must be derived from the student’s IEP.

Related Services – IDEA requires that school districts provide whatever related services a child needs in order to benefit from his or her special education program.
Special Education- specially designed instruction for students with special educational needs.
Chapter Two

Literature Review

Considerable research exists on factors that affect the success of children with special needs (Lyon, 2000). Research findings reveal that students have a greater potential for success when parents recognize their child’s disability, have their child accurately diagnosed, and take appropriate steps to communicate with their child’s school (Muscott, 2002). Parent communication should include conferencing with an IEP team whose members include the parent, teachers, school system representative, and someone who can interpret evaluation results. Students are given opportunities for learning within various types of school and classroom settings; however, students with disabilities require special consideration of factors to facilitate their success. This thesis was informed by the research on factors affecting school success as it pertains to special education services (Lambie, 2000).

The Diagnosis of a Learning Disability

The National Center for Learning Disabilities (2001) defined a learning disability as a neurological disorder that affects the brain’s ability to receive process, store and respond to information. The term is used to describe the unexplained difficulty a person of at least average intelligence has in acquiring basic academic skills. The disability can affect speech, listening, reading, writing, and mathematics.

Public Law 94-142 (The Education for all Handicapped Children Act, 1975) describes learning disabilities as disorders in one or more of the basic psychological processes involved in understanding or using language, which may manifest itself in
an imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. It further states that learning disabilities (LD) include brain injury; perceptual handicaps minimal brain dysfunction, dyslexia and development aphasia. Also in this category is a severe discrepancy between the child’s potential (as measured by IQ) and his or her current status (as measured by achievement test).

Approximately one-half of all children receiving special education services nationally or about five percent of the total public school population are identified as having a LD. This is based upon usage of the federal definition of a LD. At the same time, LD remains one of the least understood and most debated disabling conditions that affect children (Lyon, 2000). That being said, a person suspected of having a LD must be observed by parents, teachers, doctors, and others who are in frequent contact with the person.

The initial suspicion that a child may have a learning disability is usually one person’s perspective of the child’s academic progress. If there is reason to believe a child might have a LD, it is important to collect observations by parents, teachers, doctors and others regularly in contact with that child. If there does seem to be a pattern of trouble that is more than just an isolated case of difficulty the next step is to seek help from school personnel or consult a learning specialist for an evaluation. A learning disability is not a disease, so there is no cure, but there are ways to overcome the challenges it poses through identification and accommodation (National Center for Learning Disabilities, 2001).

As stated above, learning disabilities can affect a child’s ability in the areas of listening, speaking, reading, writing, and mathematics. Features of a learning
disability are a distinct gap between the level of achievement that is expected and what is actually being achieved; difficulties that can become apparent in different ways with different people. For example; gross and fine motor skills delay (grasping pencils, scissors, switching hands with no dominance), request processing delay, reaction to request delayed or missed, speech articulation. Other difficulties can manifest themselves throughout development. For example; young children with speech and language delay can later become more reserved when older due to frustration in communicating their needs. Difficulties with socio-emotional skills and behavior can be displayed through students becoming withdrawn, becoming aggressive, or being verbally aggressive.

Learning disabilities are a neurological disorder; however, experts are not exactly sure what cause learning disabilities. An LD may be due to heredity, problems during pregnancy and birth, or incidents after birth. Early identification is vital in helping a child succeed academically as well as socially.

Depending on the type of learning disability (for example, autism, ADHD, ADD, speech and language delays) and its severity, as well as the child’s age, different kinds of assistance can be provided. Under the Individuals with Disabilities Education Act (IDEA) of 1997 and the American’s with Disabilities Act (ADA) of 1990, people of all ages with LD are protected against discrimination and have a right to different forms of assistance in the classroom and workplace.

When a student is thought to be in need of special education services he or she is referred to the special education team at school. At that point a notice must be sent to the student’s parents to obtain written approval for further evaluation. This first
notification may be the parents’ first indication that their child is having difficulty in school. At this time, a conference with the parents is scheduled to discuss what observations have been made about the student’s performance at school. Parents can discuss whether they have seen similar performance during homework and whether their child has shared any difficulties or concerns with them. Next steps for student evaluation can also be discussed during the conference.

*How Learning Disabilities Affect Families*

The diagnosis of a learning disability is a significant stressor in the lives of families (Muscott, 2002). Although each family handles the experience and associated stress in their own unique way, there does appear to be common stages that many families go through once they discover the exceptionality (Muscott, 2002). Researchers have observed that many factors play a role in coping. Three of which are culture, the severity of the disability, and whether the identification occurs around birth or at a later time of development.

The stages of grief related to the realization typically include some variation of (a) shock and denial, (b) emotional disorganization, and (c) emotional adjustment. Also, according to Muscott (2002), families, in the initial stage, may choose not to believe the existence of a disability and adopt “shopping for a cure” orientation. Emotional disorganization includes a wide range of affective stress including anger, frustration, grief, disappointment, and guilt. Adaptation and acceptance along with advocacy orientation characterize the final stage of emotional adjustment. Some parents never reach acceptance, and among those who do, significant life events can
trigger feelings reminiscent of earlier stages. This view is consistent with that of a grieving process in that it goes through cycles and is renewed at each developmental stage. At every stage, it is crucial that school personnel are a source of support for family members, rather than additional source of stress (Lambie, 2000). Educators must realize that parents may need to cope with the loss of the “ideal” child before they are ready to move on to the next stage in the grief process.

Factors Affecting School Success

There are various factors that impact students’ success in school including family structure. Dunifon and Kowalski-Jones (2002) observed that although single parenthood was related to reduced well-being in white children, it was not a significant variable with African American children. The researchers found that maternal warmth and enforcement of rules had a direct effect on delinquency patterns of African American children (Dunifon & Kowalski-Jones, 2002). Children with this type of family support were less likely to engage in behaviors associated with delinquency.

Gutman and McLoyd (2000) found that, independent of race, “differences in family-school contact have an important impact on children’s school achievement” (p. 4). They also indicated that parents act as managers of their children’s environments, which include the community institution of school. As such, parents’ management and supervision of their children’s educational opportunities bear large consequences on the children’s academic achievement. The researchers found that parents of high achieving students were more explicitly engaged in their child’s
school. Those parents also tended to promote more connections between the students school and home activities.

Harmon (2002) noted that teachers’ low expectations for African American students also had an impact on students’ success in school. In addition to having low expectations, ineffective teachers are often thought to be disrespectful to and prejudiced against students. Those teachers also have low “cultural competence” (Harmon, 2002, para. 9). Lack of competence can affect communications as they relate to a child’s performance. As such, students and parents can be left out of the educational loop. Teachers with high expectations are caring and provide disciplined classrooms for students and promote their effectiveness through the use of cooperative learning groups, discussion of life skills (Harmon, 2002).

Furthermore, school structure and teachers’ instructional strategies have direct effects on student success. Jenkins, Queen, and Algozzine (2002) explored the effects of school structure through block scheduling, which provides extended classroom learning periods (85-100 minutes), and may be helpful when implementing modifications for students with disabilities. Effective instructional practices that can be implemented within blocks include cooperative learning; small groups/structured pairs, discovery learning, direct instruction, games/role playing, peer coaching/tutoring, audiovisual experience, technology assistance, projects, Socratic seminars, and integrated thematic teaching (Howard, 2002). Just as programs planned and executed to meet the cultural and bilingual needs of students to succeed (Sheets, 1995), so do programs designed to meet the learning needs of children with disabilities.
A school’s feeling of community affects student performance. Perry (2002) asserted that humans are, by nature, social beings. Humans are born dependent and gradually become interdependent as they mature. Individuals must learn to communicate, negotiate, and compromise with diverse people, but these skills are not easy to master. Children gradually develop their own social rules as they interact with each other. Students with special needs must feel included. Their inclusion depends greatly on them receiving appropriate services to keep them on par with their peers. Students who feel rejected in their educational community can over time become disengaged (Perry, 2002).

Teachers can intervene to support disengaged students by creating structured group interactions where students practice picking partners, playing paired team games, and creating group projects (Perry, 2002). Children from low income families need to feel a sense of community at school, according to Stanton-Salazar and Spina (2000); they also need to receive those critical emotional and social resources that primarily lie within the kinship unit of the home.

The implementation of special programs has been seen as one approach to improve student performance (Gutierrez, 2000). A special program is most effective when “it has teachers who share a common goal and who collectively respond to students and their needs” (Gutierrez, 2000, p.100). Success can be tied to teachers having active commitment to students. This usually includes being accessible to students outside the classroom. Successful programs involve teachers who are willing to extend themselves because they are interested in the students’ ongoing overall development. Teachers tend to look for positives, while avoiding stereotypes.
Teachers must have a strong commitment to students and be supported by their department administrators (Gutierrez, 2000).

**Challenges to Successful Parent-School Interaction**

Research and practice have shown that parents' participation in their child's education is important for student achievement. Active participation by parents in the educational program has led to gains in both academic and behavioral performance of students (National Center for Learning Disabilities, 2001). Although collaboration between special educators and families is mandated by federal law, the mandate alone is not enough to affect successful attainment of services for disabled learners.

However, the most difficult challenge to successful parent-school interaction seems to come from the Individuals with Disabilities Education Act (IDEA) law itself. The intent of IDEA is that parent participation and collaboration are an important piece of the special education process. Unfortunately, the outcome is that parents are expected to work together as part of a team with school personnel in informal and formal situations, and yet at the same time, they are expected to watch over and guard their child's educational rights. Other members of the team are also involved in making sure that the implementation of IDEA is occurring, but these professionals have full caseloads, so in reality, the majority of the responsibility falls on the parent (Smith, 2001).

Lack of communication between parents and teachers and other school personnel can create another challenge. Communication is important because it is one element of family involvement that benefits children, parents and teachers.
Benefits to children include positive attitudes toward school and improved attendance (Eldridge, 2001). Benefits to parents include positive attitudes about themselves and increased self-confidence (Becher, 1986). Benefits to teachers include a better understanding of children's cultural background (Eldridge, 2001). When parents are not active in the IEP process, teachers may sometimes misinterpret their lack of involvement. They may believe that parents are satisfied with the decisions being made for their child and do not see the need for further participation, or that parents are apathetic about their involvement in the IEP process, or that parents do not have enough information about their child's functioning and the nature of the decisions to be made to allow them to participate. This is all clearly due to a lack of communication.

Another communication problem may result when parents do not understand the educational jargon used at IEP meetings. This, along with their lack of understanding of the school system, may confuse or discourage parents. Sometimes parents feel ill equipped to provide meaningful educational information about their child that can help school personnel develop special educational programming. Other times the personnel’s’ lack of understanding of the student’s culture or language may lead parents to feel inferior or inhibited (Bordin and Lytle, 2001).

Another challenge that both parents and school personnel face is the issue of coordinating schedules and finding time to meet (Bordin and Lytle, 2001). Most meetings are scheduled during the day when many parents are working. Their job schedules make it almost impossible to meet; yet, parents are often expected to take time off from work to attend such meetings. This requirement frequently leads to
situations where a parent must lose hourly wages to attend a meeting with school professionals. Many school professionals may have little understanding of or inclination for the parent’s time constraints or economic anxieties. Flexibility in scheduling would be one way to encourage more parental participation (Bordin & Lyte, 2001).

An obvious barrier of parental participation is the differences in language ability. As much as possible, all correspondence with parents should be in their native language, not only to avoid confusion, but also to establish trust in the IEP process (Bordin & Lyte, 2001). At times, an interpreter may facilitate more effective communication. In addition to language abilities, educators must learn to be culturally competent. They must develop an understanding of cultural differences, demonstrate respect for the differing values and behaviors of diverse families, and become aware of the unique communication styles of various cultural groups that are represented in their programs (cite). Gonzales-Mera (2001) has identified six areas of non-verbal communication where miscommunications can easily occur: (a) personal space, (b) smiling, (c) eye contact, (d) touch, (e) silence, and (f) time concepts. Moreover, school professionals working with families must go beyond general cultural knowledge and develop an understanding of how each individual family expresses their culture (Gonzales-Mera, 2001). Gonzales-Mera (2001) suggests the best way to find out the preferred communication patterns and practices of families is simply to ask them, either informally or by a questionnaire at the beginning of the school year.
Prior to the passing of The Education for all Handicapped Children Act, (1975) also know as the Public Law 94-142, parents sent their child to school with the expectation that the school would make most of the educational decisions for the child as well as provide help if the child demonstrated a need. Parents had little clout if they wanted to have any part in the decision-making process within the schools, let alone any equality of authority regarding their own child. For the majority of parents, financial restrictions meant they were unable to send a child to a private school if they were unsatisfied with the performance of the public school. These restrictions gave all the power to the schools.

In 1975, the passing of the Education for All Handicapped Children Act drastically changed the way schools work with children with disabilities and their parents. In 2004, an updated version of the law, know as the Individuals with Disabilities Education Act (IDEA) gave children with disabilities and their parents even more rights and responsibilities. Prior to 1975, “1 million children with disabilities were shut out of schools and hundreds of thousands more were denied appropriate services. Ninety percent of children with developmental disabilities were previously housed in state institutions” (U. S. Department of Education, 2002, p.1).

One of the main platforms of IDEA is the right of parents to participate in educational decision-making affecting their child. According to the National Center for Learning Disabilities (2006), parents have a right to be part of every decision regarding their child’s education. This includes a child’s rights before and after the determination for special education services is made.
Before an IEP process can commence, a child must first be diagnosed with some form of a learning disability (LD). Often teachers discuss their informal observations with parents before any formal observations are conducted. Teachers that have had steady communication with parents tend to have greater success when communicating disability concerns about children. Communication is important because it is one element of family involvement that results in benefits to children, parents and teachers (Eldridge, 2001). Benefits to parents include positive attitudes about themselves and increased self-confidence (Becher, 1986). However, language differences can be a barrier improving parent attitudes. Gonzales-Mera (2001) contends that as much as possible, all correspondence with parents should be in their native language to establish trust in the IEP process. At times an interpreter may facilitate more effective communication. Along with language, educators must learn to be culturally competent. They must develop an understanding of cultural differences, demonstrate respect for the differing values and behaviors of diverse families, and become aware of the unique communication styles of the cultural group(s) that are represented by the student being observed. When a student is thought to be in need of special education services he or she is referred to the special education team at school. At this point a notice must be sent to the student's parents to get written approval for further evaluation. This first notification may be the parent's first indication that their child is having difficulty in school. At this time, a special conference with the parents is scheduled.
Once a child has been diagnosed as having a particular learning disability the parent should begin laying the groundwork for ensuring that their child’s rights are fully extended. However parents must know their rights before they can have them exercised. As a child’s advocate, parents have rights that are federally mandated by the Individuals with Disabilities Education Act (National Center for Learning Disabilities, 2006). Parents are afforded cost free eligibility evaluations (of which they can participate) and parents can request a Independent Education Evaluation, or challenge the findings of the school’s evaluation. After a child’s evaluation has been fully completed parents have additional rights as the Individual Education Plan (IEP) process moves forward.

Parents need to be actively involved in the IEP Process. According to Smith (2001), parents can work effectively with educators in their role as committee members. The parents’ role was established in 1975 by the Education for All Handicapped Children Act, now known as Individuals with Disabilities Act (IDEA). Parental involvement has had to be strengthened to the point of putting parents at the forefront in making decisions about the education of their children. The involvement of parents in the IEP process has many benefits including increasing the school’s understanding of the child’s environment, adding parents’ knowledge of child’s educational setting, improving communication between parents and the school, increasing the school’s understanding of the child’s abilities and increasing the likelihood that with improved understanding between school and home that educational goals are more likely to be agreed upon and obtained. However there are barriers that must be removed. They include lack of parent engagement, lack of
communication (language or otherwise), lack of knowledge, or even lack of transportation.

Having parents involved in the IEP process is a great step forward in securing appropriate services for children. However, once parents have been included, they need to take further steps in order to maximize the benefits of their presence. Parents can move from being mere team members to becoming effective participants during conferencing by simply asking productive questions (Clark, 1999). Parents can ask questions about pre-existing support, child behavior and current intervention strategies. According to Huber (2003), parents should question how well conference participants know their child. This will ensure that all involved are speaking from an appropriate vantage point. This will improve the advocacy effectiveness of the team as a whole. Even parents who are not highly knowledgeable about educational services can ask questions that will help then increase their comprehension and promote positive dialogue during team conferences.

The other members of the IEP Team have to dutifully perform their roles as well. In addition to parents, the IEP team should include a special education teacher, a regular education teacher, a representative of the school system, an interpreter for evaluation results, representatives of any agencies that may provide appropriate learning services (Kohanek & Kuper, 2000). When the team functions effectively they can develop a plan that truly seeks to accommodate a child’s learning abilities.

Even a well structured IEP team can be improved. The goal should be to get the members to function as a team. There are practical strategies for assisting parents in becoming more inclusive contributors to the IEP process. Parents must be equally
valued and respected as team members. Muscott (2002) asserted that parents need to be recognized as special educators and other support team members should be regarded as consultants for the parents. Exceptional partnerships are based upon family-centered practices that emphasize family strengths, family choice, and collaborative relationships between school and family. Effective teams have clearly defined roles, respect for varying perspectives, social support, proximity, distinctiveness, fairness, similarity, and effective communication (Bordin & Lytle, 2001). Effective teams can overcome barriers such as scheduling, flawed communication, and personal frustration.

Most parents are eager to hear positive information but are apprehensive about negative news concerning their child. This can lead to elevated stress levels during IEP conferencing. Coupled with the stress that educators may feel from being outside of their comfort zone, IEP meetings can amount to tenuous confrontations. In order to ease stress levels team members should meet face to face in an open, yet private, space; the meeting itinerary should be prepared ahead of time, and clear wording should be used to communicate throughout the meeting (Wise, 2000).

In order for parents to become effective advocates for their child in the Special Education process they need to play an active role. Knowledge is power and parents must stay well informed about their child’s disability and strengths. Open and frequent communication between parents and school professionals will help to ensure this. Parents and professionals must depend on one another and support each other for the common goal, the child’s educational needs (Bordin & Lytle, 2001). To meet the child’s educational needs, each person on the IEP team plays a specific, clearly
defined role. Harmonious and effective IEP teams have the following attributes: respect and value for varying perspectives; social support; proximity; distinctiveness; fairness; similarity and effective communication. Each one of the team members brings important information to the IEP meeting. Parents are the key members of the team because they know their child very well and can talk about their child’s strengths and needs as well as their ideas for enhancing their child’s education. Teachers along with other professionals are also vital members of the IEP team. Through their expertise they have the ability to offer strategies and service, which will assist the child in meeting his or her educational needs.

In conclusion, all members of the IEP team must work together as a team. Knowledge is the result of social interaction and language usage. Communication is the key to the child’s educational success. Social constructivism is based on the premise that learning is a shared experience. Each team member brings important information to the IEP meeting. Members share their information and work together to write the child’s Individualized Education Program. Each person’s information adds to the team’s understanding of the child and what service the child needs.
Chapter Three

Methods and Design

Objectives

The main goal of the study was to research what parents need in order to be an effective advocate to meet the needs of their child through the CPSE/CSE process. In order to better understand parents’ needs my research focused on four questions: a) How did the parents/guardian feel when he or she found out his or her child may have a suspected learning disability? b) What programs are effective in assisting parents to become educated advocates of the special education process? c) How involved are parents in this process? and d) Are parents aware of the services available to them?

Methods

I used a mixed method approach for this study. I collected quantitative data through a nine question Likert scale survey. I collected qualitative data through a series of interviews and observations. Taken together, the mixed methods approach yields a holistic representation of the parents’ perspectives of the special education process.

Data Collection

Pilot Study

In order to find out parents’ opinions of the special education process, I conducted an interview with a parent and two teachers to see if the direction of the survey was appropriate. The parent had a child with a diagnosed disability of (ADD)
Attention Deficit Disorder. One of the teachers interviewed was a special education teacher and the other a speech/language pathologist.

The pilot participants reviewed the survey without actually filling it in. I then interviewed each participant for her opinion of the survey and her overall view of the CPSE/CSE process. The participants were very happy to participate in the study, considering the topic being studied. Prior to the interviews, I asked each person where they would like to be interviewed and what day and time. This worked out well as it allowed each participant to choose a place, day, and time convenient for them.

During each interview I asked three questions: What do you think of the survey questions? What is your opinion of the CPSE/CSE process? and what can be done to help parents become stronger advocates for their child in the special education process?"

Results of the Pilot Study

Although I interviewed each participant separately, I presented their answers together below.

Question #1: What do you think of the survey questions?

Teacher: Excellent questions, you are definitely on the right track.

Speech pathologist: It was very user friendly and straightforward. I feel that they are good questions.
Parent: Straight to the point and that they should be given to the parent prior to the meeting.

**Question #2: What is your opinion of the CPSE/CSE process?**

Teacher: I think every meeting should begin with ‘tell us about your child.’ A lot of meetings take place and the parent never gets to speak. Parents know more about their child than anyone.

Speech pathologist: Parents seem to be intimidated, especially if it is their first time attending a CPSE/CSE meeting. They are surrounded by all these professionals with titles. They try to make it comfortable for the parents, but they just are not prepared.”

Parent: Everyone at the meeting needs to be more ‘parent friendly.’ When I attended I felt very intimidated. I felt they were all talking above me and this caused me to feel very small. Also the others did not listen to me or the teacher. I felt that they made decisions about my child for me.
Question 3: What can be done to help parents become stronger advocates for their child in the Special Education Process?

Teacher: First of all, parents should make the time and be given the opportunity to see their children along side their peers in their classroom. I really believe many times it is difficult for parents to understand that their child may be having difficulties until they see their peers. Many parents are in denial. We need to take more time talking with the parent and explaining the process to them. Maybe in the form of a workshop or meeting one on one, so then we are able to answer their questions before the CPSE/CSE meeting.

Speech pathologist: To begin with, parents need to be consulted about the time set for the meeting. They should be notified in advance and be given a time which does not interfere with their work schedule. Parents also need to be better prepared for these meetings ahead of time. This may be in the form of a conference or workshop.

Parent: I think the survey should be given to the parents in advance so they have an opportunity to express how much understanding of the process they have. If the surveys were sent out to the parents in the summer before school starts, there would be enough time for a parent workshop to help them. I know this would have been really beneficial for me.
**Analysis of Pilot Study Data**

I began the data analysis process by reviewing the participants’ comments and the notes I had taken during each interview, looking for themes or patterns in the data..

**Question One:** The responses to the first question told me that I was definitely on the right track in terms of how I was phrasing the questions. The questions would be easily understood by the parents.

**Question Two:** I saw a definite trend in the answers to the above question. The three participants talked about how uncomfortable the parents seemed to feel and how parents’ voices seemed not to be heard: either they were not asked to speak or not listened to when they did.

**Question Three:** In her response, the SEIT teacher expressed that parents should have the opportunity to see their child along side their peers in the classroom. I honestly had not even thought about this. I needed to look at this concept closer. Next, the speech and language pathologists talked about scheduling conferences during times when the parents were able to attend. This was something that had been addressed several times in the research articles that I had read.

Trends in the pilot study data indicated that:

1. All participants thought the survey questions were good.
2. All participants felt that parents were uncomfortable during the CPSE/CSE meetings.
3. All participants agreed that a workshop would help parents become stronger advocates.
In conclusion, I felt that the interviews worked well as the method for my pilot study. However, I would tape them next time so it would be easier to transcribe the data.

Thesis Research

Survey

In the next step in the process, I found seven parents of children with diagnosed disabilities to complete the survey. The additional parents along with the three individuals from the interview were asked to sign a consent form (see Appendix A). Next, they completed a nine-question Likert Scale survey regarding parents’ understanding of the CPSE/CSE process (see Appendix B).

I collected the surveys and complied the results, which I analyzed by looking at means and standard deviation for any trends in data. The analysis of the data helped inform my understanding of what kinds of information parents needed to more fully understand and participate in the special education process. The information included definition of terms (process, disabilities, and legal), explanation of process steps, description of team roles, and disclosure of remedies for process disputes. These insights served as the foundation for the parent workshop.

Workshop Materials

In preparation for the workshop, I created an informative guide, Parents’ Guide for Navigating the CPSE/CSE Process (see Appendix C), which I gave to
parents at the workshop. It seemed to be a perfect companion for the issues that I was going to focus upon during the workshop.

In the guide, I provide a brief discussion of learning disabilities and how the determination that a child has a learning disability is made. Next, there is an outline the actual process of organizing a parent-teacher conference, including the first notification of who might be present, what might be discussed, and the implications for the success that may come from educators and parents working together as a team to determine a plan to improve a child’s educational development. Lastly, there is a discussion of the legal rights of both parents and children concerning the process, as well as solutions suggested to enhance the role parents can take as they seek to help their child achieve a more successful academic experience.

**Parent Workshop**

The topic of the workshop was “The Special Education Process” and was designed as an enrichment workshop for parents attempting to navigate the CPSE/CSE processes. During the workshop, I tried to model for parents the level of collaboration that they should nurture around their child’s education. The data from the pre-workshop survey illuminated the discussion topics for the workshop. I drew upon research presented in the literature review to ensure that all of the representatives who would normally participate on an IEP team were represented at the workshop. A special education Internet teacher (SEIT), a speech and language teacher, a classroom teacher, and a disability coordinator were all available to talk with the parents, answer questions, and walk them through the process. In this way,
the workshop aided parents in setting appropriately high expectation levels for their child’s IEP process.

I invited parents of not only my students but of students in other classes within our Head Start program to the workshop. Most parents appeared delighted to be personally invited. In total, there were fifteen parents invited. Of those invited, eleven actually attended the workshop. Considering the infancy of a workshop of this type the turnout was fair. The workshop was held in the fall of 2006. I felt that the timing was good in order to prepare parents for the upcoming school year. I felt that early introduction would give parent ample time to develop greater comfort and confidence with the special education process.

I felt it was more convenient to begin the workshop at 5:00 pm, so that working parents would be able to attend. And this was also the parents schedule time to pick up their children. I thought that although a weekend would provide more time for seminar activity, convenience and opportunity would be much better during a school night. The workshop was scheduled from 5-7:00 pm. Once again, I didn’t want parents to feel that the workshop might severely impose upon their evening activities. We actually wound up breaking from the workshop at 7:30pm, because the two-way (parent-teacher) dialogue stretched the meeting further than if we had simply been pushing information onto parents.

The workshop was formatted as follows. First, all parents and staff met in the large conference area in the basement of the Head Start facility. I began by conducting introductions of both staff and parents so that each was familiar with one another. After introductions, I briefly explained the purpose and objectives of the
workshop. The procedures that would be followed during the workshop were also
detailed. The workshop participants included fourteen parents all with children with
diagnosed disabilities.

Parents were informed that they would be paired with another parent and
assigned to a separate table. There was one Committee on Special Education (CSE)
specialist assigned to each table. A team leader was also randomly assigned at each
table. The team leader was responsible for recording the team’s actions and questions,
administrating the survey, and clarifying any questionable details within the survey.
Seven of the fourteen parents completed the survey. Lastly, the leader was
responsible for facilitating the team’s preparation of an oral presentation that was
ultimately shared with the entire group of workshop participants. The CSE
specialist’s sole purpose was to clarify any procedural issues or questions that parents
had pertaining to the CSE process.

During the team sessions, members were asked to put any unresolved
questions onto a parking lot for subsequent discussion at an appropriate time. This
allowed the team to discuss issues at designated intervals without being disturbed by
other side conversations. In addition the parking lot allowed everyone to more freely
voice their points of interest without feeling that a team leader or CSE specialist
would control their focus. Any issues that could not be retired from the parking lot at
a particular table was first shopped by the CSE specialist to other teams, and then
brought to the mass meeting if adequate resolution was not attained internally.

After a mutually agreed upon period of one hour, the entire group reconvened
for team presentations. The presentations focused on most common misconceptions,
most common frustrations, and recommendations for affected parents. A random order was used for presentations until all teams shared. Questions were fielded from the audience at the conclusion of each presentation. As we went through the presentations a pattern started to emerge. Some of the same frustrations appeared time and time again. This further validated parent's insecurity with the process.

This workshop's format provided a comfortable setting where parents could voice their interests and concerns. It allowed the specialist to be seen as more of a consultant and resource rather than as a director, which is often the case. The community level interaction between parents allowed parents to know that their concerns were not necessarily unique. Although their child was unique, they realized that many parents operate from the same level of comprehension when it comes to accessing the services that are available to their child.

The energy level during the workshop was high. The level of optimism was also high; confidence levels were raised. Parents walked away knowing that although they are not experts in the processes, they have the ability to successfully navigate the process. Not only did parents walk away with the ability, but they also enhanced their drive and motivation to use the system to the advantage of their child. They realized that while some observers might think that their child was disadvantaged, they now were at a place strategically that they could transform those disadvantages into advantages. Participants felt incredibly empowered that they had the power to shift the scale as it pertained to their child's education.

Although empowerment is hard to quantify, you know it when you see it and hear it. We may have set out to inform, but we were far more successful considering
that we went beyond educating to empowering. Parents who came feeling angry, confused, and helpless left the workshop feeling empowered.

All the parents' remarks were extremely positive. They found the workshop to be very helpful and really seemed to understand the Special Education Process much better. They all asked several questions and seemed to be comfortable about doing so. Then, with a show of hands all of the parents unanimously volunteered to participate in a focus group at a later date.

Limitations of Study

Although the study was successful, and my concerns were validated, there were several limitations that I encountered. One of which was the survey was only conducted by seven parents out of the fourteen who attended the workshop. I believe that in this type of group setting some parents did not feel comfortable filling out the survey in front of others within their group. This could be contributed to lack of education on the parent's part, or a parent might feel they do not understand the process and are afraid of embarrassing themselves, or they just do not trust the system for lack of positive interaction in the past.

Another limitation of my survey is that it only involved parents in my center and not citywide, or nationally. This can cause one to believe that the problems or concerns of inner city parents are the same as those in suburban Head Start classrooms. The survey is perfect, if I was just going to show the concerns of my parents in my center only, but if I wanted to make a more specific and direct
statement of all Head Start parent concerns, I would need to expand the survey to include the classrooms in the geographical area I was going to address.

I further feel that the parent’s knowledge of the system as well as the extent of their child’s diagnosis can play a major role on the outcome of the survey. Some parents may not be informed enough, not only of the system they are trying to navigate but what services their child really needs. This could lead to a parent answering questions on the survey, they know nothing about or unsure what the question might encompass.
Chapter Four

Results

In this chapter, I present the results of the survey coupled with my personal observations, conversations with parents, as well as my knowledge and experience as a Headstart teacher.

The results of the parent survey proved to be very interesting. There were only two questions on the entire survey where all seven parents strongly agreed. The parents were all in agreement that their child’s speech/language, physical therapy, occupational therapy, or special education concerns were explained to them prior to the CPSE/CSE meetings. The parents also agreed that they were all invited to attend their child’s CPSE/CSE meetings. I found it very interesting that out of a nine question survey only two questions—one and four—had 100 percent agreement from all participants. In some ways, given the nature of the questions, was expected. The fact that only two questions had strong, unanimous agreement confirmed for me the great need for a parent workshop where we as educators might help guide parents gain insight and clarity of the special education process.

Survey Results

1. My child’s speech/language, physical therapy, occupational therapy, or special education concerns were explained to me prior to the CPSE/CSE meeting.

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The highly favorable response to this question was expected. Generally long prior to a CPSE/CSE meeting teachers and specialists have placed calls and had numerous contacts with the parents. Also during these communications, educational staff must be explicit in defining terms related to the student’s performance. In addition, the educational staff must properly document the contacts.

2. I understood the process and the steps that were necessary for my child to receive services.

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These results are congruent with the fact that many parents responded with how they felt prior to detailed communications. Parents often feel like they are isolated when it comes to obtaining special services. Some feel that way because they never dealt with it in their own childhood. As a result, they had no family support to aid them in navigating the process. Additionally, the process can appear intimidating for some parents.

3. I understood the options of services that were given to me. For example, speech services could be provided in my home or at school.

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Although many parents don’t understand the full content of each service, they generally have been given the list of possible services. This was evident when a few parents recited the services options but could not identify the service most appropriate for their child. Many parents were not aware that some services could actually be administered in the home. Some parents felt that all services were school-based.

4. I was invited to attend the CPSE/ CSE meetings.

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This response was predicted as legally, parents must be invited. Considering the requirement, the expectation is that all parents would be invited to meetings. Although a couple of parents declined the invitation, they acknowledged that they had the option of being in attendance. In some cases, a flux in family residency impacted parents being invited to meetings.

5. I was able to understand the CPSE/ CSE reports.

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The fact that most parents were able to understand the reports was very encouraging. In some ways this response was expected because the reports are designed to contain language that is basic and clear. The school system understands
that any delay in comprehension could lead to a delay in services. Great effort is taken by school personnel to avoid delays due to parental comprehension.

6. Someone was available to explain the CPSE/ CSE report to me.

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Some parents indicated that sometimes the person who reviewed the report with them also explained the structure of the report. Other parents never had someone review the report section by section. There were still other parents, who when asked if they understood the report, responded positively in order to avoid appearing inadequate. Some parents had the impression that the report was intended to be a one-sided communication and they were not expected to react, or even respond, to the report.

7. I was directed to the proper resources to help me better understand the process.

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Some parents indicated that they were not directed anywhere to better understand the process. They indicated that they felt that their understanding was based solely on the quality of their communication with the school. They believed that the focus was
on getting them to concur with the school’s recommendation. The focus was not on helping them find outside resources.

8. I was able to voice my opinion of the CPSE/CSE meeting.

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In responding to this question most parents felt that they could voice their opinion. However, many questioned whether their opinion mattered. Some parents felt that it was an “all or nothing” situation, wherein they had two choices. Parents could choose to accept the recommendations or they could decline the service(s). Parents often felt that they could not actively build the plan for their child. Often if a parent was defensive about their child’s ability, they considered the meeting to be a battle in which their opinion was not valued.

9. I felt that most of the professionals on the committee made the decision for me

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<td>2</td>
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Considering the number of highly skilled professionals who were on the committee, parents could easily get the impression that they were “outnumbered.” Due to the high levels of expertise, parents often felt obligated to defer to the committee on at decision points. Well-meaning parents typically utilize experts
whenever possible. As such, some parents would say that they didn’t have their authority taken away, but rather conferred it to the experts in the room.

The survey results ultimately showed that there is a need for more communications between parents and teachers as well the organization as a whole. As the survey results reflect, parents feel they are not part of the process, nor does it seem inviting for them to get involved. The survey results also reveal that parents limited understanding and knowledge of the process; therefore, they lack confidence in advocating for their child during the developing the child’s special educational goals.

In the following chapter, I reflect on the outcomes of aforementioned survey as well as the parent workshop.
Conclusions and Recommendations

Based upon the results from the survey and the parent workshop, I can make a number of conclusions and recommendations relative to my research questions.

How did the parents/guardian feel when they found out their child may have a suspected learning disability?

Many parents felt offended. Some felt or displayed denial. There was some sadness that their beautiful child might not be so perfect anymore. Others felt guilty. But even more felt remorseful that they had not discovered the disability earlier. They felt that they should know their child better than anyone else. In order to change the stigma associated with special education, parents themselves need to become better educated. Parents not only need to understand the full process, but they need to develop faith in the teachers and administrators who are assigned to carry out the process. Partnerships need to be formed. Parents cannot have an adversarial relationship with the school community with regard to behavior and expect to have a collective relationship with regard to their child’s performance.

What programs are effective in assisting parents to become educated advocates of the special education process?

In-service activities are extremely helpful for the parents so that they become better informed about the special education process, which helps them develop into better advocates for their child. Open forums are very productive in creating a support
group environment for parents. Hands-on seminars where parents act out scenarios and walk through processes are very helpful. Generally, programs that forged partnerships between schools and parents are most effective.

Often parents and school personnel would be better served if staff would “back away” from their position as “experts”. Rather than forcing parents into an inferior position, it would be more productive to level the playing field. If parents and school staff reviewed the process together and walked through the process together, parents could feel that they had a better stake in the process. In order to help parents become more comfortable with the reports, school personnel and parents could do mock reports or role-play during where parents can become informed and learn to identify certain characteristics. Parents can practice navigating through the forms. They can practice the follow-up communication process. They can also experience some of the recourse of what occurs when the process breaks down. Conversely, they will get to see what happens when a typical process is successful. Parents need to believe that they do not have to have a perfect process in order to have a successful process.

Increasing parent knowledge of available services should be a priority of the educational institution. By having a well informed parent that has knowledge of available resources can enable them to make the necessary decisions for their child. Programs that are effective in assisting parents to become educated advocates for children should be identified and local or federal funding should be maintained. Some programs that have proven to be effective include Parent Advocacy Programs, The Epilepsy Foundation, Muscular Dystrophy Foundation, and The Cerebral Palsy
Foundation. Most of the well-studied disabilities have programs designed to assist parents. As other disabilities gain greater visibility and recognition, they, too, will offer programs that will improve parents’ ability to advocate for their children.

How involved are parents in the Special Education Process?

Many parents are not actively engaged in the CPSE/CSE process. In many cases this is due to the fact that they are not knowledgeable of or comfortable with the process. Many parents feel excluded from or powerless within the process. As such, they often defer decision making to school personnel, who they feel are more qualified to make important decisions about their child.

Parents need to be active participants in the CPSE/CSE process. Any modifications designed to improve the process should be piloted with a representative group. When piloting improvements to the process it would be helpful if an actual child were used. Either a parent could volunteer their child or data from an anonymous child could be used. If, for instance, there was a recommendation that parents observe their child early in the process, parents should go into an actual classroom for observation. The team should continue to move through the process and assess the inclusion of the modification.

Optimal involvement levels should be proposed. Optimal involvement can take several forms. It could include parents observing their child’s classroom at least twice per quarter. Parents would also have weekly contact with teachers. Parents would attend regular meetings and have frequent contacts (5 times per year) with the therapist before meetings. Optimally, parents and therapists would collaborate on
proposed services for the next school year. Parents would sit in on therapy sessions. Also, parents would follow through on any enrichment projects that were sent home.

Formative needs assessment should be performed during the school year. There should be quarterly checkpoints for a child. The teacher should complete the checkpoints. On the checkpoint, the teacher should assess whether previously documented needs are being successfully addressed and whether any new needs have been displayed. It may take a few assessments to establish a trend in the child’s need patterns. Parent process comprehension should be regularly monitored to make sure that parents are current on process steps and terms. A process specific questionnaire can be administered to parents quarterly. The questionnaires could be mailed out to households and parents could be given two weeks to respond. Highly knowledgeable parents should complete the questionnaires quickly, while other parents can make efforts to improve their knowledge before returning the form. Review of the responses by educational staff will allow areas of concern to be highlighted during a Special Education Workshop.

**Are parents aware of the services available to them?**

The majority of parents are not aware of all available services. To improve this, quarterly workshops on the Special Education Process should be performed to keep parents abreast of the CPSE/CSE process and address ongoing concerns. A team representative of the committee should present these workshops. The presenters should be teachers, Special Education staff, and parents. Not only does expertise need to be present but experience from those who are most affected should be represented.
What better way to bridge the parent/process gap than to have parents visibly involved in the navigation process.

Parents who require additional training or orientation should have ready access to appropriate resources. Additional resources could be hard copy information that would be stored in the school library or resource room. Also, as a team, the committee could create a resource website. Within the website there could be links to research material, forms, and pertinent local, state, and federal websites. The site should also give parents a means for emailing committee member questions or concerns. An added feature could be the ability for affected parents to dialogue with other parents on a local or even national level.

Schools with special education programs should continue to collect survey data, from parents for the purpose of maintaining focus on parent needs and concerns. The form could be generated and collected by the personnel from the school’s special education department. The survey could be mailed with the progress reports that teachers typically send prior to the conclusion of a marking period. The form could be sent to all parents. Having a broad survey distribution could help remove some of the stigma associated with the process. In addition to questions similar to the ones on the survey that I administered, the ongoing surveys should include general needs questions. The survey could include questions like: Do you know how to request evaluation? Do you know how to settle disagreements over services rendered? Do you know what to do in order to terminate services? Do you know how your child is assessed in the classroom? Are you familiar with all of the Special Education
classification options? Do you know how classification affects your child’s diplomas options? Do you know how long classification lasts?

There should be continued research on the level of parent involvement in the CPSE/CSE process. The special education coordinator should carry out the future research. The parent representative could also perform research. This would be appropriate considering their emphasis on preserving parent rights. A local Parent Advocacy Group could also perform independent research on the needs of parents of children with learning disabilities.

As mentioned in chapter two, students have a greater potential for success when parents recognize their child’s disability, have their child accurately diagnosed, and take appropriate steps to communicate with their child’s school (Muscott, 2002). The literature review highlighted that parents need to identify and relate to their child’s disabilities and be able to have the knowledge and resources to advocate for their educational needs.

As the survey results reveal, many parents are lost in the special educational process. Some feel intimidated to ask about the process they have no knowledge of. The survey results also revealed that parents felt decisions regarding their child’s educational goals were made without their input.

As the workshop revealed, parents had high levels of energy, optimism, and confidence. Parents felt they were helping their child; they just needed to be informed of how the system works and how to navigate it. Parents became more knowledgeable of the system and became stronger advocates in the process. Parents felt empowered and confident in their ability not only to understand the special
education process, but also to be an active participant in it. As mentioned before, schools need to keep parents involved in their child's education. This could be done by surveys, workshops, open houses, and by simply communicating with the parents on an ongoing basis. Communication is key.
Appendix
Appendix A

Statement of Informed Consent

The purpose of this research project is to examine what the parent needs in order to be an effective advocate to meet the needs of his or her child through the CPSE/CSE process. This research project is also being conducted in order for me to complete my master’s thesis for the Department of Education and Human Development at the State University of New York College at Brockport.

In order to participate in this study, your informed consent is required. You are being asked to make a decision whether or not to participate in the project. If you want to participate in the project, and agree with the statements below, your completion of the survey and/or interview signifies your consent. You may change your mind at any time and leave the study without penalty, even after the study has begun.

I understand that:

1. My participation is voluntary and I have the right to refuse to answer any questions.

2. My confidentiality is guaranteed. My name will not be written on the survey. There will be no way to connect me to my written survey. If any publication results from this research, I would not be identified by name.

3. There will be no anticipated personal risks or benefits because of my participation in this project.
4. My participation involves completion of a short survey, which consists of nine questions. It is estimated that it will take about five minutes to complete the survey. I may also be asked to participate in a brief interview and possibly a focus group and/or workshop at a later date.

5. Approximately eight people will take part in this study. The results will be used for the completion of a master’s thesis by the primary researcher.

6. Data will be kept in a locked filing cabinet by the investigator. Data and consent forms will be destroyed by shredding when the research has been accepted and approved.

I am 18 years of age or older. I have read and understand the above statements. All my questions about my participation in this study have been answered to my satisfaction. I agree to participate in the study realizing I may withdraw without penalty at any time during the survey process. Returning the survey (and/or completing interview if appropriate) indicates my consent to participate.

If you have any questions you may contact:

<table>
<thead>
<tr>
<th>Primary Researcher</th>
<th>Faculty Advisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dawn Harnischfeger</td>
<td>Dr. Lynae Sakshaug</td>
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<tr>
<td>Phone: 509-4660</td>
<td>Phone: 395-5554, Department of Education and Human Development</td>
</tr>
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Appendix B

Parent Survey

Please complete the survey below. Circle the answer that best describes how you feel.

1- Strongly Disagree  2- Disagree  3- Neither agree or disagree  
4- Agree  5- Strongly agree

1. My child’s Speech /Language, Physical Therapy, Occupational Therapy, or Special Education concerns were explained to me prior to the CPSE/CSE meeting.

   1  2  3  4  5

2. I understood the process and the steps that were necessary for my child to receive services.

   1  2  3  4  5

3. I understood the options of services that were given to me; for example speech services could be provided in my home or at school.

   1  2  3  4  5

4. I was invited to attend the CPSE/ CSE meetings.

   1  2  3  4  5
Parent Survey (continued)

5. I was able to understand the CPSE/ CSE reports.
   1 2 3 4 5

6. Someone was available to explain the CPSE/ CSE report to me.
   1 2 3 4 5

7. I was directed to the proper resources to help me better understand the process.
   1 2 3 4 5

8. I was able to voice my opinion of the CPSE/ CSE meeting.
   1 2 3 4 5

9. I felt that most of the professionals on the committee made the decision for me
   1 2 3 4 5
Appendix C

Workshop Materials

In the process of researching in preparation for the workshop, a collection of useful information was formulated. I felt that the information that was collected could be consolidated into a form that could be given to parents for review at the workshop and beyond. The guide seemed to be a perfect companion for the issues that were already to be focused upon during the workshop. The following is presentation of an Informative Guide that was given to parents during the workshop.

Parents’ Guide for Navigating the CPSE/CSE Process

This guide provides a brief discussion of learning disabilities and how the determination that a child has a learning disability is made. Next there is an outline the actual process of organizing a parent-teacher conference, including the first notification of who might be present, what might be discussed, and the implications for the success that may come from educators and parents working together as a team to determine a plan to improve a child’s educational development. Lastly, there is a discussion of the legal rights of both parents and children concerning the process, as well as solutions suggested to enhance the role parents can take as they seek to help their child achieve a more successful academic experience.

Definition of Learning Disability

Public Law 94-142 also called the Education for all Handicapped Children Act, defines learning disabilities (LD) as a “disorder in one or more of the basic psychological process involved in understanding or using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read,
write, spell or do mathematical calculations”. It further states that LD includes brain injury; perceptual handicaps minimal brain dysfunction, dyslexia and development aphasia. Also required to fit in this category is a severe discrepancy between the child’s potential (as measured by IQ) and his or her current status (as measured by achievement test). Students with learning disabilities make up two percent to three percent of the population. These may exhibit a wide range of traits. This includes poor reading comprehension, spoken language, writing and reasoning ability. The major types of LD may be broken into disorders in four areas: spoken language, written language, arithmetic and reasoning. (ERIC Clearinghouse on Handicapped and Gifted Children, 1986).

Approximately one-half of all children receiving special education services nationally or about five percent of the total public school population are identified as having a learning disability (LD) when the federal definition of LD is used by schools to formulate identification criteria. At the same time, LD remains one of the least understood and most debated disabling conditions that affect children. Indeed, the field continues to be beset by pervasive and occasionally contentious disagreements about the definition of the disorder, diagnostic criteria, assessment practices, treatment procedure, and educational policies (Lyon, 2000).

In practice the LD child may be a student who does not fit into any other category but still has problems learning to read, spell, write, solve arithmetic problems or function in school. This often makes LD a “dumping ground” for students who need remedial education (Eric Clearinghouse on Handicapped and Gifted Children, 1986).
Adding to the confusion is the fact that not every child who has difficulty learning has a "learning disability" in the official sense. Many more students than the 2.8-million school-age children who are now receiving services for learning disability in public schools may have serious learning problems but they do not meet the specific criteria listed in the Individuals with Disabilities Education Act (IDEA) for being diagnosed as having a learning disability. (National Center for Learning Disabilities, 2001).

The Diagnosis of Learning Disability

The initial suspicion that a child may have a learning disability is usually one person's perspective of a child's academic progress. If there is reason to think a person might have LD, it is important to collect observations by parents, teachers, doctors and others regularly in contact with that person. If there does seem to be a pattern of trouble that is more than just an isolated case of difficulty the next step is to seek help from school or consult a learning specialist for an evaluation. A learning disability is not a disease, so there is no cure, but there are ways to overcome the challenges it poses through identification and accommodation (National Center for Learning Disabilities, 2001).

Learning disabilities can affect a person's ability in the areas of: Listening, Speaking, Reading, Writing and Mathematics. Other features of a learning disability are: A distinct gap between the level of achievement that is expected and what is actually being achieved; Difficulties that can become apparent in different ways with different people; Difficulties that manifest themselves differently throughout development; Difficulties with socio-emotional skills and behavior.
Depending on the type of learning disability and its severity, as well as the person’s age, different kinds of assistance can be provided. Under the Individuals with Disabilities Education Act (IDEA) of 1997 and American’s with Disabilities Act (ADA) of 1990, people of all ages with LD are protected against discrimination and have a right to different forms of assistance in the classroom and workplace.

Experts aren’t exactly sure what causes learning disabilities. LD may be due to heredity, problems during pregnancy and birth or incidents after birth. Early identification is vital in helping a child to succeed academically as well as socially.

When a student is thought to be in need of special education services he or she is referred to the special education team at school. At this point a notice must be sent to the student’s parents to get written approval for further evaluation. This first notification may be the parent’s first indication that their child is having difficulty in school. At this time, a special conference with the parents is scheduled.

The Conference

If children are experiencing problems at school, it is important for parents and teachers to share the responsibility for creating a working relationship that fosters children’s learning and development. (Clark, 1999). Open and frequent communication between parents and teachers helps to ensure that the issues raised in parent-teacher conferences do not catch anyone by surprise. Both parents and teachers benefit from being well prepared in advance of the meeting so that the meeting is less emotionally charged and takes place in a trusting atmosphere. Assuring parents of confidentiality also helps maintain trust.
Parents have to be recognized as special educators, the true experts of their children; and professional people such as teachers, pediatricians, psychologists and others have to be consultants to parents (Muscott, 2002). Families who have a child with a disability have not always been seen as full partners in their education. Fortunately there has been a dramatic change in school-related roles and activities of families of students with disabilities over the past several decades. The shift from passive to active participation and family-oriented practices is the result of a number of factors. First research and practice have shown the parent’s participation in their child’s education is important for student achievement. Active participation by parents in the educational program has led to gains in both academic and behavioral performance of students. (National Center for Learning Disabilities, 2001). Second collaboration between special educators and families is mandated by federal law. These rights are codified as procedural safeguards embedded in various aspects of the Individuals with Disabilities Education Act of 1997 (IDEA). Schools must include families as members of the Individualized Education Program (IEP) team; provide prior notice for identification, evaluation or the provision of free and appropriate public education (FAPE); and offer mediation when disputes cannot be resolved amicably.

The IEP Team Members

Members that should be included on the IEP team are as follows: the child’s parents, a special education teacher, a regular education teacher, a representative of the school system, an individual who can interpret the evaluation results, representatives of any other agencies that may be responsible for paying for or
providing transition services, the student, if appropriate, and any other individuals who have knowledge or special expertise about the child (Kohanek & Kuper, 2000).

Parents

Parents are key members of the IEP team. They know their child very well and can talk about their child’s strengths and needs as well as their ideas for enhancing their child’s education. They can offer insight into how their child learns, what his or her interest are, and other aspects of the child that only a parent can know. They can listen to what other teams think their child needs to work on at school and share their suggestions. They can also report on whether the skills the child is learning at school are being used at home.

Teachers

Teachers are vital participants in the IEP meeting as well. At least one of the child’s regular education teachers must be on the IEP team if the child is (or may be) participating in the regular education environment. The regular education teacher has a great deal to share with the team. For example, he or she might talk about: the general curriculum in the regular classroom, the aids, services or changes to the educations program that would help the child learn. The regular education teacher may also discuss with the IEP team the supports for school that are needed so the child can advance toward his or her goals.

The child’s special education teacher contributes important information and experience about how to educate children with disabilities. Because of his or her training in special education, this teacher can talk about such issues as: how to modify the general curriculum to help the child learn, the supplementary aids and services
that the child may need to be successful in the regular classroom and elsewhere, how
to modify testing so that the student can show what he or she has learned and other
aspects of individualizing instruction to meet the students unique needs. Beyond
helping to write the IEP, the special educator has responsibility for working with the
student to carryout the IEP. This can take place in or out of the classroom setting.

The School System Representative

The individual representing the school system is also a valuable team member.
This person knows a great deal about special education services and educating
children with disabilities. He or she can talk about the necessary school resources. It
is important that this individual has the ability to commit resources and to be able to
ensure that whatever services on the IEP will be provided.

The Individual Who Can Interpret Evaluation Results

Another important member of the IEP team is the individual who can interpret
what the child’s evaluation results mean in terms of designing appropriate instruction.
The evaluation results are very useful in determining how the child is currently doing
in school and what areas of need the child has. This IEP team member must be able
to talk about the instructional implications of the child’s evaluation results, which
help the team plan appropriate instruction to address the child’s needs.

The Student

The student may also be a member of the IEP team. If transition needs or
services are going to be discussed at the meeting, the student must be invited to
attend. This allows them to have a strong voice in their own education.
Transition Services Agency Representative

When an IEP is being developed for a student of transition age, representatives from transition service agencies can be important participants. Whenever a purpose of a meeting is to consider needed transition services, the school must invite a representative of any agency that is likely to be responsible for providing or paying for the services.

Others with Knowledge or Special Expertise

The IEP team may also include individuals with knowledge or special expertise about the child. The parent or the school system can invite these individuals to participate. For example parents may invite an advocate who knows the child or a professional with special expertise about the child and his or her disability. The school system may also invite one or more individuals who can offer special knowledge about the child such as a paraprofessional or related services professional.

Public Law 94-142 and IDEA

Prior to the passing of Public Law 94-142, parents sent their child to school with the expectation that the school would make most of the educational decisions for the children, as well as providing help if the children demonstrate a need for it. Parents had little clout within the schools if they wanted to have any part in the decision-making process, let alone any equality of authority regarding their own child. For the majority of parents, financial restrictions meant they were unable to send a child to a private school if they were unsatisfied. These restrictions gave all the power to the schools.
In 1975 the passing of Public Law 94-142, the Education for All Handicapped Children Act, drastically changed the way schools deal with children with disabilities and their parents. In an updated version of the law, the Individuals with Disabilities Education Act (IDEA) gave children with disabilities and their parents even more rights and responsibilities. Prior to 1975 “1 million children with disabilities were shut out of schools and hundreds of thousands more were denied appropriate services. Ninety percent of children with developmental disabilities were previously housed in state institutions” (U. S. Department of Education, 2002).

One of the main platforms of IDEA is the right of parents to participate in educational decision-making affecting their child. According to the National Center for Learning Disabilities (2006) parents have a right to be part of every decision regarding their child’s education. This includes your child’s rights before and after the determination for special education is made.

Your child’s rights in determining eligibility for special education and related services are as follows:

1. You have the right to request in writing that your child be evaluated to determine if he or she is eligible for special education and related services. This evaluation is more than just a single test. The school must gather information for you, your child’s teacher and others who would be helpful. An assessment of your child must be conducted in all the areas that may be affected by the suspected disability.
2. If the public school agrees that your child may have a learning disability and may need special help, the school must evaluate your child at no cost to you.

3. Teachers or other professionals can recommend that your child be evaluated, but the school must get your explicit written consent before any part of the evaluation is started.

4. If the public school system refuses to give your child an evaluation they must explain in writing the reasons for refusal, and must also provide information about how you can challenge their decision.

5. All test and interviews must be conducted in your child’s native language. The evaluation process cannot discriminate against your child because he or she is not a native English speaker, has a disability or is from a different racial or cultural background.

6. Your child cannot be determined eligible for special education services only because of limited English proficiency or because of lack of instruction in reading or math.

7. You have the right to be part of the evaluation team that decides what information is needed to determine whether your child is eligible.

8. You have the right to a copy of all evaluation reports and paperwork related to your child.

9. You have the right to obtain an ‘Independent Education’ Evaluation from a qualified professional and challenge the findings of the school evaluation team.
10. You have the right for your child’s evaluation to be completed within a specific time frame. Some states have set a limit. For states who had no limit, as of July 1st 2005, the evaluation must be completed within sixty days of your written consent.

Your child’s right once determined eligible for special education and related services:

1. You and your child have the right to attend and participate in a meeting to design an Individualized Education Program (IEP), which must be held within thirty days of your child being found eligible for special education services. An IEP should set reasonable learning goals for your child and state the services that the school district will provide.

2. You and your child have the right to participate in the development of the IEP, along with, a team that will include: your child’s teachers, a representative from the school administration who is qualified to recommend and supervise special programs.

3. Your child has a right to the least restrictive environment possible. Unless members of the IEP team can justify removal from the general education classroom, your child should receive instruction and support with classmates that do not have disabilities. Also be sure that special education services or supports are available to help your child participate in extracurricular activities such as clubs and sports.

4. During an IEP meeting, the IEP team will develop goals for any related services, such as occupational which could help your child.
5. Be sure to discuss what kind of assistive technology devices such as speech recognition software, electronic organizers or books on tape which could help your child. Assistive technology services include evaluating your child for specific devices, providing the device and training your child to use the device.

6. You have the right to challenge the school’s decisions concerning your child. If you disagree with a decision that’s been made, discuss it with the school and see if an agreement can be reached.

7. An IEP meeting must be held once a year and comprehensive re-evaluation must be done every three years, unless the IEP team agrees that it is not necessary.

The processes of identification, assessment, parent involvement and specialized education are shaped by the existence of these rights and the restrictions of these laws. Counties and states must show that they are abiding by IDEA so that they can be eligible for federal funds. There are very specific rules that relate to the actions of personnel in the school district. Parent involvement is a defining feature of IDEA. Parent’s rights and responsibilities are at the forefront as a necessary ingredient for appropriate and individualized educational programming.
References


Public Law 94-142 (The Education for all Handicapped Children Act, 1975)


