PERCEPTIONS OF COLLABORATION OF PARENTS OF STUDENTS WITH DISABILITIES AND SERVICE PROVIDERS

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This dissertation examined perceptions of collaboration from the perspectives of parents of children with disabilities and service providers. Fourteen parents of sixteen children with identified disabilities were individually interviewed about their collaborative experiences with school personnel. Service providers who were recommended by parents as exemplifying positive collaborative models were interviewed. Findings suggested that collaboration produces a consistent educational program for students with special learning needs. The data further suggested that service providers take the initiative in developing trust on the part of parents through regular and frequent communication, a demonstrated knowledge of disabilities, and empathy and respect for the unique situations of families of children with disabilities. Stories about two families’ experiences with special education illustrated successful and unsuccessful collaboration.
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CHAPTER I

Introduction

This dissertation described a phenomenological study exploring perceptions of teachers and parents of children with disabilities. Specifically, the study analyzed data from interviews to learn: (a) what have been the experiences of parents of children with disabilities in collaboration with school professionals, (b) what expectations are held for collaboration between home and school, and (c) how do parents’ and teachers’ perceptions of collaboration efforts for educational decision-making differ. The study intended to examine the differences between parents and teachers in their respective perceptions of collaboration. This introductory chapter will describe the background for the study, its potential professional significance, a methodological overview, and delimitations of the study, and it will define terms specific to the field of special education and to this study.

Background for the Study

The most recent statistics reported by the federal government indicated that more and more children who have been identified as disabled were being educated in classrooms with their typical peers (U.S. Department of Education, 2003). This increasing trend has established inclusion as a viable form of service delivery for this population of students. Indeed, over 46 percent of children with all kinds of disabilities spent nearly 80 percent of their school day in the general education classroom (U.S.
Department of Education, 2003). The merits and disadvantages to this model for service delivery are discussed in Chapter 2. It is important to note here that there is still a great deal of uncertainty about inclusion, particularly on the part of the general educators who must meet the diverse learning needs of their students (Cook, Semmel, & Gerber, 1999; D’Alonzo, Giordano, & Vanleeuwen, 1997; Praisner, 2003).

Several external forces have made an impact on how schools provided services to children with special learning needs. For example, legal challenges and changes in laws governing the education of children with disabilities have forced schools to take a closer look at service delivery. This ability to deliver the necessary services that meet the specific needs of each student, regardless of ability, has required a greater degree of collaboration between teachers and special educators (or intervention specialists) and among parents and school personnel (Burns, 1999). The re-authorization of the Individuals with Disabilities Education Act (2004) put greater emphasis on the role of parents in decision-making than was found in the previous incarnation of IDEA (1997). The rights of parents were more clearly defined in the reauthorization; policies and procedures guides have made clear that parents’ voices should be taken into consideration throughout all levels of the decision-making process (Council for Exceptional Children [CEC], 2003).

Societal developments have also played a role in effective collaboration among a student’s educational team. Successful collaboration among all parties may be hindered by society’s desire for political correctness, where creating consensus becomes more important than what is best for the child (Fieman-Nemser, 2001). Conflict and disagreements tend to be avoided; open and honest debate is difficult to find in a
collaborative framework (Schulte, Osborne, & Kauffman, 1993). An in-depth review of current literature on collaboration in the schools can be found in Chapter 2.

The development of information technology, particularly through the World Wide Web, has created forums for parents and teachers to learn about their rights and responsibilities and about research-based instructional strategies. Interactive websites that provide chat forums, list serves, and messaging threads have helped give parents a sense of empowerment and have provided a community in which to share common interests and concerns.

In summary, including students with disabilities in general education classrooms appears to be an on-going trend, with the percentage of inclusion students increasing each year. Several external forces have had an impact in how parents and teachers work together to meet the educational needs of children with special learning needs. Legislative, legal, technological, and social changes have all played a role in spotlighting collaboration as a necessary part of appropriate and effective service delivery to students with disabilities.

Problem Statement

The purpose of the study was to gain a deeper understanding of parents’ perceptions regarding collaboration among families and school personnel and how those perceptions differ. Through individual interviews, service providers and parents of students with disabilities were given the opportunity to describe and discuss collaboration from personal perspectives. This study investigated the questions: (a) what have been the experiences of parents of children with disabilities in collaboration with school
professionals, (b) what expectations are held for collaboration between home and school, and (c) how do parents’ and teachers’ perceptions of collaboration efforts for educational decision-making differ.

Professional Significance

This study has the potential to have an impact in several areas. First, examining the collaboration skills of teachers from a parent’s perspective brings parental expectations and needs to the forefront. These findings may lead to effective changes in the way school organizations work cooperatively with parents to develop educational programming, particularly as it relates to the instruction of students with disabilities within an inclusion setting. Fostering a more positive team approach to educational planning can create a culture of cooperation and develop satisfaction for all stakeholders: students, teachers, parents, related service providers, and administrators (Garcia, 2004).

Both preservice and inservice teachers may benefit from a deeper understanding of what parents need and expect from teachers. Although collaboration is generally a part of teacher training programs, the emphasis tends to be on teacher-to-teacher collaboration rather than teaching preservice teachers about how to collaborate with parents in decision-making for instruction (Brownell, Ross, Colon, & McCallum, 2005; CEC, 2003). Teacher preparation programs may be encouraged to develop training programs and coursework that embrace family interaction in concrete ways, paying more than lip service to the benefits of collaborating with parents.

Another by-product of the research is that parents may feel a greater sense of empowerment when they are seen as equal partners in the decision-making process.
Parents may become more assertive in their communications with school personnel and embrace the opportunity to take a more active role in planning their children’s educational program.

Most importantly, the study may contribute to the research base in that it has the potential to improve student outcomes. Research indicates that a strong home-school partnership has a positive impact on how students perform in the classroom, both academically and socially (Duhaney & Salend, 2000; Garcia, 2004). Positive shared and collaborative experiences have the potential to increase the ability of students to achieve their potentials.

The data presented here provide a depth of knowledge because of the methodology; that is, personal interviews of both parents and teachers provide a richness that quantitative methods may not reach. Participants represented a homogenous group with similar experiences and concerns related to their children’s education. Allowing participants to tell their stories imbues the data with nuance and richness which also contributes to a deeper understanding of the research questions (Kitzinger, 1994). Because clarifying and follow-up questions encourage reflection and elaboration from participants, the data demonstrate concerns, needs, and successes that may not be revealed through a more quantitative approach to data collection.

The study also extends existing knowledge because of its unique focus. Parents of children with identified disabilities have different challenges, obstacles, successes, and interactions with school personnel than parents of typical children. From the time a child is referred for evaluation, to determination of a disability, to development and review of the specific goals and objectives, parents are part of a team of stakeholders who
determine the best educational course for the child with disabilities. Parents can spend years building close relationships with teachers and other service providers so that their children’s educational needs can be met in the most suitable environment (Fisher, Pumpian, & Sax, 1998). Regardless of the type of disability, there are many commonalities among parents of these children with respect to the interaction and level of collaboration among the educational team. Because of its emphasis on students with disabilities, data gathered in this study shed light on the perspectives peculiar to this sub-group of parents.

Another focus peculiar to this study is that of examining the differences between service providers and parents in their respective perceptions of collaboration. Several studies have investigated parents’ perceptions of collaboration using either qualitative or quantitative methodologies. These studies are discussed in Chapter 2. But no study was found to make these direct comparisons between teacher and parent perceptions; therefore, this study has the potential to add to the current body of research investigating educational collaboration.

More study is needed in this area because little research has been done in the area of home-school collaboration with regard to families of students with disabilities. The home-school connection has been demonstrated to be a critical one for students with special learning needs (Duncan, 2000; Jones & Swain, 2001; Pruitt, Wandry, & Hollums, 1998). The study reported here specifically investigates parents’ and service providers’ perspectives and perceptions of this connection and discusses their suggestions for improved communication and collaboration. By talking with school personnel
recommended by the parents themselves, we can look more closely at the characteristics and dynamics of the successful collaborative relationship.

To summarize, this study has professional significance in that it serves to highlight a better understanding of the components of successful collaboration in decision-making. Further, barriers to successful collaboration, both structural and interpersonal, are explicitly defined in the comments of participants. This deeper understanding of collaborative frameworks has implications for teacher preparation and professional development.

Methodological Overview

This qualitative study sought to gain deeper insight into parents' and teachers' perceptions and expectations about collaboration within special education. The approach is phenomenological in that the central concept of collaboration is explored in depth (Creswell, 1998). The lived experiences of the participants become the lens through which perceptions are viewed. Perception becomes reality and data are interpreted with an emphasis on "the intentionality of consciousness" (Creswell, 1998, p. 52).

Volunteer convenience sampling, coupled with snowball sampling, was used to select participants for the interviews (see Appendix A). The necessary written permissions for participation, taping, and use of specific quotations for this report were acquired prior to the participants' interviews. Sixteen parents and eleven service providers were interviewed. Service providers were recommended by the parents. Participants represented parents and service providers of students with identified
disabilities in preschool through high school in central Ohio. Each interview was audio-taped during 90-minute sessions and verbatim transcriptions were made.

I served as the interviewer. A discussion guide was used to control the topic, but care was taken to allow the participants to share stories and anecdotes, and to encourage free flow of ideas and comments (see Appendix B). The discussion guide included questions that were posed to each participant, but the order sometimes changed depending upon the rhythm of the interview. Follow-up questions were posed to challenge responses or for clarification and elaboration.

Each taped session was transcribed verbatim. Gestures, body language, and facial expressions that lent richness and depth to the session were also noted in the transcript. Some parents offered to share written documentation of their children’s educational programming, usually in the form of the Individualized Education Program (IEP). Noteworthy statements were culled from the transcriptions. Statements were grouped into categories with broad meanings, then clustered in specific themes. Using computer technology, each data source was coded to develop broad categories. Constant comparative coding was used to determine emergent and consistent themes. Results are presented here in a narrative description that explains the concept of collaboration resulting from personal experiences.

Delimitations

The study described here is not without boundaries that delimit its ability to be generalized. The sample was generated through volunteers and snowball sampling. Only parents and service providers with clear interest in the study participated in the
interviews. All participants were from the same general geographic area in Ohio and all were White. Some effort was made to include participants from a variety of socio-economic demographics and school districts. Some interested parents may have had to exclude themselves from the study because of schedule conflicts or other personal circumstances. Although care was taken to assure participants of a secure and confidential environment, some parents may have been unwilling to share personal information about their children and families.

Interview methodology also imposes boundaries upon the study. Although a richness of data is a hallmark of interviewing, it may not provide a breadth of response that other methodologies may elicit. Furthermore, standardization is challenging because of the uniqueness of the participants. Participants cannot readily be compared to each other when analyzing interview transcriptions. Standardization is compromised in favor of gathering a more natural flow of ideas and perceptions. The genuine and candid responses of the participants become more meaningful in providing a more thorough understanding of the research question.

Lastly, this study is limited in development of theory because of its size and methodology. Because different school districts were represented in the sample, policies and procedures regarding special education may not have been consistent, as some procedural guidelines vary in interpretation and application. Many of special education’s rules were subject to various interpretations by the public school districts’ attorneys and by school officials. There are few absolutes; therefore, any perceptions regarding specific policies must be viewed through the lens of the district’s interpretation of these policies.
Definitions

Accommodations: changes or supports for classroom activities, lessons, or assignments provided to a student with disabilities without making changes in outcome expectations.

Child/Student with a disability: a child evaluated in accordance with the rules set forth in the Administrative Code of the state who is found to have one or more of the ten disabilities specified by IDEA (2004) and is in need of special education and related services.

Continuum of services: the spectrum of educational options available for all students with disabilities including regular education classes, resource room, home/hospital instruction, itinerant services, or some combination.

Inclusion: the practice of educating all or most children in the same classroom, including children with physical, mental, and developmental disabilities. Inclusion may require differentiation of instruction and/or student outcomes depending upon ability.

Individualized Education Program (IEP): a written plan, reviewed at least yearly, that explains goals, short-term objectives, and the frequency and scope of special education services for the student in order that he/she will show progress in the general education curriculum.

Intervention: a plan of specific instruction, modification or accommodation, designed to improve a student’s academic performance or behavior in the general education environment.
**Intervention Assistance Team (IAT):** for the purposes of this study, a group of educational professionals which may include special education and related services personnel who work with a student’s parents and general education teacher to develop interventions designed to improve student performance and/or behavior.

**Least Restrictive Environment (LRE):** To the maximum extent possible, children with disabilities are educated with typical peers within the general education environment.

**Mainstreaming:** including a child with a disability in the general education classroom without special education supports, and having the same student outcome expectations as those for typical peers.

**Modifications:** changes made to a class routine, lesson or activity, or changes made in outcome expectations so that an individual or group of individuals can be successful.

**Special Education:** specifically designed instruction intended to meet the unique and specific needs of a child with a disability. The child’s educational needs determine the LRE and his/her place on the continuum of services.

**Related Services:** any support services for a child with a disability such as speech/language therapy, occupational or physical therapy, adapted physical education, psychological services, specific transportation needs, etc.
Chapter Summary

The introductory chapter of this dissertation provided background for the reported study, specifically in regard to current educational and societal trends, and the general state of current knowledge. Gaps in existing knowledge and the potential contributions of this study were explored. A brief overview of interview methodology was described. Delimitations and boundaries for the study that impact generalizability were explained, and definitions of terms peculiar to special education and to the scope of this study were offered.

The following chapters will provide a comprehensive review of the literature in regard to inclusion and collaboration, an in-depth explanation of the study’s method, a description of the results, and a discussion and interpretation of the data.
CHAPTER II

This chapter provides a review of the literature about collaboration with families of students with disabilities, inclusion, and teachers' attitudes toward inclusion. The search process is explained and the pertinent literature is examined. The literature review is then divided into three main sections beginning with a broad-based review of the history of special education and inclusion, and narrowing specifically to collaboration as it relates to home-school relationships. The sections include: (a) historical perspectives including recent policies and initiatives, (b) inclusion as a service delivery model for students with disabilities, and (c) collaboration.

The Search Process

The literature review was developed through a systematic search process using electronic databases. Academic Search Premier was used to access only full text articles. Keywords guided the search, including but not limited to Inclusion, Teacher Attitudes, Teacher Efficacy, Teacher Preparation, Collaboration, and Disabilities. Advanced search parameters that focused on specific disabilities further narrowed the broader headings. Additional articles were identified through reviewing the references from primary articles. A search in the Dissertation Abstract database resulted in finding several recent dissertations that were related to this study. Because of the rapid and continued changes in special education law and policy and in teacher accreditation, with rare exception only articles and studies that were less than fifteen years old were included.
Articles that were deemed appropriate to this study were printed in their entirety and catalogued. An annotated bibliography was created to determine the utility of each article. Articles were given subjective scores of 1 to 3, with 1 being considered most helpful. Annotations included general research foci, the specific type of research (e.g., survey, case study, ethnography, experimental), and a summary of results to facilitate the development of categories. Not all articles reported on research studies; these included editorials, position papers, and policy statements. Accreditation standards for teacher training programs, licensure requirements, both at the federal and state levels, and standards documents pertinent to the education of children with disabilities were also included in the annotated bibliography.

Throughout the writing and revision process, additional searches were made to corroborate and verify results of other research studies. The initial broad-based search became more focused and narrow as the research question was developed and was more clearly defined.

Current Literature

Current research is replete with studies that investigate school organization and its effects on inclusion practices, teacher attitudes, and effective collaboration among educational teams and parents. Some of the studies discussed here suggested that teacher attitudes toward inclusion and toward students with disabilities, specific instructional behaviors of teachers, teacher efficacy, and teachers’ collaborative aptitudes and interests all play key roles in the success of inclusion. This review of the literature discusses these topics, beginning with a review of the historical roots of special education, a broad look
at inclusion, and narrowing to a focus on collaboration between parents of children
with disabilities and school personnel. Each of these foci of the literature review
illuminate areas for consideration as educators develop more effective ways of working
with children with disabilities within the public school setting.

*Historical perspectives*

An in-depth article by Osgood (1999) recounted the history of the development of
special education as a separate educational track. In the 1800s, school districts and
individual states began to place more emphasis on preparing teachers for the public
school classroom. Formal training programs were developed and professional teaching
associations began to flourish, especially on the eastern seaboard (Osgood, 1999). During
this time, special education began to develop into a recognized subfield with particular
and differentiated characteristics and standards. The underlying societal expectation was
that all children were entitled to some form of an appropriate education, and that children
with special needs required qualitatively differentiated instruction. Certainly, this
separation from traditional education lent legitimacy to the work of teachers who were
recruited to work with deaf, blind, and “feeble-minded” children. But in this early period,
special education classes offered little more than firm discipline and cursory vocational
training at the expense of specialized academic instruction.

In 1897, the National Education Association created the Department for the
Education of the Deaf, Blind, and Feeble-Minded (Osgood, 1999). Its purposes were to
emphasize the specialized training of its teachers and to afford teachers of students with
disabilities a professional organization that could address their peculiar needs.
Professional journals relating exclusively to disabilities began to be published which further served to legitimize the differences in foci and training.

Public schools in Great Britain showed similar changes and developments (Richards & Clough, 2003). In early 20th century England, students with disabilities were removed from the regular classroom to ease the burden of educating them. Richards and Clough (2003) suggested that this segregation “allowed society to exclude particular children under the guise of offering them something better” (p. 78). There was little moral outcry until advocacy groups became more organized nearly fifty years later.

Throughout the early 1900s, characteristics and qualifications of special educators became more clearly defined through policies that were developed and supported by the Department of Special Education of the National Education Association (Osgood, 1999). A profile of the special educator began to emerge which ideally included “basic coursework in a variety of liberal arts and education subjects, five years of approved experience in the grades, and above all superlative spiritual equipment” (p. 87). Specific descriptions of special education teachers focused on soft skills such as geniality, empathy, and patience, rather than on knowledge and skill in curriculum and instruction. Osgood cited an early special class curriculum manual:

The supreme need of one who would teach or train a little child is the power to put oneself in his place—to go as far as the actual point of meeting with his actual need...[to] link her strength to her pupil’s weakness, her knowledge to his ignorance, her skill to his lack of skill. (p. 97)

Interestingly, specialized training was offered to only the ablest of teachers, who were “promoted to the special classes” (Osgood, 1999, p. 98).
Because of the creation of specific training programs for which only the very best teachers were recruited, special educators became distanced from their professional educator peers. Special education teachers developed a new vocabulary exclusive to their discipline, created separate professional organizations, and had different certification requirements. This setting-apart has served to interfere with an authentic integration of general and special education settings. According to Osgood (1999), blame for this segregation can be shared by government and other policy developers, higher education institutions, and the teachers themselves. Osgood believed that specialized and differentiated teacher training programs served to validate the unique skills of special education teachers. This, in turn, led to recognition and segregation within the education community as teachers of society’s most challenging students struggled for recognition and acceptance by their peers and administrators.

Another trend that had an impact on how inclusion has evolved in more recent times was the Regular Education Initiative (REI). This initiative proposed by Will (1986) was developed in the 1980s in response to the assumption that students with mild handicaps could be as successful with general classroom accommodations and modifications as they would be in a more conventional pull-out program. The goals of REI were threefold: (a) to reform special education to an inclusion model, (b) to increase the number of students with disabilities who were being educated in the general education classroom, and (c) to increase achievement levels in students with mild and moderate disabilities (Miller, Fullmer & Walls, 1996). REI was given legal “teeth” with the passage of P.L.101-476 (IDEA, 1990) which mandated that decisions about the “least restrictive environment” (LRE) be made on an individual basis and that a full
complement of services be available. This meant that the general education classroom was the default setting for instruction, and placement in any other educational environment needed to be justified by the student’s disability.

Wang, Reynolds, and Walberg (as cited in Coates, 1989) argued that pull-out programs focused on remediation rather than prevention and that categorically labeling students as handicapped “caused a disjoinedness in educational programs” (p. 532) that failed to meet to the needs of students. But critics have suggested that the implementation of REI was premature in that there was little evidentiary research to support it (Kauffman, Gerber & Semmel, 1988). Further, Coates’ (1989) study indicated that the general educators surveyed did not support REI which in turn, Coates believed, doomed it to fail. His survey results suggested that general education teachers believed that resource rooms were not only effective environments for students with disabilities, but should be expanded to include more students.

At the time of this study, the Ohio Department of Education has developed its own response to improving student outcomes and moving toward greater degrees of inclusion by linking behavior with academic support. The Ohio Integrated Systems Model (OISM) is in keeping with ODE’s mission statement to “raise expectation, build capacity and improve results,” particularly through improving schools’ abilities to include children with disabilities and other at-risk learners (Cuyahoga Special Education Service Center, 2006). Through strategic planning at the building level, teams that include administrators, teachers, and parents develop a three-tiered model of academic and behavioral supports and interventions. Proponents of this model hope to decrease the number of students who require intensive supports through positive behavior
interventions and support and early identification of at-risk students. Because of its recency, results of this initiative are not yet documented.

A closer look at the history of special education and its development into a separate educational discipline has shown how educating students with disabilities has evolved to current practices. In recent history inclusion has become more widespread through initiatives such as REI, placing demands on general educators that were previously addressed by specially trained teachers. These changes in service delivery require collaboration among educational teams and the families of the students they serve.

Service Delivery and Inclusion

Inclusion as a service delivery model for students with disabilities has become widespread in recent years. One reason is that an atmosphere where learning and teaching are clearly valued has been linked to positive student achievement (Wang, 1997). Wang does not differentiate between positive learning environments for students with disabilities and their non-disabled peers. Historically, schools have participated in a two-systems approach to education: one system for general education students, and a parallel but differentiated system for students with disabilities. As special education reforms have developed, the lines and boundaries of this parallel approach have blurred and intersected. The result is that many students with disabilities are being taught within the same classroom context as their typical peers.

According the U.S. Department of Education’s report for 2002, 46.5 percent of all students with disabilities ages 6 to 21 were served with non-disabled peers at least 79
percent of their school day, an increase from 43.3 percent reported in 1996, 39.8 percent in 1992, and 34.9 percent in 1991. (U.S. Department of Education, 2003). Further, over 40 percent of children ages 6 to 12 with the specific labels of Specific Learning Disability, Speech/Language Impairments, Hearing-Impaired, Visually Impaired, Orthopedically Impaired, and Developmentally Delayed were educated in the general education classroom full-time (U.S. Department of Education, 2003). The trend is obvious; inclusion as an educational philosophy has become firmly entrenched in the nation’s public schools.

Because of recent changes in the Individuals with Disabilities Education Improvement Act (2004) (IDEIA), which changed the eligibility criteria for some classifications, more and more students must have their educational needs met in the general education classroom. These students may have qualified for special education services prior to the changes, but no longer meet the criteria. This means that general education teachers are faced with an even broader continuum of intellectual ability in their students. Further, with the trend to include students with disabilities in the regular classroom, teachers face challenges in modifying and adapting the curriculum to a level where students with disabilities can achieve.

In addition to changes in eligibility requirements for special education services, the continuum of service delivery options available to students with disabilities has expanded to include fuller participation in the general education curriculum. Rather than being served in a traditional resource room staffed by a special education teacher, many special education students remain in the general classroom for academic instruction with specific accommodations and modifications to ensure progress toward goals delineated in
the Individualized Education Plan (IEP) (U.S. Department of Education, 2003). This meant that students with disabilities with a variety of cognitive, adaptive, and communicative skills were more frequently being instructed by teachers with no special education experience or training.

Advocates for inclusion of students with disabilities, even for those with severe impairments, have suggested that lack of empirical evidence of the success of inclusion should not determine inclusion’s benefits (Stainback, Stainback, & Ayres, 1996). Further, some have suggested inclusion is a moral imperative and is not dependent upon science’s justification (Cook, et al., 1999; Forlin & Hattie, 1996). This shift in emphasis from a welfare perspective to one of social and moral justice decries segregating children with disabilities from their typical peers. According to Soodak (2003), the general education classroom could impart social benefits for both typical students and students with disabilities that were not readily measured by academic outcomes. Soodak (2003) stated that inclusive education “is primarily about belonging, membership, and acceptance” (p.328), and it is in that spirit that advocacy groups devoted to specific disabilities have embraced inclusion for social development and increased independence. D’Alonzo et al. (1997) believed that although inclusion assumed academic and social benefits for students with disabilities, other positive outcomes were possible: “inclusion can assume a philosophy that acknowledges the value of collaboration by teams of professionals working in a single educational system” (p 4).

Vaughn and Schumm (1995) warned that students that have specific learning disabilities do not achieve as well in the regular classroom as they do in a more traditional resource room. These students often require small-group or one-on-one
instruction that specifically addresses their learning deficits. Based on a qualitative analysis of several target schools, they posited that students with specific learning disabilities do not do as well in a general education classroom as they do in a resource room because of “undifferentiated, large-group instruction” (p. 264).

Legal challenges from parents have led the judiciary to examine the merits of inclusion. The courts have upheld the concept of a continuum of services and, more specifically, that general education is the default setting for instruction. As a result of *Oberti v. Board of Education*, a three-part test, referred to as the *Oberti Factors*, has been used to determine the appropriateness of placement of students with special needs. The three factors were: (a) reasonable efforts to accommodate the child in the regular classroom, (b) benefits of regular education placement with necessary support services compared to a resource room placement, and (c) any negative effects on typical students as the result of inclusion (Alexander & Alexander, 2005). Regulations and court decisions have made clear that within the continuum of services, handicapped children are to be included in the general education program to the fullest extent possible (Ohio Department of Education [ODE], 2002).

The goal of inclusion is to provide the least restrictive environment where a student can achieve despite their disability. Marshall, Ralph, and Palmer (2002) have suggested that inclusion has a conceptual opposite: exclusion. The mindset for special education, they said, was that students with disabilities were “singled out for potential exclusion” (p. 200) simply by virtue of their label. They suggested that our history of exclusion could only be reformed through a complete reorganization of the system so that inclusion “reduces all exclusionary pressures and all devaluations of students” (Marshall
et al., 2002, p. 200) with disabilities. Inclusion assumes that students with
disabilities can achieve as well as or better in a general education environment. Further,
models of inclusion assume that with modifications and accommodations for learning
differences, students with disabilities can be educated effectively with their typical peers.

The impact of current policies about inclusion is problematic for many general
educators. It is possible that ignorance is bliss; that is, general educators are comfortable
passing the responsibility on to special educators. This can create a "get-them-out-my-
classroom" mind-set that is damaging not only to the disabled child, but could have far-
reaching effects in developing sensitivity, tolerance, and compassion in typical students
(D’Alonzo, et al., 1997; Jobling & Moni, 2004). The social impact of such attitudes
toward disabled persons had the potential to increase unfair and prejudicial
discrimination both in the workplace and in the community-at-large. But Richards and
Clough (2003) believed in a firm commitment to inclusion:

...inclusion is about social justice, a human and civil rights issue which is
constrained by a society that perceives disabled people as less entitled to having
their requirements met in ordinary society than those oppressed owing to race,
gender, or class. (p. 37)

High-stakes testing, where achievement is tied to dollars and the reputations of
schools districts, specific buildings, and individual teachers, also has an impact upon how
enthusiastically inclusion service delivery models are embraced (Hamre & Oyler, 2004).
Grade levels are distinctly separated through grade level performance indicators and
through curriculum standards and objectives. Students with disabilities who fall below
grade level create an uneven playing field and can be seen to put inclusive classrooms at
a competitive disadvantage. Because of what Hamre and Oyler (2004) have called “narrow and restrictive ways of measuring achievement” (p. 158), measures of success for students with disabilities are not differentiated enough to support all types of learners.

Is it possible that special education teachers sabotage inclusion efforts? Because the special educator plays a key role in the implementation of inclusion, he/she has the power to enable its success or failure. Cook et al. (1999) suggested that because special education teachers are often unconvinced of the efficacy of an inclusion model, these same teachers may be uninterested in working to address problems and issues that arise during the implementation of inclusion. It is possible that some special educators are uncomfortable with their changing roles as consultants and collaborators with other educational professionals. Based on interviews with special education teachers who left the profession, Embich (2001) concluded that special education teachers often felt that they were working where they were not wanted and where they felt unprepared. Billingsley (2004) suggested that teachers’ perceptions about “role overload and dissonance” (p. 53) may also be contributing factors to teacher burnout. Based on these studies, we may conclude that special educators may be as uncomfortable with an inclusion model as general educators, albeit for different reasons.

Vaughn and Schumm (1995) proposed that developing an inclusion model within a building or district is likely to be more successful when school personnel evaluate the culture and climate of the organization, rather than simply respond to legislated mandates or use a model that may have been successful in another time and place. This permits each building to develop a program for inclusion that is tailored to the specific skill sets and competencies of its teachers and staff so that students’ needs can adequately be met.
In addition, program evaluation is on-going and flexible so that the inclusion model is dynamic and is undergoing constant refinement.

But Wang’s meta-analysis (1997) warned about “islands of excellence” (p. 14) when a state-wide system with specific model standards is lacking. In a comprehensive review of 91 research studies, Wang (1997) isolated 28 subcategories that influenced student learning and classified these variables into six broader categories: (a) student aptitude, (b) classroom climate, (c) context, including demographics, (d) school organization, (e) state policies, and (f) program design. Other pertinent findings in Wang’s meta-analysis further indicated that in a three year program: (a) when the state-recommended model for inclusion was used, a high degree of successful implementation followed; (b) special education students achieved at least one year’s academic growth in their inclusion classrooms; (c) achievement scores of general education students were higher than national norms, and (d) the number of special education referrals dramatically decreased. These findings make clear the benefits afforded to students with disabilities when given the opportunity to learn with the general education classmates.

Based on the studies reviewed here, inclusion appears to have become a universal service delivery option for students with disabilities and researchers throughout the world have evaluated its success and how to better prepare teachers. Stanovich and Jordan (2002) stated that inclusion as a universal construct is evident because of the ongoing nature of the movement toward inclusion and continued movement away from stigmatization and exclusion. Stanovich and Jordan made the case for inclusivity this way:
Although this [inclusive schools] means different things in different places there is a universality to the underlying human rights philosophy of inclusion which suggests that the concept is destined to persist rather than represent the latest educational fad or bandwagon. (p. 176)

Although most general education teachers agreed that inclusion is good for students with disabilities, many teachers perceived that teaching students with disabilities in an inclusion classroom created a heavier and unwelcome workload for the teacher (Marshall et al., 2002; Richards & Clough, 2003). This may make teachers resistant to inclusion. Trying to design instruction to meet diverse student learning styles and abilities may make teachers feel ill-prepared to educate students with disabilities effectively, or at the expense of their more able students. Teachers may, with the best of intentions, try to blur the differences between students with disabilities and their typical peers to avoid embarrassment or stigmatizing of other-functioning students (Richards & Clough, 2003). Requiring the same product from each student, providing the same instructional materials and assignments, and setting unrealistic expectations may each impede progress in a student with a disability.

Despite the changes in political and social expectations regarding inclusion, teacher perceptions about the advisability and success of inclusion remain essentially unchanged in the last half-century (Scruggs & Mastropieri, 1996; T. E. Scruggs, personal communication, December 13, 2006). Early studies have shown that general education teachers were not confident in their own levels of preparation to teach students with disabilities nor in the quality of academic work these students were capable of producing in a mainstream setting (Bender, Vail, & Scott, 1995).
The literature suggests that teacher attitudes toward students with disabilities directly impact their success in creating positive student outcomes. Some studies suggest that most teachers’ attitudes towards inclusion and/or students with disabilities are at best ambivalent (DeBettencourt, 1999; Smith & Smith, 2000). D’Alonzo et al. (1997) surveyed teachers in New Mexico to investigate support for inclusion. The results indicated that the participants overwhelmingly agreed that inclusion is probably a good idea in theory, but they were reluctant to support inclusion in practice. Specifically, the teachers cited problems with (a) lowered self-esteem in students with disabilities if they were educated in the general education classroom, (b) increased teacher stress, and (c) increased challenges in classroom management (D’Alonzo et al., 1997). Generally, the surveyed teachers agreed that the responsibility for facilitating improved inclusion lay in preparation programs for preservice teachers and with school administrators.

In their meta-analysis of 28 research investigations, Scruggs and Mastropieri (1996) found that generally, teachers supported the concept of mainstreaming or inclusion (the terms were used interchangeably in this report), but one third or less believed they had the skills, time, and resources to effectively include students with disabilities in their classrooms. Updates to this research indicated that teachers’ perceptions remained unchanged during the last decade (T. Scruggs, personal communication, December 13, 2006). Kirk (1998) put a different spin on the data by saying that “in general—regular educators appear to have attitudes averse [italics added] to the inclusion movement” (p. 153).

Negative attitudes toward inclusion or toward students with disabilities are not unique to the American experience. Results of studies conducted in Great Britain,
Greece, Israel, and United Arab Emirates, (Alghazo, Dodeen & Algaryouti, 2003; Avramidis, Bayliss, & Burden, 2000; Avramidis & Norwich, 2002; Bishop & Jones, 2003; Brook, Watemberg, & Geva, 2000; Morley, Bailey, Tan, & Cooke, 2005; Poulou & Norwich, 2000) are consistent with a study by Praisner (2003) which revealed that the amount of experience with people with disabilities had no significant effect upon preservice teacher attitudes. The authors described the struggle in this way: “Legislation can enforce the provisions of educational opportunities in terms of physical access, but it is difficult to enforce acceptance” (Alghazo et al., 2003, p. 515).

Uncertainty about the merits of inclusion is not peculiar to teachers. A recent study by Praisner (2003) found that even among elementary principals, skepticism about successful inclusion is rampant. Stanovich and Jordan (2002) agreed that if administrators are uncomfortable being the standard-bearers for including students with disabilities in classrooms with their non-disabled peers, teachers in their charge will also be hard-pressed to embrace inclusion enthusiastically and positively.

Although teacher attitudes toward inclusion remain static according to some studies, conventional models of education that emphasized “I talk, you listen” teaching have been supplanted by more reform-oriented models for teaching. This new pedagogy embraces a constructivist approach whereby teachers elicit responses through investigation and the discovery of solutions in authentic problems (Feiman-Nemser, 2001). Teacher-directed learning has been replaced by student-driven questioning and discovery. These changes have required new skill sets of teachers, both in instructional methodologies and assessment, adding even more challenges to meeting students’ individual learning needs.
Many studies have suggested that teachers’ attitudes toward teaching students with disabilities change when teachers are given specific training and experience in working with this population (Campbell, Gilmore & Cuskelly, 2003; DeBettencourt, 1999; Kos, Richdale, & Jackson, 2004). In a study that compared the attitudes of general education and special education preservice teachers, Shade and Stewart (2001) found that positive attitudes toward teaching students with disabilities increased for both groups after each group had taken one survey course on disabilities. Results suggested that one course can make a difference in teachers’ perceived efficacy and attitudes, and make them more amenable to inclusion. Shade and Stewart (2001) advocated that at least one course about students with disabilities be required for all preservice teachers.

According to DeBettencourt (1999), teachers’ attitudes toward students with disabilities are one of the most critical factors in student success and in successful collaboration. DeBettencourt suggested that both attitudes towards students and attitudes toward inclusion had an impact upon both student and program successes. But teacher attitudes toward students with disabilities cannot be generalized and need to be defined by specific disability, its severity, the subject being taught, teacher knowledge, and classroom assistance (Marshall, Stojanovik, & Ralph, 2002). Each of these factors can impact teachers’ attitudes and their perceptions of students with disabilities.

To summarize, as schools embrace inclusion models to educate students with disabilities, collaborative skills for both special education teachers and general educators become more critical. Inclusive education appears to be a permanent change in the way services are provided to students with disabilities. Inclusive schools are a continuation of a long-standing, on-going trend in education whereby schools continue to move away
from exclusionary, and often stigmatizing, classes. This shift in historical educational practice reflects society’s increased awareness and sensitivity to children with disabilities.

Based on the data from both American and international studies, it appears that ambivalent or negative attitudes toward inclusion and toward students with disabilities are prevalent. Although teachers appear to have a genuine interest in helping students with disabilities meet their potentials, teachers cited lack of knowledge, support, and resources as factors in their perceptions of working with students with disabilities. Efficacy appears to be correlated with attitudes but causation has not been reliably established. The data further suggest that additional coursework may be helpful in fostering more positive attitudes in teachers, both at the preservice and in-service levels.

Although there is some disagreement, the majority of the studies reviewed here suggested that inclusion can benefit students with disabilities, their non-disabled peers, general and special educators, and the entire school organization. But a growing body of research indicates that teachers need to be convinced that inclusion will be supported to the extent that they can meet the needs of both non-disabled and students with disabilities.

**Collaboration**

This section of the review of the literature discusses characteristics of collaboration, essential elements to collaboration, and barriers that may impede collaboration. Collaboration among school professionals, important concepts in collaboration, and finally, collaboration between parents and school professionals are
discussed. Specific studies that investigated parent attitudes and perceptions toward inclusion, collaboration, and issues in special education are discussed.

*Professional collaboration.* As schools face diverse student needs and place greater emphasis on specialization in knowledge and instructional methodologies, the need for collaboration has also increased. Standards for accreditation, as determined by the Council for Exceptional Children (CEC), clearly outline the importance of collaboration by including it as one of the essential standards for special educators. Intervention specialists, formerly known as special education teachers, are provided with well-defined expectations for collaboration with general educators, community personnel, administrators, social service agencies, and families (Council for Exceptional Children, 2003). Collaborating with service providers and integrating students into general education classrooms are foundational to successfully meeting the needs of students with disabilities. Cook and Friend (1991a) described an increased emphasis in collaboration as part of an organization’s efforts to achieve shared goals. According to Friend (2000), unsuccessful inclusion attempts are frequently attributed to collaborative failure.

In an effort to include students with disabilities, collaboration between general education teachers and special education teachers can play a key role (Burns, 1999; Robinson, 2002). Teachers prefer to collaborate with special education teachers rather than go it alone (Schulte, et al., 1993). But the issue of time for collaboration with other educational professional creates problems for planning, communicating needs, and dealing with administrative paperwork. Trent, Driver, Wood, Parrott, Martin, and Smith (2003) found that the lack of sufficient time to plan was a major drawback to successful
collaboration. Individual teacher schedules do not always allow for time during the school day to plan, develop, and modify lessons. Another potential problem in cooperative teaching between special education and regular education teachers is that students with disabilities are often dispersed among several classrooms rather than being assigned to just one teacher. This poses a special challenge to the special educator who must then develop collaborative relationships with several teachers, which in turn requires even more planning time.

Another barrier to successful collaboration among educational team members is what Feiman-Nemser (2001) called "a culture of politeness and consensus" (p. 1023). Challenges to differences in practice and confrontations about asynchronous teaching philosophies are avoided. Without an open and accepting forum for healthy debate within a collaborative framework, teachers are reluctant to ask the hard questions, increase their own levels of understanding, and thereby create a more successfully inclusive climate for learning. Schulte et al. (1993) posited:

Perhaps [collaboration] with classroom teachers will be most successful when teachers are approached as if they are committed professionals who are both seeking assistance and capable of judging the limits of their own technical and personal resources. (p. 24)

As we have seen, historically the overlap between special education and general education has developed over decades of legislation, school reform, and litigation. Rather than trivialize the differences in preparation and methodology, this differentiated expertise can lead to broader and more comprehensive collaboration that utilizes the strengths and emphases of each. Differentiation need not necessarily imply isolation.
As schools have chosen to develop inclusion models for service delivery, special education teachers have found their roles changing. With an emphasis on collaboration with the general education teacher, special educators spend more time outside their own classrooms and less time working directly with students (Ferguson & Ralph, 1996). Not only does this create logistical and scheduling dilemmas, but special education teachers may feel a sense of loss as they move toward a support role for general education teachers. The evolution of titles reflects these changing roles: “inclusion facilitators, inclusion teachers, support specialists, teacher consultants,” (Ferguson & Ralph, 1996, p. 49), and Ohio’s choice: intervention specialist.

Collaboration among educational professionals and families is crucial in meeting the needs of students with disabilities. Garcia (2004) reported that when families were intimately involved with their children’s education, levels of achievement increased along with improved behaviors and positive attitudes. But families remained skeptical about having their say on the educational team. Garcia’s (2004) survey results indicated that teacher efficacy was a key component in increased collaboration with families.

One way that schools develop collaboration with both families and fellow teachers is through Intervention Assistance Teams (IATs). These small groups of general educators, related service providers, and intervention specialists meet to discuss behavioral and academic challenges in students. The purpose of the IAT is to help classroom teachers, parents, and other service providers meet the needs of students within the general education environment (M. Pysh, personal communication, August 23, 2004). This collaboration can be successful when interventions are agreed upon and are goal-
directed. The success of interventions is measured through hard data, and this is where the system of collaborative effort often breaks down (Inman & Tollerson, 1988).

Research suggests that Although teachers may be satisfied with the goals of intervention, they are less satisfied with student outcomes (Lane, Pierson, Robertson, & Little, 2004). Lack of “treatment integrity” (p. 422), or the extent to which the intervention is actually implemented, may also lead to limited success with interventions. Without this treatment integrity and without adequate follow-up support, many interventions simply fade away, and the student continues to have limited success.

Smith, Gartin, Murdock, and Hilton (2006) suggested that families have legitimate concerns about teacher preparation including lack of specific training for teaching children with exceptionalities, lack of special education support, and lack of incentive or time to adequately involve parents in their children’s education. Using current research, the authors developed specific strategies to help teachers more fully and appropriately involve parents of students with disabilities in all aspects of their children’s education. They suggested that developing collaborative skills in teachers helps to create more positive learning environments.

As was discussed earlier, teacher training plays a pivotal role in developing the necessary skills for collaboration. But, an analysis of teacher preparation programs indicated that any focus on collaborating directly with families was minimal (Brownell, et al., 2005). Collaboration training in sixty-four programs was evaluated. The results indicated that Although collaboration was emphasized in each program, the collaborative foci varied. Program emphases included general knowledge of collaboration skills, teacher-to-teacher collaboration, and school-to-faculty collaboration. Brownell et al’s
study showed that coursework in both general education and special education programs usually touched upon the importance of familial collaboration, but did little to teach students how to apply this knowledge.

_Collaboration between parents and professionals._ The President’s Commission on Excellence in Special Education (2002) held the opinion that genuine parental input “will create better results for children and school” (p. 38). Further, assisting parents in understanding their rights and responsibilities under IDEIA can result in a decrease in litigation with regard to providing services to children with special learning needs. In this section, the importance of home-school collaboration will be discussed.

A discussion of the components of effective collaboration is important here. Theorists and researchers have offered various interpretations and perspectives of what defines collaboration. Donato (2004) differentiates collaboration from simple interaction:

…collaborative cultures foster diversity, while simultaneously building trust, provoke anxiety and contain it, engage in raising tacit knowledge to explicit knowledge, seek connections to ideas that exist inside and outside the group, and build coherence. (p. 285)

He further suggested that a cooperative activity or shared goal is the core around which collaboration revolves.

A specific, universally accepted definition of collaboration is hard to pin down. “Partnership” has been used to describe the collaborative relationship as it embraces collaboration within a framework of service integration, teaming, and cooperative efforts between families and schools (Summers, Hoffman, Marquis, Turnbull, Poston, & Lord
Nelson, 2005). This partnership requires an understanding and appreciation of the skills each member of the team brings to the table and an ability to communicate and evaluate these skills. Turnbull, Turnbull, and Wehmeyer (2007) framed collaboration as a “family-professional partnership” where team members capitalize on “each other’s judgments and expertise in order to increase the benefits of education to students...” (p. 84). Blue-Banning, Summers, Frankland, Lord Nelson, and Beegle (2004) interviewed parents of children with disabilities about their perceptions of professional partnerships. Results indicated that soft characteristics such as trust, respect, and commitment were critical to successful partnerships. These same relational characteristics emerged from a study by Dinnebeil and Hale (1996). Their survey results of parents with children in early intervention programs indicated that personal characteristics, and philosophical beliefs and values of school personnel played a greater role in developing positive collaboration partnerships than referent power or expert knowledge.

Cook and Friend (1991a) offered this definition of collaboration which is frequently cited in the literature: “collaboration is a style for direct interaction between at least two co-equal parties voluntarily engaged in shared decision-making as they work toward a common goal” (p. 7). This definition implies specific characteristics of the collaborative relationship. According to Friend (2005), successful collaboration (a) is voluntary; (b) assumes parity among group members; (c) involves sharing responsibility, accountability, and resources; and (d) works toward a common goal.

First, collaboration is more successful when participation is voluntary. Although IDEA has recognized the importance of family involvement and now requires schools to actively seek parental input, teacher attitudes toward collaboration may be resistant to
forging the relationships necessary to genuine collaboration (Cook & Friend, 1991a; Spann, Kohler & Soenksen, 2003; Valle & Aponte, 2002; Villa & Thousand, 1996.)

Second, parity suggests that power is shared and all opinions have equal weight. The issue of power, who has it, who needs it, and how it shifts, has also been discussed in the literature. Dunst, Trivette, Davis, and Cornwell (1988) suggested that the power structure shifts in collaborative endeavors as individuals share their personal expertise. True collaboration, according to Dunst et al., assumes that each individual is competent, or within a nurturing framework has the potential to be competent. Empowerment of each party is a result of having complete information for decision-making, having the ability to deploy resources to meet goals, and understanding that behavior change is a result of the collaborative effort (Dunst et al., 1988).

Parity, when used within the context of a collaborative framework, implies shared leadership. This leadership dynamic changes depending on who among the group has knowledge and expertise to share. A study by Judge (1997) revealed that families wanted a voice in decision-making and in choosing supports and allocating resources. In a series of self-report surveys that measured personal control, intervention control, and contact frequency, parents’ responses indicated a high desire for complete information and for a shared leadership role in team decisions. To foster true collaboration, Judge (1997) suggested that “helping” relationships may more clearly embody the spirit of collaboration. Spann et al. (2003) found that parents believed they became more knowledgeable and participatory in decision-making as their children grew older. The parents in this study appeared to become more assertive and vocal as they became more comfortable and experienced in the processes that define special education.
The third theme described by Friend (2005), that of shared responsibility and accountability, arises in most descriptions of elements of successful collaboration. A fine distinction between “parent involvement” and “parent responsibility” is made by Blue-Banning, et al. (2004). Accountability is more implicit in the use of the term “responsibility.” Blue-Banning, et al suggested that parents who share responsibility for outcomes are more likely to feel empowered throughout the collaborative decision-making process. This empowerment may be compromised when families feel they have little control of the procurement and allocation of resources (Dunst et al., 1988).

Finally, collaboration is a means of working toward a common goal. Dunst, Trivette, and Deal (1994) have suggested that parents who are perceived as uncooperative or resistant to group decision-making processes may not understand the problem, or may disagree about the problem or the proposed plan of action. Effectively communicating the specific purpose for collaboration is helpful in minimizing this perceived resistance.

The four facets of collaboration discussed above are addressed through several essential elements. These elements have been enumerated by Friend (2005) as (a) a personal belief system, (b) communication skills, (c) interaction processes for problem-solving, and (d) a supportive context. Personal belief systems are developed through training and experience. Unless each individual comes to the table with a commitment to collaboration, success can be compromised (Friend, 2005). For collaboration to be effective, all stakeholders need to understand and have the ability to communicate and problem-solve effectively, but it is unlikely that each individual has the same level of skills, expertise, or experience. Parents approach decision-making for their children with unique levels of interest and ability.
Successful collaboration can be hindered by barriers. These barriers can take several forms. For example, parents of children with disabilities may demonstrate dependency upon school personnel, particularly teachers (Dunst et al., 1988). This dependency may be a result of acculturation to educators being perceived as the experts who hold the power to make decisions and changes that directly impact their children. Dependency on the part of parents may be encouraged by teachers because “the less helpless the [parent], the less helpful the professional can be” (p. 71). The cycle of dependency grows so that eventually parents relinquish power and fail to display competence in decision-making, which in turns awards more authority and power to school staff.

A second barrier to meaningful collaboration lies in disparate perceptions of the professional relationship. These relationship boundaries become problematic when parents want more attention than teachers are comfortable giving. In an analysis of focus groups comprised of parents with children with disabilities, several boundary themes emerged (Lord Nelson, Summers, & Turnbull, 2004). These themes included accessibility, responsibility, and relationship. Lord Nelson et al. (2004) considered a continuum of relationship where each individual finds a point that he/she considered appropriate. Results of this qualitative study suggested that parents sought a more personal relationship with their children’s teachers; that is, parents wanted a personal friendship that continued on a social level, even after the teacher no longer worked with the child. Parents wanted to be able to call teachers at home at any time; teachers were open to making and receiving phone calls within certain limits. Parents wanted teachers to see their professional responsibilities as more than a paycheck or their children as more
than a number. Teachers generally agreed that going above and beyond the typical school day’s responsibilities helped to develop positive parent relationships but believed that relationships that got “too close” took an emotional toll and developed unwelcome dependency.

Parental expectations may not always mesh with what school personnel are willing or able to provide. Soodak and Erwin (1995) interviewed parents of children with disabilities to discover their perspectives on educational decision-making for their children. Results indicated that parents believed school philosophy and practice were not necessarily in harmony with parental desires. Parents believed that special education resulted in unwanted segregation for their children. Other emergent themes included (a) alienation from the school due to lack of a common language, (b) lack of receiving complete and comprehensible information from school personnel, and (c) perceptions that schools are “system-focused” rather than child-centered (Soodak & Erwin, 1995). Cook agrees that special education has developed a “compliance-minded” approach which results in highly structured, school-directed meetings and compromises a more supportive group process (Spencer, 2005).

Another barrier to successful collaboration is what Fuchs and Fuchs (2000) have called “the feel-good approach to consultation” (p. 93). Making participants, particularly the “helpers,” feel good about themselves may be unrelated to the decision-making task at hand. Prezant and Marshak (2006) suggested that a kind smile or nod from a confused or grateful parent may be a result of social norms and does not necessarily lead to effective decision-making. In this model, parents are passive recipients of information. But Prezant and Marshak’s (2006) findings revealed parents’ profound interest in being
able to actively communicate, participate, and contribute to collaborative decision-making.

It is possible that, in a collaborative setting, communication skills and consensus become more important than students’ needs and, in Fuchs’ and Fuchs’ words, “treatment integrity is sacrificed on the altar of collegiality” (p. 95). There appears to be a delicate balance between the potentially competing emphases on process and outcome. It can be argued that collaboration can be an end in itself, but according to Fuchs and Fuchs, we risk stressing style over substance thereby losing sight of the original purpose of the meeting: to help students become more successful. Cook has argued that effective communication skills or the art of communication is probably the greatest barrier to collaboration (Spencer, 2005).

Without an understanding of the collaborative process, shared and supported decision-making may be impeded. Nevin, Thousand, Paolucci-Whitcomb, and Villa (1990) have written about developing the collaborative process so that it has positive learning outcomes for all parties involved. Ideally, each member of the team needs to have the same knowledge, skills, and competencies for collaboration to be without flaws. Each member of the team needs to understand the collaborative process, develop effective communication skills, and be adept at resolving conflict. Rainforth and England (1997) outlined a collaborative model where every team member, at some point during the collaborative meeting, assumed the roles of “teacher, learner, and implementor” (p. 86). They believed that the ability to give up power and control and to assume those same roles needed to be explicitly taught to team members.
To summarize this section, barriers to collaboration may be interpersonal or structural (Park & Turnbull, 2003). They may involve individuals’ needs, perceptions, and expectations. Other barriers may be a function of systems and organizations or cultural and societal norms. Unless these barriers are addressed and overcome, collaboration cannot be optimized.

*Parents' experiences with collaboration.* Several studies reviewed here have investigated parents’ and teachers’ perceptions of collaborative processes. The findings were generally consistent across the studies: parents generally wanted to be involved in the decision-making for their children throughout their school careers. Teachers and parents alike appeared to understand and appreciate the importance of developing good collaboration skills. Findings from questionnaires collected from teachers and parents revealed that both teachers and parents were interested in improving collaboration (Buffa, 1995). Results indicated that creating a shared responsibility for the education of students with disabilities was a critical factor in fostering a more collaborative and congenial environment. Buffa (1995) suggested that practical factors, including unavailability of collaboration time during the school day and no scheduling of regular times for collaboration hindered successful collaboration.

Parents’ perceptions about inclusion can contribute to the effectiveness or the negligible benefits of inclusion (Duhaney & Salend, 2000). It has been suggested that gaining insight about parents’ feelings toward inclusion is important for several reasons. After reviewing 17 studies about families’ perceptions, Duhaney and Salend cited five reasons for gaining understanding of parents’ perceptions. These reasons included: (a)
legislation has mandated that parents have a voice in their children’s educational placement, (b) parents know their children’s needs best, (c) parents often determine the kinds of services their children receive, (d) parents can make or break the success of an educational placement, and (e) parents have the potential to be strong advocates for “the social validity” (p. 121) of inclusion. Their literature review also showed that parents’ perceptions toward inclusion were usually colored by the needs of their own children.

As students move through their school careers, parental interest in inclusion and in transition considerations becomes more obvious. In a study of parents’ perceptions of inclusion classes for their teenage children with special needs, Fisher et al. (1998) reported general satisfaction with some caveats. Several themes of dissatisfaction emerged: (a) the lack of expertise of general educators in special education instructional methodologies; (b) the lack of parent input when schools were engaged in change processes; and (c) the lack of balance between academic activities and more functional, community-based activities. Fisher et al. (1998) concluded that parental support for inclusion had an effect upon its success, and that schools would be wise to seek and be receptive to parent input.

Changes in feelings about inclusion are not only dependent upon the age of the student. Parent perspectives about inclusion may be affected by the type of disability (Kasari, Freeman, Bauminger, & Alkin, 1999). Survey results from parents with children with either Down Syndrome or autism suggested that parents with children with autism were more likely to embrace inclusion as a viable educational option than parents with children with Down Syndrome (Kasari et al., 1999). In addition, parents of younger
children were more likely to be favorable toward inclusion than parents of older children in both groups. In general, parents were satisfied with their children’s placements.

Roll-Pettersson (2004) found similar results in a study of Swedish children with special needs. In Sweden, two parallel school systems, based on the cognitive abilities of students, addressed the needs of children. Parents of children enrolled in each of the programs were surveyed. Analysis of the results indicated that parent perceptions changed over time. Generally, parents with children enrolled in the special education program were more satisfied with their children’s progress and development than parents who chose not to enroll their children in special education. Roll-Pettersson suggested that this may be due to the perception that the special education program “applies more relational and participatory family-centered practices when collaborating with parents” (p. 344). Findings also supported the idea that parents of children with more severe impairments were more satisfied with the level of collaboration with school personnel.

The benefits of inclusion for preschoolers as defined by parents’ perspectives were investigated by Seery, Davis, and Johnson (2000). Parents participated in phone interviews at the beginning and end of the school year. Attitudes toward inclusion remained stable over the course of the academic year. Concerns about the abilities of the teachers to meet the special needs of their children decreased, indicating that the parents had faith in the school and its personnel to meet their children’s needs as time passed.

Although parents may be satisfied with the placement of their children within the continuum of special education services, most parents surveyed by Gordon (1998) felt that their first encounters with the processes of special education were confusing and
problematic. This was in part due to feelings of powerlessness and lack of a shared vocabulary. Parent responses indicated that they sometimes felt out of touch with what was happening at school and preferred frequent (at least weekly) communication from their children’s teachers.

In a British study, Duncan (2000) reported on parents’ feelings about their relationship with their children’s special education providers. Private interview data were collected from ten families with students with special needs. The research suggested that parents found negotiating the special education process stressful and difficult compared to other situations and conflicts in their lives. Several specific areas of conflict emerged as themes: (a) a specific negative incident colored future communications with school personnel; (b) professionals were seen as slow to make decisions; and (c) parents reported conflict exclusive to a particular staff member, usually a teacher. Feelings of anger, frustration, guilt, and shame were mentioned by several participants. Duncan noted that these feelings can be particularly stressful because of the long-term nature of the relationship between school personnel and parents. Further, parents felt the balance of power rested with the school which frequently led to feelings of intimidation and alienation. Duncan suggested that the conflict can have a negative impact upon the success of educational placements and that schools need to be more sensitive to the feelings and desires of parents.

This inequity in the perceived balance of power was also reported by Fish (2006). This case study analyzed perceptions of parents of children with autism with regard to the IEP meeting. Interviews and focus group data indicated that parents did not feel valued, but believed that meeting outcomes and communication could be improved when
conferences were more of a “democratic process” (p. 63) with parents having an equal voice in decision-making. Further, these parents believed that IEP goals and objectives were not rigorously and properly adhered to by school staff, and that schools were purposefully reluctant in sharing special education law with parents. Disciplinary issues and the delivery of specific services were also areas of conflict between parents and school personnel. Fish noted that parents often lacked expertise about their child’s disability and felt as though they are at the mercy of the teacher, who may not always have the necessary expertise either. The participants in this study reportedly took it upon themselves to learn everything they could about their rights as parents of children with disabilities.

In a similar study, Jones and Swain (2001) used both a survey and focus group data to determine how parents felt about the annual reviews of their children’s special education plans. Results suggested that although parents took a more holistic view of their child’s needs, school personnel focused mainly on academic instruction. Despite this difference in focus, the respondents viewed their experiences in the annual review as worthwhile and important to the decision-making process. The most striking barrier to collaborative efforts during the annual review meeting was the perceived imbalance of power, tipped in favor of the school. The emergent themes included (a) the importance of preparation for the meeting by all parties, and (b) a clearly defined statement of educational needs as critical to the development of the educational plan. Jones and Swain (2001) remarked that in order to improve this purported collaborative relationship, educators needed to move away from “ownership of resources and intervention” (p. 62) toward a model of shared expertise and shared ownership of decision-making.
“Powerlessness” was how Ryandak and Downing (1996) described the feelings of parents regarding the decision-making process. Data gleaned from semi-structured interviews revealed parents perceived the teachers as the experts and often deferred to their judgment in decision-making. Despite reported feelings of powerlessness, parents were generally satisfied with their children’s educational placements which included at least partial inclusion in the general education classroom.

The family-educator relationship was investigated by Pruitt et al. (1998) to determine what special educators could do to improve collaboration. Interviews were conducted with a large sample ($N = 75$) with several themes becoming evident. Parents of children with disabilities presented a complex set of issues for educational professionals to consider. The researchers defined two broad categories: “listen to us,” and “demonstrate sensitivity” (Pruitt et al., 1998, p.162). More specifically, a large majority of parents wanted educators to recognize that parents knew and understood their children and their needs and that parent contributions to decision-making should not be taken lightly. Communication appeared to be a key factor in all of the sub-themes. Parents suggested improving both the quality and quantity of communication by displaying respect and sensitivity toward parents.

Based on their results and a review of the literature, Pruitt et al. (1998) offered specific recommendations to improve the parent-teacher relationships. They included: (a) consider parent contributions seriously, (b) improve communication skills, (c) be sensitive to the needs of the entire family rather than just the student, and (d) increase the knowledge bases about specific disabilities. Each of these considerations would be likely
to contribute to improved IEP development and meeting the individual needs of students with disabilities.

Granlund and Roll-Pettersson (2001) looked at the question of parents’ perceptions through the lens of the parent-teacher relationship as a function of an open system. In an open system, members are interdependent, and although the structure of the system may change, the function of the system remains relatively constant (Owens, 2004). Systems are organized to meet the specific needs of their members and the needs of the system in general. For example, family subsystems and school subsystems interface in order to meet personal, organizational, and community needs. Granlund and Roll-Pettersson posited that the perceived needs of students with disabilities will vary between these two sub-systems. Indeed, in their comparison of the two groups (parents and teachers) survey results suggested that although the needs of the two groups were relatively independent, they did complement and affirm each other. However, results indicated that the greatest disparity came in the form of educational focus; that is, parents were more concerned with functional and adaptive skills, whereas teachers were more concerned with academic and scholastic success.

In summary, the reviewed literature appeared to suggest that collaboration is desired by all parties. Factors that impeded genuinely successful collaboration included time, a sense of shared responsibility, and effective communication and collaborative skills. Parents generally had a sincere interest in the education of their children and would like to have a more active decision-making role. As inclusion practices and the field of special education continue to evolve, the concept of the educational “team” is likely to force improved collaboration among teachers and between teachers and families.
Chapter Summary

This chapter reviewed recent literature about inclusion through an historical context and in present day. As special education developed into a unique field of expertise over a century ago, special educators became removed from their general education counterparts. This separation did little to facilitate collaboration among educators; special education teachers were encouraged and trained to embrace their differentiated expertise and set themselves apart. This culture of separation was pervasive in education until the trend toward inclusion became a desirable option for service delivery to students with special needs. Inclusion has forced the issue of collaboration among educators.

Current policies for teacher preparation programs and licensing were also discussed in this chapter. Licensing agencies and state education departments have recognized the benefits of inclusion and the necessity for effective collaborative practices between educators and between educators and parents. Coursework in teacher preparation programs has been developed to meet mandated licensing requirements. This coursework includes exposure to students with disabilities through traditional classroom learning and field experiences. Research was presented that demonstrated the benefits of teacher preparation that included intensive and extensive exposure to students with disabilities. Although not all results reported here agreed, in general, these benefits included improved attitudes toward students, increased and more varied teaching competencies, and improved student outcomes.

Parent perspectives regarding their children’s placement in special education programs were discussed. Parents appeared to value collaboration in decision-making,
but do not always feel that their voices are heard, or that they have parity among other members of the educational team. Issues of power and the perceived lack of empathy on the part of school personnel have become consistent in research outcomes.

Collaboration has developed as a necessary part of successfully educating students with disabilities. Studies that explored collaboration were described in this chapter and discussed (a) characteristics of collaboration, (b) training preservice teachers in collaboration skills, and (c) barriers that hinder effective collaboration. Even though collaboration appears to be desired by all parties, not everyone agrees on how to achieve this end. Issues of power, professional distance between educators and parents, empathy, and communication and problem-solving skills all impact how collaboration is perceived.

The literature presented here demonstrates parents’ perspectives about collaboration with school professionals. This study serves to take the investigation of collaboration a step further by comparing how teachers’ and parents’ of students with disabilities perspectives and perceptions of collaboration differ.
CHAPTER III

This chapter will explain the selected methodology for the research study that investigated three questions: (a) what have been the experiences of parents of children with disabilities in collaboration with school professionals, (b) what expectations are held for collaboration between home and school, and (c) how do parents’ and teachers’ perceptions of collaboration efforts for educational decision-making differ. The context for the study and selection of participants will be described. Instruments and procedures for data collection and data analysis procedures will also be delineated in this section.

General Perspectives

A phenomenological study is designed to investigate and describe “the meaning of lived experiences” (Creswell, 1998, p. 51) about a particular concept or phenomenon, in this case collaboration between parents and teachers for decision-making. A qualitative study that seeks to learn more about a specific phenomenon as it is perceived by individuals strives to demonstrate what Creswell calls an “intentionality of consciousness” (p. 52). This means that the investigator searches for the underlying meaning of the concept in both the words of the participants and in their inward consciousness.

Individual experiences and perceptions are the foci of a phenomenological framework. Themes are developed through comparative data analysis; nevertheless, the meaning of the experience maintains its uniqueness for each individual. The structured
data analysis begins with clustering units of meaning which are then tied together through specific textual descriptions. But individual contexts must always be taken into account; individual perception is individual reality. Creswell (1998) described the premise for unique realities in this way: “Human experience makes sense to those who live it, prior to all interpretations and theorizing. Objective understanding is mediated by subjective experience…not constructed by an outside observer” (p. 86).

Validity in qualitative research is established through evaluating the trustworthiness of the data (Gay, Mills, & Arasian, 2006). Descriptive validity assures that the researcher provides a true and accurate reporting of the data without distortion. Meanings that are attributed to specific behaviors and words must be interpreted accurately. This check for interpretive validity can be accomplished through the development of consistently emerging themes across participants. Reliability in phenomenological research can be addressed through careful evaluation of the techniques used to gather data. For the purposes of this study, interviews were audio-taped, and information was sought through active listening techniques.

In semi-structured interviews, which served as the essential element for data-gathering in this study, questions varied from convergent to divergent (Gay et al., 2006). Convergent questions encouraged participants to address specific topics directly, such as their last IEP meeting. Divergent questions encouraged more conversational responses and these open-ended questions allowed participants to tell the stories of their lived experiences.
Researcher Bias

Collaboration between school personnel and parents of children with disabilities holds particular interest for this researcher. As a veteran speech/language pathologist, I have had hundreds of opportunities to collaborate with general educators, intervention specialists, and parents as the educational team works through the processes that define special education.

In my experience, parent participation in decision-making for children with disabilities falls into two distinct camps. I have found that some parents are strong and vocal advocates for their children, often assertive and less frequently, openly hostile and adversarial. This group of parents attends every meeting with notebook in hand and carefully documents the proceedings of each meeting. I have observed that although some teachers welcome and encourage an active role by parents, other teachers appear to feel threatened and that their expertise is being called into question. In these kinds of meetings, school personnel may acquiesce to parental pressure whether or not the parent has a valid concern or demand. These meetings are usually relatively time-consuming and often veer from the task at hand. In rare cases, parent advocates, parent mentors, or attorneys become involved, which usually positions parents and educators in opposing corners where there is little trust and even less genuine and honest collaboration.

In the other camp are parents who also have the best interests of their children in mind, but who appear confused and powerless throughout the process. This group of parents asks few questions, offers little information about themselves or their children’s needs, and quietly signs whatever form they are given. These parents may feel overwhelmed by the jargon of special education or by the many documents that create the
special education paper trail. They may see school personnel as the experts about what is best for their children and are reluctant to ask questions because of their lack of confidence and their feelings of powerlessness. School personnel are able to quickly review the pertinent documents with little comprehensible explanation, garnering the necessary parent signatures without the parent offering any input to the proceedings. Despite that these parents want what is best for their children, little true collaboration is found in this group.

I attempted to control researcher bias by interviewing all parent participants before any of the service providers were interviewed. In this way, interpretation of service providers’ responses did not color the questioning of parents. All parent participants were interviewed during the summer in about a three-week period, when school was not in session. As questioner, I attempted to simply pose open-ended questions that allowed participants to do the great majority of the talking. Clarification was sought through asking participants to “tell me more” so that participants might be more likely to respond in ways outside any researcher bias.

Certainly, collaboration between parents and school personnel runs on a continuum where parents are not asked for and do not offer any input to meetings that are hostile and find all parties in defensive positions. In between these two extremes are groups of parents who offer insight about their children that is acknowledged, accepted, and embraced by school personnel. This group evidences signs of genuine collaboration which requires trust, communication, and problem-solving skills by all parties. I have an interest in moving the fringe groups on the continuum to a more balanced collaborative process.
Research Context

This research was conducted over several months and involved participants from several school districts within a 50-mile radius of each other in central Ohio. The participants, both parents and school personnel, represented school districts of varying size and social demographics.

Research Participants

Participants were selected through volunteer convenience sampling and snowball sampling. In snowball sampling, one participant suggests the names of other potential participants, who in turn, suggest more participants. Two parents were familiar to the researcher and volunteered to participate. Each parent participant had at least one child with an identified disability who was being served through an IEP in a public school. They, in turn, suggested other parents to contact. Each parent also recommended a teacher or school staff member who he/she felt demonstrated strong collaboration skills. Initial contact to both parents and staff members was made by phone or email. Follow-up letters of invitation were sent that further described the scope and purpose of the research and explained participants' safeguards as delineated by the Human Subjects Review Board (see Appendix A). The informed consent form was also included with a self-addressed stamped envelope. A total of twelve families returned signed consent forms and agreed to participate in the study. In addition, eleven service providers agreed to take part in the study as a result of being recommended by a parent. All participants were
white. Parents represented various socio-economic demographics. The participants received small tokens of appreciation following their participation.

_Instruments for Data Collection_

Individual interviews were used as the main data source. General topics were developed in discussions with two special education directors, and two elementary special education teachers. The topics were then reviewed by the dissertation committee and other professional colleagues for clarity and to minimize bias (see Appendix B).

Several parents shared their children’s IEPs and other special education reports and documents. These documents were reviewed and returned to the parents. No copies of these documents were made because of their confidential nature.

_Procedures_

Venues for the interviews varied and were dependent upon establishing a mutually convenient time and place; in the case of the parents, most interviews took place in the participant’s home; service provider interviews were most frequently conducted after school in the teacher’s room at the school. All interviews were audio-taped.

Participants were provided with general topics for possible discussion, but they did not receive specific questions prior to the meetings (Appendix A). In order to standardize the data, participants were asked the same questions, but not necessarily in the same order so as not to impede the flow of the dialogue. Each session lasted approximately 90 minutes.
During the interviews, active listening was employed to affirm the researcher’s understanding, which gave the participants the opportunity to offer specific examples or rephrase their positions on particular questions. This use of these “internal summaries” (Lederman, 1990, p. 126) helped to ensure the accuracy of data interpretation. Tiberius (2001) suggested this process of summarizing, elaborating, interpreting and correcting is critical to comprehensive and reliable data collection.

At the conclusion of the meeting, participants were offered the opportunity to review the study upon its completion. Parents and teachers were assured of confidentiality in reporting findings and that all names would be changed to protect the anonymity of their family members, specifically named teachers and school staff members. They also were informed of and agreed to the use of their specific responses within the context of this paper. Field notes and process observations were recorded by the researcher immediately following each interview. These field notes served to triangulate the data. These notes remarked on dynamic considerations such as body postures, facial expressions, and gestures.

Data analysis

Verbatim transcriptions were made of interviews and included interactional notations such as laughter or assent. Analysis of the data began through immersion. Through open coding, categories of data were developed which were supported through specific statements or phrases. Open coding allowed for sorting the data into discrete categories for each group. Using constant comparative methods, saturation of the categories continued until no new information was offered in the data.
Coding was accomplished through the use of computerized spreadsheets and followed a format described by Stockdale (2002). This format allowed each participant's individual spoken comments to occupy one cell on the spreadsheet. The cells were then sorted and merged to develop recurring themes which were identified by a short descriptor, usually one or two words. After all comments were coded, some of the categories were collapsed or incorporated into other codes; others were expanded to make them distinguishable and descriptive.

After the spreadsheet was developed and the transcriptions were keyed into it, a variation of data analysis as described by Creswell (1998) was employed to examine the data. Following open coding, axial coding, a standard data analysis procedure in qualitative research, was employed to find connections between and among participants. Again, constant comparison of categories accounted for finding common threads. Axial coding led to selective coding, which in turn led to the development of broad themes that are discussed in detail in the Results section. To provide external validation, my advisor reviewed several tapes as an additional way to afford trustworthiness to the themes. The codes and the arising themes are both descriptive and interpretive.

Summary

This chapter described the methodology used in this research study. The purposive selection of participants created homogenous groups. Probes were developed in cooperation with experts in the field of special education. Sixteen parents and eleven service providers participated in individual interviews. Participants were encouraged to provide extended responses, specific examples, and relating of incidents to support
statements made by the participants. After the data were transcribed, a series of
coding analyses were performed to determine emergent themes.
CHAPTER IV

This qualitative study sought to gain deeper insights into the following research questions: (a) what have been the experiences of parents of children with disabilities in collaboration with school professionals, (b) what expectations are held for collaboration between home and school, and (c) how do parents’ and teachers’ perceptions of collaboration efforts for educational decision-making differ.

This chapter presents a review of the data collection and description of the participants. Two detailed examples of the collaborative process at work in the lives of two families of young children with disabilities illustrate what happens when collaboration goes wrong, and what can happen with successful collaboration among all stakeholders. A third story provides a synthesis of service providers’ experiences and perceptions of collaboration. The results of participant interviews are then used to answer the research questions. Specific findings are presented as themes derived from interview data that characterize the collaborative experiences of parents of children with disabilities. At the end of the chapter, a closing summary is offered.

Data

I investigated the lived collaborative experiences of parents of children with disabilities through personal interviews. Expectations for collaboration were also discussed. In all, twelve interviews with sixteen parents representing fourteen children
were conducted. Most parents were interviewed in their homes; several preferred to 
be interviewed at a place of their choosing, away from their home. In several cases, the 
children were present, but none participated in the interviews. The children ranged in age 
from three to nineteen years. All children were receiving special education services in 
some form with specific goals delineated in Individualized Education Programs. Two of 
the families had two children each, both with diagnoses of autism spectrum disorder. 
Table 1 charts the ages, names, disabilities, and least restrictive environments of the 
children. Names have been fictionalized to protect the anonymity of the participants. 

In the interviews, I asked parents to tell the stories of their children and of their 
journey through special education. These stories were analyzed and coded. Interview 
questions were open-ended so that themes could arise naturally and to minimize 
interviewer bias. General headings for themes were not determined until the data were 
analyzed to discover commonalities. 

I also asked parents to recommend an educator who they felt exhibited positive 
collaborative skills. Themes about perceptions of collaboration were generated from the 
interviews conducted with service providers. Eleven service providers were individually 
interviewed and asked about their experiences and perceptions of positive collaboration. 
Six of these participants were intervention specialists representing preschool through 
grade six; three participants were general education teachers; one worked as an 
occupational therapist and one served as the special education director who was 
responsible for overseeing the entire special education program in the district. All but two 
of the participants were interviewed at their respective schools; the others chose a 
different venue. Table 2 illustrates participant data for these service providers.
<table>
<thead>
<tr>
<th>Name</th>
<th>Household Data</th>
<th>Name, age</th>
<th>Disability</th>
<th>LRE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. &amp; Mrs.</td>
<td>Father – home inspector, former ordained pastor</td>
<td>Daniel, 9</td>
<td>Autism</td>
<td>Autism</td>
</tr>
<tr>
<td>Hart</td>
<td></td>
<td></td>
<td></td>
<td>resource</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>room</td>
</tr>
<tr>
<td>Mother –</td>
<td>homemaker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One brother, age 12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr. &amp; Mrs.</td>
<td>Father – computer technician</td>
<td>Annie, 4</td>
<td>Autism</td>
<td>Special needs</td>
</tr>
<tr>
<td>Peters</td>
<td></td>
<td></td>
<td></td>
<td>preschool</td>
</tr>
<tr>
<td>Mother –</td>
<td>High school English teacher</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One brother, age 3 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr. &amp; Mrs.</td>
<td>Father –</td>
<td>Andrew, 8</td>
<td>Autism</td>
<td>Resource</td>
</tr>
<tr>
<td>Wolfe</td>
<td>Unemployed, disabled</td>
<td>David, 14</td>
<td>Aspergers</td>
<td>Room</td>
</tr>
<tr>
<td>Mother –</td>
<td>Child care Provider</td>
<td></td>
<td></td>
<td>Full inclusion</td>
</tr>
</tbody>
</table>

*Parent Participants and Household Data*
<table>
<thead>
<tr>
<th>Name</th>
<th>Household data</th>
<th>Name, age</th>
<th>Disability</th>
<th>LRE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. &amp; Mrs. Witt</td>
<td>Father – sales manager</td>
<td>Eric, 12</td>
<td>Autism</td>
<td>Full inclusion</td>
</tr>
<tr>
<td></td>
<td>Mother – Classroom aide</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>One sister, age 9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr. Waites</td>
<td>Father – stay-at-home father</td>
<td>Matthew, 3</td>
<td>Developmental delay</td>
<td>Special needs preschool</td>
</tr>
<tr>
<td></td>
<td>Mother – veterinarian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>One sister, age 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mrs. Engle</td>
<td>Father – accountant</td>
<td>Joshua, 9</td>
<td>Autism</td>
<td>Autism resource room</td>
</tr>
<tr>
<td></td>
<td>Mother – small business owner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jason, 12</td>
<td>Aspergers</td>
<td></td>
<td>Full inclusion</td>
</tr>
<tr>
<td>Mrs. Hamilton* (divorced)</td>
<td>Father – warehouse worker</td>
<td>Jared, 7</td>
<td>Emotionally disturbed</td>
<td>In-patient treatment</td>
</tr>
<tr>
<td></td>
<td>Mother – data entry worker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>One brother, age 13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Household data</td>
<td>Name, age</td>
<td>Disability</td>
<td>LRE</td>
</tr>
<tr>
<td>--------------</td>
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<td>--------------</td>
</tr>
<tr>
<td>Mrs. Pierce</td>
<td>Father – firefighter</td>
<td>Amy, 12</td>
<td>Other health impaired</td>
<td>Full inclusion</td>
</tr>
<tr>
<td></td>
<td>Mother – classroom aide</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>One brother, age 10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mrs. Ritter</td>
<td>Father – sales</td>
<td>Melanie, 19</td>
<td>Autism</td>
<td>Resource room</td>
</tr>
<tr>
<td></td>
<td>Mother – homemaker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>One sister, age 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ms. Anthony</td>
<td>Mother – warehouse logistics worker</td>
<td>Christian, 9</td>
<td>Emotionally disturbed</td>
<td>Resource room</td>
</tr>
<tr>
<td></td>
<td>Uncle – unemployed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Grandmother - unemployed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mrs. Lutz</td>
<td>Father – corporate manager</td>
<td>Jack, 3</td>
<td>Autism</td>
<td>Special needs preschool</td>
</tr>
<tr>
<td></td>
<td>Mother – homemaker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>One brother, age 5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Ms. Hamilton was the only participant not interviewed in her home. She chose to be interviewed at a local restaurant.
Table 2

Service Provider Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Current Position</th>
<th>Age Level</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Roper</td>
<td>General Education</td>
<td>6th grade</td>
<td>6 years</td>
</tr>
<tr>
<td>Mrs. Abbott</td>
<td>Intervention Specialist</td>
<td>4th grade</td>
<td>9 years</td>
</tr>
<tr>
<td>Ms. Holloway</td>
<td>Intervention Specialist</td>
<td>3rd grade</td>
<td>5 years</td>
</tr>
<tr>
<td>Mrs. Burke</td>
<td>Intervention Specialist</td>
<td>Preschool</td>
<td>2 years</td>
</tr>
<tr>
<td>Mrs. Eddington</td>
<td>Multiple Disabilities</td>
<td>Grades 3-5</td>
<td>27 years</td>
</tr>
<tr>
<td>Mrs. Prescott</td>
<td>Occupational Therapist</td>
<td>Preschool - gr. 4</td>
<td>14 years</td>
</tr>
<tr>
<td>Mrs. Strayer</td>
<td>Intervention Specialist</td>
<td>Grades 3-5</td>
<td>12 years</td>
</tr>
<tr>
<td>Mrs. Schultz</td>
<td>Special Education Director</td>
<td>Preschool-12</td>
<td>32 years</td>
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<tr>
<td>Mrs. Perry</td>
<td>General Education</td>
<td>Kindergarten</td>
<td>28 years</td>
</tr>
<tr>
<td>Ms. Irving</td>
<td>Intervention Specialist</td>
<td>K-1</td>
<td>8 years</td>
</tr>
<tr>
<td>Mrs. Johnson</td>
<td>General Education</td>
<td>Kindergarten</td>
<td>15 years</td>
</tr>
</tbody>
</table>

Three Stories

Parents of children with disabilities value close collaboration with service providers. From the initial referral, to the discovery of a diagnosis, to learning about available resources and services, to the development of the IEP and continuing
throughout the child’s school career, parents want successful collaboration. They
want to be part of their children’s educational team, and they want that team to work
together in the best interests of their children. Two families’ stories illustrate different
ends of the spectrum of collaboration. These stories serve to shed light on characteristics
of successful collaboration and on how collaboration experiences affect families and their
perceptions of school. In the first story, Jared’s family’s journey illustrates how poor
communication, on the parts of both the senders and receivers, contributes to conflicts in
the collaborative process that are difficult to overcome. The second story, Annie’s story,
describes how collaboration among important adults in Annie’s life led to successful
placement in an educational environment that could meet Annie’s unique learning needs.

Jared’s Story

Jared no longer lives at home with his parents and older brother. Jared became a
ward of the state when his parents relinquished custody so that he could receive in-patient
treatment for his violent behavior caused by his emotional disturbances. Marie’s seven-
year-old son had been away from home for ten days at the time of the interview. She had
not spoken to Jared since she dropped him off at a center 150 miles away from home.
Marie shared Jared’s story:

He wasn’t even three yet and we knew something was wrong. His triggers could
be anything. This kid was so unpredictable. Maybe his pants didn’t button right;
maybe the zipper got stuck in his pants; maybe the dog ran into him; maybe he
couldn’t get a jar open, or a Lego apart; maybe he was trying to tell you
something that you weren’t understanding; or maybe you just told him no. It
could be anything, and boom. And you’re getting kicked and hit and bitten
and pinched and everything else.

Jared was diagnosed at three years of age with Pervasive Developmental Delay
(PDD), Oppositional-Defiant Disorder (ODD), ADHD, and bi-polar disorder. No
preschool would keep Jared and finding reliable daycare was a challenge. Marie
explained:

I knew nothing about special needs preschool. Until I started yelling and
screaming and saying you people need to do something, nobody listened. I
understand now he could have gone to Sycamore Hill. Well, that would have been
really nice had I known that way back then. Maybe we wouldn’t have gone
through five babysitters in a year. That was really stressful. Aside from the fact
that we never slept because he was up all hours of the night, everything was
always getting broken. You couldn’t take him out in public. I was constantly
worried about my job; I had no time off left because I was always having to leave
work because the sitter can’t handle him or she quit or he beat her up or God
knows what. It was just constant; every day it was always something.

When Jared was old enough to be enrolled in kindergarten, Marie took him to the
public school’s kindergarten orientation. She talked to the guidance counselor about Jared
and explained his diagnoses but no special education services were considered. Marie
continues:

He completely failed all of their preliminary kindergarten tests. He couldn’t write
his name, he couldn’t spell his name, he knew none of that stuff. I treated my
children the same as much as I possibly could, but there’s only so much of that
Jared would allow. So that in and of itself, I knew something was wrong.
Everybody has different personalities and all that stuff, but you know when
something is wrong with your child. I didn’t need to wait seven months for
somebody to tell me that something was wrong with my child. I knew it a whole
year before that. I was mad! I was mad! I wanted to tell everybody exactly what I
thought.

Jared’s first year of school was challenging for everyone. Marie relived those days:
They didn’t do anything to help him. Fall came around; he started school. “Mrs.
Hamilton, we’re having these problems.” I distinctly remember telling you three
months ago you were going to have these problems. I got chewed out one day
because he ran away from the bus driver. I’m not allowed to not send him to
school. You’re not allowed to not let him come to school. When he gets on that
bus, I don’t mean to be rude, but it’s your problem, because you knew that you
were getting this kid. You knew you needed to do something and you haven’t
done anything. Nothing got done or even started to talk about getting done until
February. I was talking to the main guidance counselor over the district; I was
talking to the counselor at the school, talking to the principal, talking to the
teachers. We’d see his progress reports. He was way below average from all the
other kids. The teacher had to completely reorganize the classroom around Jared.
If you’re having to do all this stuff, isn’t that a clue to you that you need to do
more than what you’re doing? Because it’s not working. You know it’s not
working because you see his progress reports. You see the behavior reports, these
episodes that he’s having. He’s biting teachers, throwing chairs at the principal, this, that, and the other thing.

After a particularly bad day at school, Jared was suspended from kindergarten. A few days later, Jared was hospitalized for eight days as his medications were adjusted and he spent time with psychiatrists and a behavior therapist. Marie picked up her story when Jared returned to school:

When he’s back in school, they call me up and say, “We’re going to me meet in March and start his MFE.” March? Are you kidding me? The school year is almost over. Why weren’t you on this months ago? The school year is well half over; this is pointless. I knew it wasn’t pointless, but I was fed up. I was disgusted. I got no collaboration at all until they decided to do an IEP, until after he came home from his first hospital stay. They decided then that maybe it was time for him to get the MFE done. Duh! They asked me a bunch of questions. I was just disgusted at that point. I’m still disgusted just thinking about it.

They got it (the MFE) started. “It’s not a guarantee he’ll get an IEP,” they said. So I’m worried about that. What’s my kid going to do? He’s got the learning disability; he’s not functioning well in the classroom; he’s being sent home because they can’t handle him. You’re suspending a kindergartener. And they told me that he might not qualify for services. Well, lo and behold, he did. Big shock to me! It was April when we got the approval for an IEP. There were only two months left of school. And then they moved him to another school. He had a horrible year, the poor kid. He’s being expected to do these things academically
and behaviorally that he can’t do, he doesn’t understand how to do, and the only way that he can tell you he’s frustrated is to have his rages or outbursts.

Marie was concerned not only about Jared’s behaviors, but also about his lack of academic progress. She was unhappy with school personnel and with their failure to address his learning needs:

They said his speech was equal to where he was academically. So at the end of his kindergarten year, when he should have been going in as a first grader, he was still stuck back there with all the kids that were just getting ready to go into kindergarten. He’s got a communication problem! He has social skills deficits. He does parallel play; he doesn’t play with other kids. I think that my kid would be better off right now if people would have done their jobs two years ago. But, you know, they were the professionals; they knew what they were doing (sarcasm).

My husband and I are sitting there scratching our heads like this is not right!

Something is just not right!

At the beginning of Jared’s first grade year, he was placed in a class for children with emotional disturbances. Despite her hopes for a better year, Marie was frustrated and angry about the lack of communication from Jared’s teacher. The classroom aide wrote daily about Jared’s day in a notebook. Marie appreciated the information but wanted more:

The teacher basically had nothing to do with Jared. When I’d go in there for the teacher conferences, it was very, very obvious. It was all about her, what she did with Jared and how Jared just loved her. Jared never came home and talked about Mrs. Harper. It was all about Mrs. Walker or Mrs. Becker (the classroom aides)
and all the notes I got came from the aides. When I did go in and meet with them, it was the aides who knew what he was doing academically and could show me what he did every day and where he sat. I didn’t get anything from the teacher. Well, Mrs. Harper, if you’re with him so much and you’re working with him so much, why aren’t you writing these letters home? Why am I not getting emails from you? Why aren’t you answering my questions? You’re supposed to be the primary teacher, the ED teacher over all these kids. Why am I getting everything through the aide? Why is the aide the only one that seems to know what’s going on here? I left the woman alone. It got to the point where I’m not even going to waste my time. I’ve got too many other important things to worry about with all this and trying to work with him at night, than to mess with that woman. I just got fed up.

Jared was suspended twice in first grade. During his second suspension in early May, he was hospitalized for the second time for a week. Upon his release, the school refused to take him back. Jared did not finish the last three weeks of first grade.

Jared participated in a day camp for children with emotional disturbances during the summer. One day, he had a particularly violent outburst and Marie was told he could not come back. She remembered:

Sometimes the day camp seemed to be okay; sometimes it wasn’t because even these people who were specially trained to deal with kids like that, the director had the nerve to tell me that her staff needed a break! I don’t feel sorry for your staff because they took the job and they knew what kind of kids they were dealing with. If your staff needed a break, they’re probably in the wrong career. I don’t
want to hear that. Don’t tell me that. I don’t get a break. I do it every night, 
every day, every weekend. I pay for it financially, emotionally, physically. I don’t 
want to hear that your staff needs a break. Tell them to get another job. I didn’t 
have any sympathy or pity.

Shortly after that incident, Marie and her husband gave up custody of Jared. At 
this writing, Jared is receiving in-patient care at a distant pediatric psychiatric hospital. 
Marie has been frustrated by the lack of collaboration among agencies and services 
providers. She has felt powerless and angry. But Marie has clear ideas of how things will 
be different when Jared comes home.

When Jared comes back, I’m not going to let anybody tell me how it needs to be 
with him. I think that, in a way, I’m powerless over the school, but then again, in 
a way, I think I’m not because after everything that we’ve been through, and 
having my child gone from me, I will yell as loud as I need to yell. I will call the 
TV station; I will write a letter to the newspaper; I will type something on the 
computer and put it under windshield wipers. I’m not doing this anymore! If he 
needs it, he’s going to get it! If you’re going to be the one responsible for getting 
it for him, you’d better get it or I’m going to be your new enemy. You know what 
I mean? That’s your job; that’s your role; that’s what you need to do. Do it. I 
don’t want excuses; I don’t want reasons why you can’t or why I have to wait. 
No. Do it; get it done.

A lot of times I feel like I’ve wasted breath and sometimes I get 
aggravated when every time he goes someplace new, they’re calling me and they 
want this big long history. It’s like, why don’t you just read his file? I’ve
answered all these questions, but then again I’m thinking what if somebody
didn’t write something down.

Marie’s bitterness and resentment are apparent. Jared’s challenges have taken a
financial and emotional toll on his family. Marie and her husband have divorced and
Marie is in danger of losing her job and her home. Still, she loves her son and mourns the
time he is away from her. She became emotional when she talked about how her life has
changed since Jared left:

I get to talk to him two days a week now; his dad gets to talk to him two days a
week. That was really hard to handle when I heard that. I guess I’m getting my
break! But then you have all this extra time and you’re like, I don’t know me. I
don’t know what to do with my time. I just sit there. It used to be, God, I just wish
I could watch a movie without having to hit pause every five minutes. And now,
it’s like I can’t watch a movie without hitting pause. I miss him (cries).

You get to a point where do I cry about it or do I not cry about it? That’s
just how it is now. I’ve cried about it so much and lost so much sleep over it.
What do you do anymore? It’s just how it is. The hard thing is I would pray for a
break. I’d get to a point where I’m saying, God, I wish somebody would just go
left of center. You don’t really want that, but you don’t see any other end. This is
my life! Every night is consumed by this child that you love, that you hate. And it
kills you. You think, God, I hate him! And then you start crying. No, I don’t hate
him; I love him, that’s my baby. My 13-year-old is a very intelligent boy, very
independent, very smart. And so I just kind of left him to his own devices. He
didn’t have any choice but to grow up by himself. That wasn’t fair to him. So I have that guilt too.

Despite his challenges, Marie has hope for her son’s future. She has found hope in Bob, his behavior coach, and in Julie, the case manager from MR/DD who has worked hard to manage Jared’s care. Marie expressed her feelings about how important having supportive people has been:

I hope things work out for Jared; he deserves it. And he has such a sweet wonderful side and he can be so funny sometimes. And just be Jared. He can be so silly sometimes when he doesn’t even mean to be. He makes these faces and does this thing with his eyebrow. And any time Bob would come over for a home visit, Jared always had to go get him a popsicle. Bob was the only person that Jared would do that for. As soon as Bob came in the door, Jared would get up and would go get the popsicle. I don’t know if Bob liked them or not, but he was always gracious enough to take it and eat it. I hope that we never lose Bob. Jared has really bonded with him. He’s wonderful. The day that Jared left, Bob came. It wasn’t part of his job; he just came as support for me. I can’t say enough about Julie and Bob. They have done more in the last three months than everyone else collectively ever has through Jared’s entire treatment, since we’ve known something was wrong with him.

Jared’s story is a compelling example of how important collaboration is to families of children with disabilities. Marie has struggled to find help for her son. She attempted to share information with the school, but the school had its own policies and procedures that were not in concert with Jared’s needs. Marie has become resentful and
distrustful of school personnel and makes clear that these negative experiences will
color all future interactions with the school when Jared comes home to stay.

Annie’s Story

Annie had a rough start. She suffered a complicated delivery but appeared to be a
normal baby although she cried a lot. Annie’s mother, Karen, developed post-partum
depression and struggled with the challenges of motherhood. Once Karen returned to her
high school teaching job, things started to get better. But before Annie was three years
old, both Karen and her husband Chris began to wonder about Annie’s development.
Karen remembered:

The toe-walking was a big thing. We didn’t have conversations. She did a lot of
echolalia. She just acted younger than she was. There was one day when I went to
pick her up and I was talking to the gal about Charles Dobson’s The Strong-
Willed Child. I said I was going to pick it up because I thought Annie must be
strong-willed and how do I discipline her without breaking her will. She said she
wasn’t sure if she was strong-willed or if she should get tested. That was the first
time I had heard “tested.” Okay, that’s odd. And I went out to get her out on the
playground and all of the kids were over here playing, and she was by herself
playing on the totally opposite side. And I thought, “Something’s wrong with my
kid.” I came home in tears to Chris: “Something’s wrong with her and I don’t
know what!”
A lot of people don’t understand that if it hadn’t been the communication of the childcare, the Sunday School teacher, and the doctor saying: we think there’s a problem....

The doctor started asking what type of things does she do. Does she walk on her toes? Does she line things up? Yes, yes, yes, yes to everything. She said that those things all by themselves are not such a big deal, but putting them all together, that signals something else. So we started the testing process. That took about a year all told and that’s when they gave us the diagnosis of autism spectrum.

Annie was able to undergo testing about a month after the initial referral. Several sessions were needed because Annie’s behaviors prevented her from attending for long periods of time. Karen described how she felt when the diagnosis was made:

When we got our diagnosis they said, “We’re going to put her on the autism spectrum.” We both were shocked at that because we really expected Asperger’s. It was bittersweet because there’s going to be a whole host of doors open that wouldn’t have opened without Asperger’s, but it sucks because she’s autistic. That was the very beginning; that was before they even tested to find out where on the spectrum she is. There are some people that say, where is she on the spectrum? They didn’t give us a number. In fact, I even asked, and the gal said, “we’re not going to give you a number.” I want a number! We know that she’s high functioning; we know what her skills are. Where she’s low-functioning is all communication, her receptive and applied language. The only thing that kept her on the spectrum, as far as her community living skills, was the fact that she’s not
toilet-trained yet. Everything else is fine. It’s her communication that’s really, really low. They put her about 24 months.

It meant a lot to us to get a diagnosis. We both said we don’t want to label our child but yet at the same time, if we’re in a store and she’s acting up and somebody makes a comment then we have the backbone to say she’s autistic rather than we’re bad parents. For me, it was more of I have something to back me up so that people won’t think I’m a bad mom.

I had some guilt at first. I keep trying to figure out what happened and there’s nothing.

Annie was enrolled in a special needs preschool before her medical testing was complete. Karen and Chris were pleasantly surprised with how quickly the process went:

The gal who was running her old daycare knew somebody at the special needs preschool, the intake gal. She got me in touch with her; I emailed her and so we did the MFE and got her on an IEP for forty-some days, then we changed it, so they had time to get to know her, then write these new goals for her.

Despite some anxiety, Karen and Chris were pleased with their first meeting with school personnel to discuss Annie’s needs. The Peters’ recalled how they felt at the meeting, surrounded by educational professionals as they discussed the results of the MFE. Chris explained:

Karen’s a teacher so she knows all the code words and symbols. And I was just sitting there. But they helped me. If I looked like I didn’t understand what they were saying, they’d stop, rewind: “Let’s describe this.”
From the very first time when we went into the preschool, the teacher was very calming and reassuring in saying: we’ve got kids that are more severe and kids that are completely normal. We’re trying to blend everybody together and this is our program. Don’t worry about Children’s Hospital. Here’s some people to talk to. Prior to that meeting, we felt like we had been drowning and grabbing for a limb, a branch, anything. And all of sudden we grabbed onto the trunk. It was like: okay, finally we got to a source of information. Who, how, where. She knew everything. We just really were very, very thankful for having that meeting. Finally we found somebody that knows what’s going on! She could explain stuff to us, wasn’t concerned whether all the paperwork was in. She made sure she got us in right away, got Annie taken care of. When she found out our daycare was closing and we were going to have to switch, she made calls to find out what’s going to happen to Annie. You can’t just send her home. That isn’t going to be good. She has to be in a group setting. She lobbied for us. When we met with the teachers, they noticed the progress. They just seemed very, very encouraging. They don’t talk to us like we’re stupid or like we’re incompetent. I don’t feel like we’re file #54768. It’s Annie. They all knew exactly who Annie was. And she’s worth knowing.

Shortly after the meeting to review the MFE, the team developed Annie’s IEP. Karen and Chris appreciated the positive focus of the meeting and each participant’s willingness to contribute to the process. Karen described the meeting:

They were very calming. I didn’t feel like my time was wasted. We weren’t there as long as I’m sure some people are, but I think that we were there longer than we
needed to be just because we can’t stop talking. I felt confident with what
was going on. On her IEP, it was good to know what her peers are able to do.
There again, first time parents, we don’t know! We are flying by the seat of our
pants. They always brought it back to making comparisons.

They all found something good to say about Annie, which I very
appreciated. They explained what I can do to help her. The speech therapist gave
some suggestions; the occupational therapist, same thing. It was little things like
that. It wasn’t just: let’s just get this done and everybody has to sign off on it.
Everybody that needed to sign off on the IEP was in the meeting, which I know
the higher you get in grades, the more difficult that is. It’s hard to find a regular
education teacher sometimes. But I was very confident that she’s in her least
restrictive environment. She’s a preschool child with a disability, I understand
that. But I know that they are right now servicing my child the best possible way.
I was really confident with that.

I felt when I walked away from there that yeah, they can read my daughter
like a book. And they’re helping write it. They knew her. I feel confident that they
know what they’re doing. They know where they’re going. And they’re in the
best interests of my daughter. They’re really concerned. And they really like her.
Karen described the services Annie received and their communication with the
preschool:

Annie has a full schedule: daycare in the morning and preschool in the afternoon.
Annie is getting OT services; it’s like for an hour a week. Same thing with speech
therapy. The problem is they do a lot of it in the classroom setting. So she’s not
pulled out one-on-one and I’d have to look at her IEP to see exactly what the 
OT is, but I think it’s an hour a week. But everything they do there is in the room. 
They do gross motor skills, fine motor skills, holding her pencil properly. 

On a weekly basis, we get: here’s what’s happening in our classroom. We 
have a schedule of the class. Her teacher sends home a folder that has a note: 
Annie did this today, or, this is happening. I’ll write back and that’s our 
communication. It’s not an every day thing. If there’s something going on, we’re 
good that way. Because I’m in the same district, I can have email access to the 
teacher, so sometimes I’ll do that. Sometimes there have been phone 
conversations, but most of the time, it’s the loose-leaf paper, writing a note here 
or there. 

I feel like if I needed more, I could get it, but I don’t need more. I’m 
happy with what they’re doing. And they do the same thing at the daycare. I get 
pretty good communication with what’s going on. I don’t know everything about 
her day. I wish I could ask her: how was your day, and she would answer me. If 
there’s something big that happens, I know. 

Chris described how the daycare staff and the preschool staff have worked 
together to help Annie with language development and toilet-training: 

The daycare has done really well with incorporating what the preschool is doing. 
If they have questions, they ask what we do at the preschool. If they have 
[communication] cards at the preschool, then the daycare gets the same things. 
Within a day, there were cards there. So she was familiar with the program.
It’s nice knowing that everybody’s leaving us notes so that we know what is going on. Any time they have a breakthrough, they need to let us know what’s going on. We’re potty training right now and we’re getting notes about what’s going on. She volunteers to potty at the daycare and takes her diaper off and sits there. She does all that there, but she doesn’t do it here at home. That’s crucial for us. Why is she putting an act on? You can’t communicate with her to find out if she’s playing you, or is this a real issue? Then daycare and preschool sends a note: Annie did this today. And you’re like: that little sneak! That’s crucial to us.

The Peters have been happy with the collaborative efforts of Annie’s service providers. They believe that this collaboration has helped Annie to have a consistent plan for her education and for the service providers to know their child:

The school was really good too about communicating with both us and the daycare. Actually, they have Fridays off and that’s when they typically do their testing and whatnot. Her teacher asked if she could go to the daycare to see Annie in that environment. That’s good. I’m really curious to see how Annie would react to that because if we go to the school, she cries, because we’re not supposed to be there. We mess up the routine. I’ll be really interested to see when Miss Linda does go to daycare, how she’ll respond to that. That’s good that Linda wants to see her in another environment too to see how she’s doing, how can we better serve her?

Chris described how the preschool team collaborated indirectly with other important people in Annie’s life:
When we got our IEP, they made us five copies so we could give one to the
doctor and the preschool and the daycare and the church or anybody that’s going
to need this. Our Sunday School workers change four times a year and before they
start, we share that IEP and tell them: you’re going to have Annie in your class.
Everybody’s working together for Annie’s sake.
The Peters understand that Annie’s needs will be ongoing and many challenges lie
ahead. But they find joy in their child and are satisfied with the journey so far. Karen
smiled to herself as she described Annie:

She still does a lot of echolalia. She still does movie quotes, which is great unless
she does the quote from Charlotte’s Web: “I don’t want to die!” Like in the
middle of store. Are you kidding me?! She still does quirky things; we always
thought she was quirky anyway. But she’s starting to communicate really well
with us, with other people. She’s starting to make eye contact which is good.
She’s just stinking hilarious. She does just goofy things; it makes me laugh.
Sometimes typical motherhood just stresses me out, but she just makes me laugh.
Every day I’m discovering something new about her. She loves to sing. She’ll
turn anything into a song. She’s a four-year-old and she can sing in falsetto which
just cracks me up. She has almost perfect pitch, which for a four-year-old is
amazing. Little things like that just crack me up. I just can’t wait to see what she’s
going to do on a daily basis.

It was right place, right time, and obviously, we had to put something into
that. There are times when I feel like it’s just fallen into my lap. Like with Mary
Ann: it just so happened that the daycare worker used to work for Head Start with
Mary Ann. That’s not a coincidence. We had ties with Mary Ann before we even knew we had ties with Mary Ann. It’s things like that. And she had ties to other people.

When we put Annie into the other daycare center, we were concerned about what was going to happen. We went in on her first day and I was introduced to her teachers. It just so happened that one of her teachers goes to our church and oh yeah, happens to be certified in music therapy for autistic kids. It’s things like that where that doesn’t just happen! We’ve been very, very blessed. I wouldn’t call it lucky; I’d call it blessed. That’s been really good for us.

Annie’s story has only begun. But her parents are confident in the services she receives and are grateful for the collaborative efforts of her teachers, childcare providers, and therapists. They are hopeful that Annie’s success will continue with caring, effective people who communicate and collaborate with each other to meet her unique learning needs.

*The Service Providers’ Story*

Service providers work directly with students and their families. They develop unique collaborative relationships with their students and their families. This story synthesizes some of the data from service providers’ interviews and provides a glimpse into the collaborative relationship from their perspectives.

There is a variety of disability represented on the caseloads of most of the intervention specialists who were interviewed. Mrs. Eddington, a veteran educator said:

There are eight students here; I can have up to twelve, but if they put an aide,
even more. This class is fifth and sixth grade, but there’s a wide age span.

There are kids we might keep an extra year.

Having a broad age range and span of abilities presents its own challenges. Mrs. Abbott talked about the workload:

Not to say my workload is heavier, but the general ed teacher has two subjects to plan for. Being a special educator, I plan for much more than that. It’s just hard. It’s not anything I’ve given up on, but it’s hard.

The trend toward inclusion in the general education setting compounds the challenge of meeting their students’ individual needs. Ms. Holloway is skeptical about how successful inclusion is in her building:

I think inclusion is a great thing; it’s a great tool to use if you use it the right way. I personally don’t think we’re using it the right way, but time is not on our side. Sometimes, it’s just a waste of a class period when I could actually be teaching my kids something...I want them to get the most out of a class period. There’s times they’re in that general classroom, not to say the teacher wasn’t good, but I think, “why are they in here listening to this? Is this something that is worthWhile for them?”

Mrs. Eddington, whose students have multiple disabilities, has devised a unique way to handle inclusion. She explained:

We do a lot of reverse inclusion in this room in that we bring in kids from the regular classroom to work with the kids in this room, because so many of them are highly distractible and need so much attention that they may become very distracting to an inclusive situation in the regular classroom...Usually if it’s an
instructional situation, we have kids that are ESL that speak no English, and they come. Of we do a buy-day every Friday. If there are kids that are LD or developmentally handicapped who don’t have money skills, their teachers send them down here to help pick up those skills that way. Our homerooms come over here and we read to one another.

Inclusion appeared to have a spectrum of implementation plans, and intervention specialists are not in agreement about its merits or how to best accomplish it. Some of the service providers suggested that parents’ wishes and teachers’ concepts of why to include students in the general education classroom do not always mesh. Ms. Irwin stated:

Parents are stuck on the social aspect. They want their kids to fit in. They want their kids to be part of something. When [their children] are always stuck in a small classroom, or a resource room, they think we’re trying to shelter their kids. We’re trying to hide their kids from socializing with everybody else. Actually, a lot of parents don’t care if they get that subject area. I can see their point, but there’s other times for their kids to socialize too. You’ve got recess and lunch; and I try to tell parents that they’re not really socializing anyhow in social studies or math. Their argument, and I have to agree with them, I guess, is when they do group work...But I don’t think they’re realizing that they’re missing 45 minutes a day in their content areas when I could be intertwining social studies and giving them reading skills at the same time. I have mixed emotions about inclusion.

As we will see later in this paper, parents and educators may not share common goals for the students, making collaboration difficult.
The service providers participating in this study generally agreed that writing goals and objectives for the IEP in cooperation with parents is important. Mrs. Burke, who teaches in a special needs preschool described how she and parents work together:

I send a form home and it has some general questions and some very specific ones. Where do you think your child has grown the most? Where do you see areas that they still need to work on? A lot of parents can write paragraphs, and that gives me so much knowledge about what they want to see written in the IEP.

Mrs. Abbott carries this process a step further:

I write a rough draft of the IEP…and I sent it home to the parents. I say, “Look this over, circle the [goals] you really like, the ones that you think are best for your child.” Some parents may say, well, I don’t think they need to work on this one as much as that one. I have them prioritize them, then when that gets sent back to me, I create another rough draft for them to look at. When they come to the meeting, they’ve already read through it; we’ve already agreed to it.

Mrs. Strayer, who works with children with behavior and emotional disorders, affords her students’ parents the opportunity to write objectives and goals as well. But she said,

I can’t say that a lot of editing by parents happens. But they have the opportunity. I think they trust me because they know me. Sometimes they have limited skills too, so it’s very difficult for them. You try to put in their terms, which is sometimes difficult to do and fulfill the state’s expectations and the district’s requirements. I usually ask if they’d prefer that I read it to them so they’re not embarrassed about not understanding something.
In summary, the service providers participating in this study shared their feelings about the merits of inclusion and of how they facilitate IEP writing. Collaboration with parents was generally considered critical to successfully meeting the needs of students with disabilities. In this Findings section of this chapter, other themes that arose from service provider interviews are explored.

Findings

Findings based on analysis of interview data center around three research questions: (a) what have been the experiences of parents with regard to collaboration with school professionals, (b) what expectations for home-school collaboration do parents and teachers have, and (c) how do these perceptions differ? Perceptions develop from the melding of experiences and expectations and create the reality of our world-view. When expectations are met and experiences create feelings of satisfaction and well-being, perceptions are positive; conversely, bad experiences and unmet expectations color perceptions in negative ways. The interview data from both parents and providers in this study suggest that experience and expectations color perceptions about collaboration.

*Question 1: What have been the experiences of parents of children with disabilities in collaboration with school professionals?*

*Theme 1: Collaboration produces a consistent program of treatment and education for the child.* The importance of communication was in evidence throughout each of the interviews. Each parent participant believed that keeping open channels of honest and regular communication was critical in meeting the educational needs of their children both at home and in the school environment. Parents appreciated regular and
frequent communication from their children’s teachers and therapists. Most parents were satisfied with the quality and quantity of these collaborative exchanges. Regular and frequent communication, in both written and verbal formats, gave parents windows into their children’s school world. As will be shown later in this paper, teachers also derive rich information from parents’ communications that help the educational team to meet the needs of students, both at home and at school.

A second aspect of consistency related to collaborative efforts among service providers. Most parents were pleased with the cooperative efforts of various service providers. With regard to developing a consistent procedure for working with their preschool daughter, Mr. Peters said:

The daycare has done really well with incorporating what the preschool is doing. If they have questions about what do we do at the preschool, they ask...And school was really good about communicating with both us and the daycare.

Sharing information about the IEP was also important to some parents and added to creating consistency among service providers. Mr. Peters stated that he was given several copies of the IEP at the meeting so that they could be distributed to other people who were important in his child’s life, such as the Sunday School teacher and babysitter.

Mrs. Lutz, whose young son is autistic, expressed a desire to have all service providers, from both the public school and private agencies, present during the development of the IEP. In order to develop consistency and to maximize the child’s potentials, she suggested: “Have all the teachers and providers come together as a team. It would maximize his potential.”
Communication among service providers was considered beneficial by many parents. Open dialogue between the parents and the school regarding the sharing of information about their children’s school days were also considered important. Without exception, parents liked having a daily accounting of their children’s day. Usually, this communication took the form of written notes between home and school. Mrs. Anthony described her son’s daily communication log as a way to share both academic and behavioral information.

For some parents, communicating through a daily log was more than just a nice touch; it was important to creating consistency between home and school. Mrs. Hart reported:

We like to have an idea. One day the teacher [wrote] that he was antagonistic to other students. What we did was we actually use that word and said, “This is what the teacher wrote about you today. What did you do?” And it gave us the evening to deal with him and deal with his behavior. How else do we address things if we don’t know what happened? We can’t have a supportive role with the school unless we have the information.

Several other parents expressed an interest in hearing even negative aspects of their children’s school days. Mrs. Stevens related an incident where a teacher kept her child after school without notifying her. This lack of communication led to a breakdown of any future positive communicative relationship. She explained, “I followed up with the principal; he said he would take care of it and talk to the teacher. After that, the teacher was real close-mouthed. There wasn’t much communication after that.”
Parents reported that they had been invited to visit the classroom, to participate in field trips, and to join in specially-themed lessons or holiday celebrations. No parent mentioned feeling unwelcome when they visited. Rather, they reported that teachers encouraged their active participation and involvement in the classroom. The data showed that parents believed collaboration between home and school and among service providers was critical to their children’s success.

**Theme 2: Effective collaboration includes listening to parents’ concerns, ideas, and opinions.** Parents were divided in their opinions about how well the school listened to their concerns. As described in Jared’s story, Mrs. Hamilton struggled with getting what she felt was appropriate help for her child and emphatically expressed her frustration. Mr. and Mrs. Hart expressed their dissatisfaction with the school’s selection of a teacher for their child: “They didn’t consult us about that placement. It was just, ‘This is the teacher we’ve selected.’ They really didn’t give us a chance to voice our opinions. We didn’t even get to meet her.” Another example of school personnel not listening to the concerns of parents was shared by Mrs. Stevens:

I didn’t want to mess with his blood pressure. I told them but I don’t think they understood because they would still bring up putting him on medication. It felt like we were just chasing our tails in circles. Every time we met, it was basically the same thing repeatedly.

These examples make clear that effective collaboration includes listening to parents.

**Theme 3: IEP development is a collaborative effort between parents and service providers, which appears to become easier every year.** Each parent was asked open-ended questions about their experiences with development of the IEP. Generally,
responses about the IEP process were favorable. Several parents expressed their satisfaction with having a draft IEP before the meeting, which gave them time to review the goals, to make notations for comments and questions, and to think about the vision statement, which is a part of every IEP. This vision statement serves to guide and direct the educational team as they develop goals so that the student can make progress toward the vision.

They appreciated the opportunity to review the IEP before the meeting; nevertheless, several parents preferred to rely on the educational team to make goal-oriented decisions, with parents having veto power. Mr. and Mrs. Hart reported they have a “tremendous amount” of input in writing goals for their boys, but they didn’t feel knowledgeable enough to have any “substantial” input. Although they were encouraged to participate, they admitted that “we looked to them for direction.”

Other respondents indicated similar sentiments. Mr. Waites explained:

We had very little input about goals. I’m not saying that in a negative way...They don’t [tell] a whole lot about what to do for an IEP. Not the minutiae that they have here on his IEP. There’s no way on God’s green earth we could come up with this stuff: criteria, frequency, and what the right procedure would be. But if we wanted to cross something out or extend it, we had the freedom to do that.

Mrs. Anthony also appreciated the opportunity to contribute to the IEP. She stated:

I went in [to the meeting] and I had my notes and wrote comments down. They had their notes and they wrote what I was saying...and the teacher had her comments. It was just like everybody agreed on everything. They actually told me I was being harder on him than I should be.
Some parents were willing to give up the opportunity to write goals because they felt they lacked knowledge or because they trusted the other members of the team to know what was best for their child. Mrs. Ritter, who struggles with her child’s violent behavior on a daily basis, said, “I don’t have to make a lot of changes. We’re not very demanding. Let’s just get through the day.”

Several other respondents made mention of school personnel withholding information unless they were asked directly about it. To illustrate, Mr. Wolfe said, “Some parents have bussing problems. These people don’t even know that their kids have to be bussed. The school’s not telling and they’re not asking.” Mrs. Wolfe added, “It’s not stressed or made known by the school, but the IEP can be changed at any time.”

Several parent participants reported that they gained knowledge about the process through experience and that they have developed an increased comfort level as their child has grown. Mrs. Pierce reported that the process has become easier for her as her child has moved through her school career. She liked that the teachers wanted to know her personal goals for her child even though she reported that she didn’t have a lot of input on the goals. She was comfortable with the educational professionals writing goals for her approval. Mr. and Mrs. Witt reported similar sentiments: “We’ve always pretty much left it up to the school. We always thought they were doing a pretty good job.”

Mrs. Lutz stated that she has become more assertive in asking questions although she still “loathes” going to the meetings. She reported that her trust of the experts is tempered with cautious skepticism. She stated:

I don’t think they’re trying to hide things, but I just don’t know the questions to ask. They just make the assumption that I understand. If they say, “Here you are,
parents. This is our plan. Go ahead and sign here," you assume that that’s what’s going to happen and they know what they’re doing.

For some parents, allowing school personnel to control the direction of the IEP brought conflict. Mr. Waites reported that it is “easier to not rock the boat.” Several parents reported adversarial relationships with other members of the child’s educational team. Mrs. Stevens described her conflict in this way:

At the beginning, I felt like I was just doing what the school said. But I trusted them. Then I finally got to the boiling point. Seeing how miserable [my child] was, that was the last straw. That mama bear instinct came out...And I got the power back. Once I stood up for him and for me, then things really started to change.

Resolving conflict led to a more positive relationship for some parents, although, others continued to harbor negative feelings about the development of the IEP. Mrs. Hamilton admitted her resentment and anger toward the school district after her child was suspended several times as a kindergartener: “I got no collaboration at all...until he came home from his first hospital stay...They asked me a bunch of questions. I was just disgusted at that point. I’m still disgusted just thinking about it.” Mrs. Ritter reported that she was tired of fighting and “just let things go.” She shared this story:

I mentioned some things that we had done at the previous school like PECS (a communication system for children who are non-verbal). And she said, “We don’t do that here.” I knew that wasn’t right, but I just let it slide because we really haven’t worked on it at home much either. So we just kind of let it go. But I thought that was not very professional.
In order to prevent or work through conflicts during IEP development, some parents have engaged an advocate. An advocate attends IEP meetings with the parents to ask questions and assure that information on the IEP is complete and in compliance with state and federal standards. Having an advocate has helped one family to make sure that their child gets the services he requires. Mrs. Witt said, “Once [the school] finds out you’re a member [of an advocacy group], they pretty much tend to guess that you know your rights and know what’s coming to you...which is a good thing.” Mr. Witt added that their advocate was more assertive than the parents felt they could be. He said, “She was very calm and assertive. She would go to IEP meetings with us and she’d tell them what was going to happen.”

Some parents who do not have an advocate or other person to participate in meetings reported that the social dynamic of the meetings themselves can create negative feelings in parents. Mr. Witt talked about a meeting where the teacher and the parents were at odds about expectations for the child:

She was stuck on the label. She could never have high expectations...and she had the most basic, generic goals that he could already do. It was really a battle. I called the school’s special ed director and I was not happy. [The teacher] was lazy and the aide was sick every other day. We should have just told the school to fire her.

Issues of perceived power play a role for some parents in their feelings about IEP meetings. Mr. Waites stated:
There’s power on the other side of the table. You walk in off the street and there’s all the experts right there. They’ve got all their sheets and they’re going around the table and you just have to sit there and take it.

Other parents believed that power is shared and collaboration is the end result. A positive attitude on the part of all parties was seen as important to the process. Mr. Wolfe offered, “We work with everybody; we’re a team. We don’t go in there and say, ‘We know our rights!’ We don’t go in there with an attitude.”

Attitudes of service providers were important to parents as they worked toward developing an IEP. For example, Mr. Peters was pleased with how the teachers and therapists explained their goals. He said, “If I looked like I didn’t understand what they were saying, they’d stop, rewind, and describe it.” Mrs. Peters added, “They don’t talk to us like we’re stupid or incompetent. I don’t feel like we’re file number 54768. It’s Annie. They all knew exactly who Annie was. They all found something good to say about Annie, which I appreciated.”

To summarize, in answer to the first research question, what has been the experience of parents with regard to collaboration with school professionals, three themes emerged from the interview data. First, collaboration produces a consistent program of treatment and education for the child. Parents enjoyed regular and frequent communication from their children’s service providers. They believed that this collaborative venture between home and school serves to create a mutually supportive relationship, and creates a more consistent educational program. Parents believed that daily logs of their children’s school day were important. Second, effective collaborative includes listening to parents’ concerns, ideas, and opinions. Thirdly, IEP development is
a collaborative effort between parents and service providers, which appears to become easier every year.

**Question 2: What expectations are held for collaboration between home and school?**

In this section, themes about expectations for collaboration between home and school are presented. First, parental expectations for home-school collaboration are presented. These expectations did not always match personal experiences. The mismatches between expectations and actual experiences discussed in the previous section are described. Then, the teachers’ and service providers’ expectations are explored.

**Parent Theme 1: Parents value communication between home and school and among service providers.** In the previous section, parents’ experiences in receiving and providing communication to and from service providers were discussed. To review, most participants received daily communication from their children’s service providers, usually in the form of a daily log, journal, or agenda book. These communications were usually initiated by the teacher and often had both academic and behavioral foci. Generally, the parents in this study were satisfied with the amount of written communication they received. Other communication opportunities were through parent-teacher conferences, formal reports during the school’s regular reporting periods, phone calls, and email correspondence.

Mrs. Ritter, whose daughter is severely autistic, happily describes the importance of frequent communication in this way: “[Our daughter] has a notebook that goes back and forth every day. They’re real good about that. We have a lot of contact.” Another example of the value of daily communication came from Mrs. Hamilton, whose overall
collaborative experiences with the school have been negative and hostile. She talked about the positive communication she enjoyed with one of her son’s teachers: “We passed a spiral notebook every day...Maybe he had a little art project that he did. He did very well or he did very badly at that. I loved that.” Not all parent participants who wanted daily communication were able to get it. Mrs. Wolfe had kept all the logs that her son’s teachers had shared because it provided a diary of his school life. But she was disappointed with her son’s most recent teacher: “I checked his backpack and there are no papers in there, no nothing.”

Most parents expressed satisfaction with the amount of communication they received on a day-to-day basis from the school about their children. Although they were generally pleased with the daily communication, many parents expressed a desire to have more information from service providers about what parents could do at home to help their child perform better in school. Mrs. Pierce expressed it this way:

I would like a little bit more information about different ways that we could work on things at home to help. It was more, we would say, what can we do at home to help him be more successful at school? It was us saying it. That type of team effort could be better.

Communication was especially valued when there were problems. Mrs. Witt talked of a particularly trying time “when things were a little rocky.” She and her husband participated in quarterly meetings to review the IEP, reevaluate how their son was doing, and make any needed changes. When situations became challenging and communication was lacking, some parents felt that they had no choice but to issue an ultimatum. Mr. Hart said that at one point, he had to “threaten upper management.” Mrs.
Stevens described a similar situation: "I threatened to yank him [out of school]. It basically took me threatening to pull him for them to step up and help."

The interview data clearly show that parents appreciated and expected regular and frequent communication from service providers. This communication is usually in written form and provides information about the day-to-day lives of their children. Communication seems to break down in the face of conflict, although parents expect communication with service providers to continue so that conflicts can be resolved.

Parent Theme 2: Parents expect service providers to be knowledgeable about their child and the accompanying disability when collaborating with parents on IEP goals and objectives.

Parents expected to have a shared base of knowledge about their children’s needs and abilities as IEPs were collaboratively developed by the educational team. This concept is an example of a family-professional collaborative partnership, described by Turnbull et al. (2007) whereby each group member appreciates and values the skills, expertise, and knowledge of the other.

For the parents of children with disabilities who participated in the study, teacher knowledge and expertise were important expectations for successful collaboration. Parents wanted their service providers to understand the nature of the child’s disability, how it might manifest itself, and how to best educate the child within the constraints that his/her disability imposes. Although knowing about the specific disability was important, nearly all parents believed that knowing and understanding the particular idiosyncrasies of their individual children was equally important.
Several parents expressed concern about what they perceived as inadequate preparation or education for teachers who worked with their children. Although parents believed that teachers should be experts, some were skeptical about how this perceived expertise played out day-to-day. Mrs. Lutz indicated she had changed her attitude about teachers’ expertise when she stated, “You assume that they’re the experts. You kind of leave it in their hands. I’ve come to learn since then that they don’t always know.” Mrs. Pierce explained it in this way: “I expect them to know what Amy needs, but maybe they just don’t have enough experience.”

The importance of knowing and understanding the disability and its associated behaviors was expressed by several parents. Mr. Waites, whose son is developmentally delayed, empathized with the challenges teachers face in keeping up with information about specific disabilities when he said:

Not everybody is going to be a professional immediately. There is a learning curve and I understand that. I would love for everybody who’s going to deal with my child to know everything the first thing and be able to do it immediately. I know that’s not the case.

Several parents suggested that additional training for teachers would be beneficial. Mr. Witt believed that any training is better than none, but he cautioned, “You can take an eight-hour course and I can guarantee you won’t know how to deal with everything that you’re going to deal with in a classroom setting.” Mrs. Ritter believed that every teacher should receive training for working with special populations. She said, “They should probably make every teacher who’s getting their degree spend at least one semester in a special ed classroom. I think then they would see that [they can’t] just write
off a child’s misbehaving.” Mr. Hart offered this advice about education and a warning to teachers:

Learn about the medications that the kids are on because some of the side effects play a big part. There are a lot of medicine changes with these kids and unless you understand it, it’s just going to make your life hell.

Mr. Wolfe explained how his family did what it could to provide resources and information to the people who worked with his children. He would provide reading materials and contact information for teachers so that they could learn more about his children’s disabilities before the start of a new school year. He believed that teachers who understood the nature of the disability were more likely to be successful with his children.

Parents expressed frustration as their expectations were unmet through what they saw as a lack of expertise and professionalism by the service providers who worked with their children. Parents expected teachers to be experts when it comes to handling challenging behaviors. As described in Jared’s story, when he was asked not to return to school because of disruptive and violent behavior, Mrs. Hamilton became angry. She emphatically expressed having no sympathy or pity for the day camp staff when she said: “I don’t want to hear it…Get another job.”

Mrs. Stevens, whose son was suspended for poor behavior reported a similar sentiment: “[The school] just threw up their hands toward the end. That’s when all the calls started coming to come and get him…Take him home and don’t bring him back until next year.”
Further, some parents expressed the necessity of understanding that challenging behaviors may be part of their children’s disability, in other words, something they cannot help. Mrs. Ritter expressed it in this way:

I think they knew her behavior was tied to her disability but it was really inconvenient for them. She kept on throwing things, kicking, hitting. I understand that it was a major problem for them, but with the incidence of autism like it is today, they’re going to have to learn how to deal with it. She’s not going to be the last one.

Mrs. Anthony agreed and wanted service providers to understand the reasons for her son’s meltdowns and that they were part of his disability rather than “treat them as a temper tantrum or as if he’d done something wrong.” Mrs. Engle concurred with these words: “He has a condition he can’t help. Please keep that in mind when you’re working with him; he is not a typical eight-year-old boy.”

Through analyzing the data, it became clear that knowing the disability was not enough for most parents. They also wanted service providers to know and understand their children as individuals, each with unique learning needs and behaviors. These parents provided examples of how teachers showed they understood their children:

“Her teachers were really aware of her trying to fit in.”

“They didn’t want to single him out.”

“They were worried about his self-esteem.”

“His teacher was full of ideas. She understood more about Michael than any of the teachers we’ve had.”

“They knew the ED class wouldn’t be a good fit.”
"I love it when they describe to me what they see in my son. I think: yes, that’s him!"

"They figured out how she learns."

"For the most part, we’ve dealt with people who have sized Annie up really quickly. They find out what her hot button is."

Parents appeared to expect and appreciate that service providers understand the uniqueness of their children. They believed that this understanding led to more creativity and flexibility in instructional approaches. Mr. Peters stated: “I was impressed with people who were trying one way, and when she wasn’t going to do that, they would find another way. I want somebody who can think outside the box."

In contrast, some parents expressed dismay over professionals who were supposed to help make educational decisions about their children but appeared to lack knowledge specific to the child. Several parents expressed negative feelings about people who made judgments about their children after only brief interactions. This situation happened most often during collaboration among service providers as the team determined an appropriate learning environment. Mr. Hart expressed frustration about “somebody eyeballing your kid.” Mrs. Anthony said she put more confidence in her son’s teachers than in her doctor because “she doesn’t know him. She has not spent time with him.”

Another example of how parents feel about professionals who do not seem to know their child as a person was shared by Mr. Waites, the parent of a preschooler:

The people that ran the meeting met my son once. We were taken aback at how [they] judged him and critiqued him and looked at him after an hour’s meeting.
The principal wasn’t disinterested, but she was not really aware of everything that was in the report... She’s the big kahuna, but she wasn’t all that with it. The principal couldn’t pick [our son] out from Adam.

To summarize this section, two themes emerged from parent interview data that answered the question: What expectations for home-school collaboration do parents have? First, parents valued communication between home and school and among service providers. Communication was described as a critical expectation for successful collaboration. Parents expected frequent and regular communication from service providers about their children’s school day and expected suggestions about how they could help their children at home. Second, parents expected service providers to be knowledgeable about their children and the accompanying disability when collaborating with parents on IEP goals and in developing appropriate educational plans for their children.

The second research question, what expectations for home-school collaboration do parents and teachers have, was answered through both parent and service provider interviews. This section will discuss findings from data from teachers and other service providers. Interview data from eleven teachers and service providers revealed four themes about collaboration. These four themes included: (a) service providers expected to provide direct and frequent communication to parents as part of successful home-school collaboration, (b) service providers expected that developing a positive “team” mentality was critical to collaborative decision-making, (c) service providers expected to empathize with children and their families as a way of developing positive collaborative relationships, and (d) service providers expected to have to make compromises in order to
enhance positive collaborative relationships. In this section, each theme will be
described and examples from transcripts will be provided.

Service Provider Theme 1: Service providers expect to provide direct and
frequent communication to parents as part of successful home-school collaboration.
Direct and frequent communication was thought to be vital by all service providers. This
communication was almost always teacher-led. Each participant mentioned at least two
ways they share day-to-day happenings with parents about the children they serve. In
addition to regularly scheduled parent-teacher conferences and quarterly reports, each
mentioned other examples of oral and written communication. For most of these, a daily
log book, journal, or note was an important way to share information about both
academic progress and the behavior of the student. Each of these types of direct
communication with parents was typically initiated by the teachers. Daily logs and
journals, suggestions for home skill practice, and face-to-face conferences were most
often led by teachers or other service providers. Teachers and service providers also said
that phone calls, emails, and impromptu conversational exchanges at the start and end of
the school day were not uncommon.

Several teachers of young children believed that home visits were an important
part of developing a collaborative relationship with families. In a previous section of this
chapter, it was noted that parents valued regular and frequent communication; teachers
appear to have recognized this need and have taken a leadership role in fostering this
communication. Mrs. Burke shared this example:

I’ve gone to houses where the kids won’t let the parents brush their teeth. And we
went out and we did our toothbrushing routine that we do at school after lunch to
help them get that routine. We did that two or three times and then they were brushing teeth at home.

Mrs. Prescott, an occupational therapist, also reported on the importance of the home-school connection. She believed that open communication and sharing were important to the child’s therapeutic program. She said, “If [parents] can do just one thing a week, we really try to break it down for them. It’s so vital; it’s really an intricate part of what we do.” Without exception, every respondent wanted parents to become involved in the life of the classroom. When parents are active participants in their children’s education, Mrs. Abbott said, her students put forth more effort. She was emphatic in stating: “I absolutely need my parents.”

According to the service providers who were interviewed, positive communication was important to promote and encourage a successful collaborative relationship with parents. Several teachers believed that most of the contacts with parents needed to be about positive things the child did. Mrs. Strayer said when most of the contact is for a positive purpose, “they know you’re not looking at their kid as being a troublemaker,” which makes parents more receptive to what the teacher has to say when there is a problem.

Service Provider Theme 2: Service providers expected that developing a positive “team” mentality was critical to collaborative decision-making. This “team” concept was felt to be especially important as IEPs were developed. Several service providers noted that parents are often less active members of the IEP team. Mrs. Johnson said that “they’re definitely the quietest ones around the table,” but Mrs. Perry felt that parents were probably quiet because “parents don’t think they have power” and she believed that
parents offered the best information about their children and how to educate them effectively. Mrs. Prescott expressed the importance of parent input in this way: "I always regard us as a team and to me, nothing is going to get accomplished unless parents are participants."

Service providers expressed the importance of the educational "team" as a collaborative, mutually-supportive group. Mrs. Abbott, an experienced intervention specialist, described the value of the educational team in this way:

[It is important to] have different times where parents can just come in and talk candidly about what is going on, about any turmoil. Fortunately for me, I will have to say, the team that I work with, talking to parents, parents talking about the whole process is wonderful. We all feel very comfortable talking about problems. I think parent involvement, making sure parents feel welcome in the classroom, making sure that teachers and parents feel comfortable around each other. The only way you do that is by conferences, meetings throughout the school year. The whole collaboration part is through meetings, through talking.

Ms. Irving, another intervention specialist described her need for collaboration among all team members when she said:

I think collaboration in the IEP process is pivotal. I can’t write an IEP without the other team members. I have to have their information. I need to know what speech is working on, OT, PT. And the parent…I am always talking on the phone with the parent, trying to work toward the academic standards. I hope my parents feel like they are part of the team. I really do. I always ask for their involvement in any way.
Although most service providers used the word “team” to describe their expectations for a collaborative relationship, not all participants had positive experiences in developing a well-functioning team. Team size, funding problems, and mistrust of professionals were mentioned by service providers as being barriers to successful teaming. According to Mrs. Perry, the size of the team can be a hindrance to successful collaboration: “Having such big teams plays into the slowness of the process because maybe the first time you can all meet is in four weeks instead of next week.” Mrs. Burke said that funding issues sometimes created problems between public schools and private service providers. Mrs. Johnson told about a school psychologist who did not really know the family or the child and appeared to lack the trust of the parents. She said, “They don’t know her. They’ve probably seen her two, maybe three times throughout the process. I don’t think they’re trusting her. They don’t know her from Adam.” Mr. Roper also had issues with a school psychologist when he said, “They’re very good at numbers; they know what they’re talking about. But the human aspect of it?”

Parents’ roles as team members were a concern for several of the service providers. These participants recognized that parents did not always feel that they were empowered and equal members of the team. In describing feelings of parents, Mrs. Johnson said, “you’re in a team where you’ve got all these powerful professionals, so you don’t know what to say or do and you don’t want to ask a question that might seem silly.” Ms. Irving concurred: “Some parents don’t think they have power. I think they get hoodwinked and they don’t realize that we are a team and we do make a team decision.”
Several participants felt that sometimes other team members showed lack of professional courtesy and respect. Mrs. Perry, a kindergarten teacher, told this story about a team meeting:

I was feeling really defensive because the psychiatrist was wanting me to institute some kind of behavior modification plan with tickets for every kindergartener...He’s trying to talk me into this system. I finally said I am not going to do behavior modification because I don’t need it.

Mrs. Abbott described a time when she felt that she was being “ganged up on” by other team members. She said:

I never felt so intimidated in my entire life because I was on the defense. I had to show and justify how I was teaching. The father got very, very angry. There was a board representative and the principal...it was a very intense meeting.

The data from interviews with service providers clearly demonstrate the desire for a collaborative team that includes parents.

_Service Provider Theme 3: Service providers expected to empathize with children and their families as a way of developing positive collaborative relationships._ The third theme found in the data provided by service providers related to empathy and care.

Within this theme, understanding the dynamic of the family was seen as an important factor in developing positive collaborative relationships with parents. “They’ve got a life too,” said Mrs. Abbott. Mrs. Eddington described the necessity of “knowing the parents’ limitations” with regard to time and helpfulness. Mrs. Strayer agreed when she said:

You see a lot of situations where you might have a single mom with four kids and she’s working full time and the last thing she wants is for me to get on the phone
and call her out about how bad her kid was that day. I really try to think
about how that person is feeling.

For several participants, developing trust was important to a positive collaborative
experience and they recognized that some parents had difficulty trusting their children’s
teachers. Several teachers voiced the belief that trusting other people was difficult for
parents of children with disabilities. This second factor was characterized by Mrs.
Eddington, who teaches children with multiple disabilities:

Special needs parents have to be calm and trusting. They love their child and have
been their child’s caregiver and are concerned about their safety. As difficult as
that is [when] parents drop their typically developing child at kindergarten, it’s
probably a hundred times worse for special needs parents.

Mrs. Perry shared a similar sentiment when she said, “[The teacher] has to be the ultimate
caregiver. You’re more worried than the parents would be because it’s not your child, but
they’ve entrusted their child who has very unique needs to you.”

Several participants empathized with parents who had expressed frustration or
anger. Some parents, said Ms. Irving, use anger to fight for their children because they
are afraid or feel they lack power. Mrs. Schultz described it in this way: “When they’re
screaming at me on the phone, they’re not screaming at me. They’re venting their
frustration.” According to Mrs. Burke, this frustration and anger could be diffused if
service providers would “just let them know that you’re there for them, not just for their
child.”

*Service Provider Theme 4: Service providers expected to have to make
compromises in order to enhance positive collaborative relationships.* In order to foster a
collaborative relationship, ways to minimize conflict were described by several participants. According to several participants, one way to keep conflicts at bay was to compromise. “We’d rather compromise than have a long drawn-out battle,” said Mrs. Strayer.

A surprising finding related to this theme of collaborative compromise was that service providers willingly and knowingly bent the rules in a kind of subversive collaboration with parents. Teachers often found themselves in the middle of two conflicting sides with regard to allocation of resources and services. On one hand, parents wanted schools to provide what they felt was best for their children, regardless of obstacles such as cost or convenience. On the other hand, administrators, responsible to the district and taxpayers for fiscal decisions and allocation of resources, strove to minimize costs and adhere to legalities of special education.

Teachers and service providers working within a complex framework of policies, procedures, and laws, generally believed that the needs of the students overrode the obstacles inherent in this complex and sometimes restrictive framework. Teachers readily admitted that they had bent the rules in order to obtain the equipment or services that they felt were critical to the students’ learning needs. Several remarked they had made suggestions to parents “off the record” in order to acquire needed services, believing that parents were more likely to meet success with requests than teachers were.

The concept of service providers finding themselves in the middle, between the needs of the parents and the boundaries of the district, is compatible with Soodak and Ervin’s (1995) study when they suggested that the necessity to be in compliance with school policies and procedures sometimes overrode what was best for the child.
When teachers find themselves trying to be responsible to both parents and administrators who have different agendas, collaboration becomes less than honest. Teachers are put in the uncomfortable position of balancing responsibility to the district with what they believe is educationally appropriate for meeting the needs of the student. This ethical dilemma was discussed by most of the service providers and it is interesting to note that without exception, teachers preferred to put the needs of their students before the mandates of the district.

Nearly every service provider said that she sometimes felt compelled to bend the rules to meet the needs of their students. Usually, this involved encouraging parents to push for a particular service or piece of equipment that the school district might be reluctant to provide if the service provider made the request. Mrs. Eddington reported that she sometimes “went around administrators.” Mrs. Irving said she went into “sneaky mode” and described it in this way:

I’ve told my parents, “On the record, I can’t say this; but off the record, this is what I think you need.” I will coach off the record. We need to do that because sometimes it just comes down to money. But you know what that child needs, and you know that that parent has more power than you do.

Some service providers reported skirting the rules by providing services to children before eligibility determinations were complete. Mrs. Strayer, an intervention specialist who works with children with severe behavior issues, said:

There have been a couple of kids that needed services right away, but it takes months to get there. I have taken kids who don’t have an IEP to work with me in a
smaller group until the MFE is finished…I’m sure most teachers don’t tell
their administrators that they do it.

Mrs. Abbott said that she sometimes helped students “under the table” because she
believed that what was “morally right supersedes any contract.”

Although several teachers said they understood that “that’s the way we make
decisions,” Mrs. Perry believed that administrators were too quick to say no to requests
when additional resources were needed. She said, “I think they need to trust us that we’re
not just asking for it because we want to drink coffee and sit at our desks.”

To conclude this section, the second research question addressed by the data was:
what expectations of home-school collaboration do parents and teachers have. Parents’
expectations centered around two themes: (a) parents value communication between
home and school and among service providers, and (b) parents expect service providers
to be knowledgeable about their child and the accompanying disability when
collaborating with parents on IEP goals and objectives. Four themes from service
provider interview data answered this question. They were: (a) service providers expected
to provide direct and frequent communication to parents as part of successful home-
school collaboration, (b) service providers expected that developing a positive “team”
mentality was critical to collaborative decision-making, (c) service providers expected to
empathize with children and their families as a way of developing positive collaborative
relationships, and (d) service providers expected to have to make compromises in order to
enhance positive collaborative relationships.
Question 3: How do parents’ and service providers’ perceptions of home-school collaboration differ? This research question sought to answer how parents and teachers of children with disabilities view collaboration; specifically, what are the differences about perceptions of collaboration between educators and parents?

Perceptions arise from expectations and experience; perceptions become our reality. This concept has been dramatically illustrated by Jared’s story which described what happens to collaborative relationships when expectations are unmet. For Jared’s mother, a positive collaborative relationship will be difficult to establish because of her negative feelings about the school which were borne of poor communication and collaboration.

In answer to this third research question, two themes emerged that describe differences in perceptions of underlying premises of collaboration between service providers and parents of children with disabilities. These themes include: (a) perceptions of a successful educational team differed between parents and service providers, and (b) expectations for areas of student development can differ between service providers and parents.

Differences Theme 1: Perceptions of a successful educational team differed between parents and service providers. Friend’s (2005) definition of collaboration assumes parity among team members. Some parents participating in this study believed that an advocate can tip a perceived imbalance of power in their favor, or at least level the playing field. The majority of parents believed that an advocate served to assure compliance with federal standards and to safeguard parents’ rights. Mrs. Witt explained: “We [went] in with our advocate and with our goals in mind and she was present, so she
really helped push. We’ve been very blessed that we’ve had people who knew the system.”

For some parents, a third party advocate was beneficial in helping parents to navigate the processes of special education. Annie’s parents reported that they were eager to have a caseworker to manage their daughter’s care so that they could have a better understanding of the array of services available to her. Some parents believed that advocates were able to accomplish more than parents could have done without their help, in effect, giving more power to parents. Mrs. Anthony shared how an advocate helped her in developing her son’s IEP:

I was very leery because I’d heard a lot of horror stories about the IEP meeting. I got in touch with…a parent advocate so she knows both sides of the story. She’s saying, “Don’t let them do this, don’t let them do that.” She really went through [the IEP] with a fine-toothed comb. We spent three hours on the phone the night before just going through every little aspect of the IEP they’d written up. By the time I went to the IEP meeting, everything was the way I wanted it.

Service providers, on the other hand, were divided on how beneficial advocates could be to families of children with special needs. Teachers and service providers expressed both positive and negative perceptions about collaborating with advocates. Several providers felt that advocates presented a negative component to the collaborative process but believed that advocates could play an important role in helping parents through the processes of special education. An example of conflict between the advocate and the rest of team was described by Mrs. Strayer, who teaches children with emotional disturbances:
The adversarial relationship usually is between the advocate and special ed
director. Normally, I think the advocate understands that I’m doing the best I can.
In my experience, usually the advocate wants a different type of setting for the
child. She agrees that my service for a certain kid is the right one, but she doesn’t
believe that’s where the child should be.

But Mrs. Schultz, a special education director herself, agreed that advocates can
create negative feelings when she said, “The problem with advocates is that they come
usually just when there is a conflict. Then they go away.” Ms. Irving expected advocates
to serve a positive purpose when they acted as mediators between the family and the
school: “It can be somebody that hopefully sees what the parent wants, sees what the
school can provide, and is realistic about what actually can be done.”

Several teachers reported that, in their experience, conflicts sometimes resulted
when advocates participated in the process. Some felt that advocates impeded the
collaborative process through negative attitudes and hostile demeanors. However, most of
the service providers agreed with the parents when they said that advocates could serve as
helpful mediators. Most service providers in this study had good or neutral experiences in
collaboration with advocates.

A notable difference in the two groups’ perceptions of collaboration was
regarding power issues and the obvious absence of use of the word “team” on the part of
parents. Teachers and service providers generally made the assumption that parents were
valued partners on their child’s education team. For example, Mrs. Johnson described
how collaboration between parents and school personnel is a function of decision-
making. She states:
I remember a time that we thought gross motor and fine motor were both problems and the mother said, “but he’s doing this at home.” We wouldn’t experience them playing with beads or making necklaces. Some of those things don’t always come out in the classroom so [parents] have a lot of information to share that we wouldn’t have known about. I like to know their perspective. You know your cards are all on the table and you can say: we’re all here; let’s talk about how we can still work on this in the classroom. It saves us a lot of time. It’s more efficient for the process.

Mrs. Johnson’ experience is in keeping with characteristics of collaboration as defined by Friend (2005), specifically that of parity among group members. Mr. Roper summed up the importance of valuing parent input and giving parents power to make suggestions:

...being open to say, “Hey, you know what? You’ve got a point. Let’s try that.” I think being open and available in that way, instead of well, I got this person and I’m not going to allow them to win.” That’s when we get into trouble and everybody loses because it’s not about who’s more powerful. It’s about how we can best help the child.

Service providers in this study did recognize that not all parents are comfortable with fully collaborating with the educational team. Mrs. Johnson described some IEP meetings: “[The parents] just sit quietly; they’re listening and processing. At the end when it’s time to sign off, the legality part of it all, they kind of go into panic mode, not really sure that they understood it all.”
Parents agreed that although there was a team, they weren’t always equal partners. Mr. Waites illustrated this perceived lack of parity when he said:

The relationship is not even by any stretch of the imagination. There’s power on the other side of the table...They’ve got all their sheets and they’re going around the table, and you just have to sit there and take it. Just like being called to the principal’s office.

Although teachers and service providers emphasized the importance of all stakeholders supporting the goals and objectives of the IEP, parents did not usually describe themselves as being part of a team. Mrs. Pierce offered a different explanation about why she had little input on IEP goals when she said, “I just don’t know what’s expected.” Mrs. Lutz initially felt that she was a part of the collaborative team, “but after learning more about the system, I feel like they go through things and just expect you to agree.” But this lack of input was not always perceived negatively by parents. Mr. Hart said, “I don’t think we had enough knowledge as parents to really have any substantial input. In many ways, we looked to them for direction. I was comfortable with where they went.” Mr. Wolfe agreed: “We can write goals and objectives, but we’ve always pretty much left it up the school. We always thought they were doing a pretty good job.” Both service providers and parents value the concept of “team,” but do not necessarily approach development of a team mentality in the same way.

A good example of a successful “team” relationship is illustrated by Annie’s story. Close collaboration and communication among service providers and between home and school have fostered a partnership where all parties share successes, challenges, and strategies to help Annie achieve her goals. Jared’s mother, on the other
hand, has never felt part of the collaborative decision-making team. She insisted that school personnel listen to her concerns even before Jared started school, and she was gravely concerned about whether she will be able to achieve a collaborative relationship with school personnel when Jared returns home from in-patient care. Jared’s story shows that unresolved conflict that happens early in the relationship has a negative and far-reaching effect on future efforts. This was evidenced not only in Jared’s story, but also in examples provided by other parents.

Differences Theme 2: Expectations for areas of student development can differ between service providers and parents. Sometimes these expectations interfere with the collaborative decision-making process. In this study, these differences were made evident in the disparate foci of educators versus parents. Specifically, parents expressed the desire to assure a warm, nurturing environment for their children that served to enhance their social development and made their children feel loved. For some parents, an academic focus was secondary to a loving environment. Mr. Waites, father of a preschooler wanted this ethic of care demonstrated to his young son: “It’s one thing to direct the children; but it’s another to give them a hug.” Mrs. Lutz, also a preschool parent, expects her child to be loved by his service providers. She said, “I want them to love him and care for him and want what’s best for him.” Mrs. Anthony appreciates that on a daily basis her son’s teacher tells him that she loves him.

Parental interest in having school providers show love to their children was present throughout the interview data, regardless of the child’s age. Mrs. Ritter, whose daughter is 19, said, “My number one priority is that they care about her. I want them to
be kind and loving to her. That’s all I really want.” Mr. and Mrs. Witt happily shared that their son’s teachers “fall in love with him every year.”

Although parents appreciated a loving environment, most of the service providers put more emphasis on academic performance and progress toward IEP objectives ahead of socialization and relationships. Service providers gave voice to the importance of a nurturing, secure educational environment, but placed greater emphasis on “school” functions. Mrs. Johnson described her position in this way:

I’m here to provide academics. [Students] need to be working on the social skills along with the academics, not just be coming to sit and learn about social skills. They can do that on the ball team, or Girl Scouts, Boy Scouts, church opportunities, whatever. You can get social skills anywhere, but I think that our job is to provide the academics. The social skills come along with that as part of the package, that’s fabulous. But the social stuff can be provided elsewhere.

Ms. Holloway becomes frustrated when parents insist on sacrificing academic objectives for socialization with typical peers. In fact, she called social inclusion “a waste of a class period” that could have been used to focus more closely on the student’s curricular needs. Ms. Irving described an incident when she fought the parents on the issue of social inclusion. She stated, “I don’t think social needs are enough of a reason for inclusion because you need to make sure that academic needs are being met.” But Mrs. Strayer, who works with children with emotional disturbances in the same district disagreed when she said, “Social skills are going to take [a child] a lot further than knowing the Bill of Rights.”
The data show no universal agreement among service providers or between parents and service providers on where goals for students should lie. When individual team members have differing agendas, the collaborative process can be compromised. Indeed, Friend (2005) suggested that shared goals are a critical component of successful collaboration.

In summary, the second theme about differences in perceptions of collaboration between the two groups is that expectations for areas of student development can differ between service providers and parents. Often areas of social development are a preferred focus for parents, whereas teachers in this study demonstrated preference for an academic focus in student progress.

Chapter Summary

This qualitative study sought to investigate the following questions: a) what have been the experiences of parents of children with disabilities in collaboration with school professionals, (b) what expectations are held for collaboration between home and school, and (c) how do parents and teachers perceive collaboration efforts for educational decision-making. This chapter presented the results of 23 interviews with parents of children with disabilities and service providers. Specific quotations and examples from interview data illustrated the emergent themes. Table 3 provides a summary of the research questions and their accompanying themes.

The first question in this study, what have been the experiences of parents of children with disabilities in collaboration with school professionals, served to investigate the experiences of parents of children with disabilities who receive special education
services. Three themes emerged: (a) collaboration produces a consistent program of
treatment and education for the child; (b) effective collaboration includes listening to

Table 3

*Summary of Research Questions and Themes*

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parents’ concerns, ideas, and opinions; and (c) IEP development is a collaborative effort between parents and service providers, which appears to become easier every year.

The second research question was also addressed by data gleaned from parent and service provider interviews. This question asked: What expectations are held for collaboration between home and school? Two parent themes were discussed: (a) parents value communication between home and about their child and the accompanying disability when collaborating with parents on IEP school service providers, and (b) parents expect service providers to be knowledgeable about their child and the accompanying disability when collaborating with parents on IEP goals and objectives.

Analysis of interview data from service providers revealed four themes that related to this second research question: (a) service providers expected to provide direct and frequent communication to parents as part of successful home-school collaboration, (b) service providers expected that developing a positive “team” mentality was critical to collaborative decision-making, (c) service providers try to empathize with children and their families as a way of developing positive collaborative relationships, and (d) service providers expected to have to make compromises in order to enhance positive collaborative relationships.

Last, parents’ and services providers’ perceptions about collaborative relationships were examined for differences between the two groups. The third research question was: how do parents’ and service providers’ perceptions of home-school collaboration differ? The following themes emerged: (a) perceptions of a successful educational team differed between parents and service providers, and (b) expectations for areas of student development can differ between service providers and parents. These
themes were also illustrated with specific quotations taken from interview transcripts. Within each group, both positive and negative perceptions of collaboration and collaborative experiences were in evidence.

This chapter also provided two illustrative examples of the collaboration process. One family was very pleased with the level and type of collaboration they have received from their child’s service providers. The other example demonstrated how problems and conflicts that arise can be detrimental to the collaborative process and how these conflicts can have long-range effects on future interactions and decision-making among a child’s educational team and the family.
CHAPTER V

This qualitative study investigated perspectives of collaboration from two groups’ points of view as it relates to the processes of special education. Personal interviews were the primary means of collecting data. The purpose of the interviews was to gain insight into the research questions: a) what have been the experiences of parents of children with disabilities in collaboration with school professionals, (b) what expectations are held for collaboration between home and school, and (c) how do parents’ and teachers’ perceptions of collaboration efforts for educational decision-making differ.

Parent participants were selected through convenience and snowball sampling. In personal interviews, sixteen parents of fourteen children with identified disabilities were asked to share their experiences with regard to the processes of special education. Parent participants also discussed their expectations about collaboration with service providers. Parent participants were then asked to recommend a teacher or service provider who demonstrated good collaborative skills. As a result of parent recommendations, eleven teachers and service providers were interviewed. They were asked about their perceptions of collaboration and how they developed positive collaborative relationships with the families they served.

Each interview was transcribed and the data were analyzed through open coding which generated broad categories. These categories were further analyzed and coded until no new information was apparent in the data. Categories were identified by a short descriptor. Sub-categories were then derived through axial coding as connections between and among participants’ responses were analyzed. The results are both
interpretive and descriptive. Thematic statements were developed to reflect the thrust of each category.

Interpretation of Findings

An underlying premise of this qualitative study was that successful collaboration is a critical component in meeting the educational needs of children with disabilities. Support for this premise was described in the review of the literature. Cook and Friend (1991a) suggested that collaboration is a “style for direct interaction” (p. 7). As parents of children with disabilities and their service providers collaborate, they engage in direct interaction in order to effectively meet the needs of students with disabilities. The findings resulting from the interviews suggest several considerations about positive collaboration which are discussed here.

The experiences and personalities of the parents who participated in this study are as uniquely individual as their children’s learning needs. Some parents enjoyed mostly successful and positive collaborative experiences; others found working with school personnel mostly frustrating and unproductive. In many cases, collaboration broke down at some point in the process and resulted in conflict that colored future collaborative efforts. For the parents in this study, collaborative efforts appeared to break down when trust and respect were compromised. Parents reported distrust of educational professionals and a perceived lack of respect from school personnel. These findings support conclusions of Blue-Banning et al (2004) and Dinnebeil and Hale (1996) that suggested trust and respect are crucial to the collaborative process. The following findings underscore the elements of successful collaboration that were uncovered in this
study. Underpinnings of trust and respect appear to be foundational to successful collaboration with parents of children with disabilities.

First, collaboration between home and school can create consistency among service providers. This consistency helps to develop the sort of collaboration that Friend (2000) suggests can lead to successful inclusionary practices. In this study, most parents were satisfied with the cooperative and communicative efforts of service providers.

Parents implied that they expected teachers to provide frequent, often daily, communication about their children. Parents liked having a daily report of their children’s school day. This finding corroborates Gordon’s (1998) study. As reported in Annie’s story, knowing about activities and specific incidents that marked her school day helped Annie’s parents to work collaboratively toward improving Annie’s behaviors and facilitating consistent progress between home and school. In contrast, Jared’s mother craved daily information from his teacher, but gave up on a collaborative relationship with the teacher because she felt that the teacher did not care about or know her son when all the daily communication came from the classroom aide.

Teachers in this study seemed to recognize this need for regular and frequent communication and said they provided some sort of written communication on a daily basis, usually in the form of a daily journal, notebook, or log. Both academic and behavioral concerns were reportedly addressed in these daily communications, and both positive and negative comments were shared. These logs were not something that parents put in place; they were developed and initiated by the teachers. In addition to daily communication logs, teachers also were responsible for scheduling meetings, writing progress reports, and holding conferences.
Parents reported that there were occasions when communication was initiated by parents themselves, but these instances were usually the result of conflict with the teacher or related to a disciplinary concern. Generally, communication initiated by the parent held negative connotations. Although teachers placed some emphasis on sharing good news and communicating positive outcomes, no parents mentioned that they believed it was important to share their children’s successes in in-home activities with the teachers. This statement must be viewed with caution, however, because it is likely that parents do indeed share “good news” with teachers. But this positive emphasis on communication was not revealed in the data provided by parents. The implication is that teachers rather than parents bear the greater responsibility of sharing information.

Both groups cited frequent and open communication as highly desirable. Although not all parents had exclusively positive experiences, parents generally seemed to believe that teachers and service providers tried to provide frequent and helpful information about their children. Annie’s parents, for example, were happy with the amount of communication they received, saying, “I feel like if I needed more, I could get it, but I don’t need more.” There were a few notable exceptions, but most parents stated they were happy with the amount and content of the regular communication they received from their children’s service providers.

Listening to parents’ concerns and ideas was a second element of communication that was mentioned by parents, coinciding with Pruitt et al.’s results (1998). In this study, parents were divided in their opinions about how well they believed school personnel listened to their concerns and desires. Jared’s story provided a strong example of how communication breaks downs when parents feel they are not listened to. The majority of
teachers believed that listening to parents was important and indicated that they believed parent involvement was critical to meeting students’ educational needs. Some service providers spoke to the expertise of parents and believed that because parents knew their children best, it was important to make sure that parents’ voices were heard and heeded. Certainly, this was not Jared’s mother’s experience.

Another aspect related to listening to parents, particularly during IEP development, was found when teachers provided a draft of the proposed IEP to the parents prior to the actual IEP meeting. This practice, like the use of daily communication logs, was also initiated by service providers; parents did not ask to have a draft IEP – it was simply provided to them as a matter of course and gave parents the opportunity to provide input on their children’s strengths, weaknesses, and needs.

A second important finding is that both groups valued the concept of an educational team, but perceived team development differently. Friend’s (2005) definition of collaboration assumes parity among team members. Most parents participating in this study believed that an advocate can tip a perceived imbalance of power in their favor, or at least level the playing field. For some parents, a third party advocate was beneficial in helping parents to navigate the processes of special education and that advocates were able to accomplish more than parents could have done without their help, in effect, giving more power to parents.

Teachers, on the other hand, were divided on how beneficial advocates could be to families of children with special needs. Teachers and service providers expressed both positive and negative perceptions about collaborating with advocates. Several teachers reported that, in their experience, conflicts sometimes resulted when advocates
participated in the process. Some felt that advocates impeded the collaborative process through negative attitudes and hostile demeanors. However, most of the service providers agreed with the parents when they said that advocates could serve as helpful mediators. Others welcomed advocates to the process and appreciated their input and insights.

A notable difference in the two groups regarding power issues was the obvious absence of use of the word “team” on the part of parents. Teachers and service providers generally made the assumption that parents were equal partners on their child’s education team. This assumption is in keeping with characteristics of collaboration as defined by Friend (2005), specifically that of parity among group members. Parents, on the other hand, believed that although there was a team, they weren’t equal partners. Although teachers and service providers emphasized the importance of all stakeholders supporting the goals and objectives of the IEP, parents did not usually describe themselves as being part of a team. This finding corroborates Judge’s study (1997) that found that although families wanted a voice, they did not feel they were on equal footing with other team members. Both groups value the concept of “team,” but do not necessarily approach development of a team mentality in the same way.

Because not all parents felt comfortable with the processes of special education, calling it “intimidating,” “confusing,” and “overwhelming,” parents may be uncertain of how to become knowledgably involved. Gordon (1998) cited lack of shared vocabulary and lack of meaningful communication as impediments to successful collaboration. This can result in deferment or acquiescence to educational professionals or create a desire by parents to invite a knowledgeable advocate to participate in the decision-making process.
A good example of a successful “team” relationship is illustrated by Annie’s story. Close collaboration and communication among service providers and between home and school have fostered a partnership where all parties share successes, challenges, and strategies to help Annie achieve her goals. Jared’s mother, on the other hand, has never felt part of team. She insisted that school personnel listen to her concerns even before Jared started school, and she is gravely concerned about whether she will be able to achieve a collaborative relationship with school personnel when Jared returns home. According to Duncan (2000), unresolved conflict that happens early in the relationship has a negative and far-reaching effect on future efforts. This is evidenced not only in Jared’s story; but also in examples provided by other parents.

A third consideration generated from the findings with both parents and service providers is that additional training would be beneficial for teachers. This suggestion from parents grew out of the belief that teachers needed to understand the disability of the child so that service providers could separate poor behavior from the disability. As in Bender et al’s study (1995), teachers generally agreed that professional development was critical in order to adequately and appropriately meet the educational needs of children with special needs. Several teachers reported that this training was lacking at the preservice level. Others said that they took it upon themselves to acquire the information they needed to be more competent in working with children with disabilities. This is in keeping with the findings of Smith et al. (2006) and Brownell et al. (2005) whose studies were discussed in chapter two. But parents believe it is incumbent upon service providers to gain knowledge and expertise about their children’s specific disability. Parents’ interests in professional development stemmed from their perceptions that teachers did
not understand the disability itself and its associated behaviors. With understanding comes empathy, which enables all team members to embrace common goals.

Clearly, each family’s story is unique. The family dynamic, the disability of the child, and the processes of diagnosing and determining treatments are peculiar to each situation. Both intervention specialists and general educators face increasing challenges in meeting the individual needs of students with disabilities and their families. How can teacher preparation programs and continuing education opportunities address all the incarnations of student need? As medical and educational professionals make strides in identifying causes of behaviors and disabilities, teachers have struggled to keep up with the most current information. Several studies cited in chapter two suggested that even one course about disabilities improves teacher efficacy (Campbell et al., 2003; DeBettencourt, 1999; Kos et al., 2004; Shade & Stewart, 2001). The service providers in this study reported that university programs do offer courses that provide overviews but these courses have been unable to effectively address specificity of individualizing instruction based on a specific disability, especially when the disability is uncommon. From a practical standpoint, it would be difficult to provide training about every syndrome, disability, or learning problem that students and their families face.

Nearly all parents stated that knowing the disability was not enough to meet the needs of their children. They also wanted service providers to know and understand their children as individuals with unique learning needs. Annie’s father’s description is a good example of the positive feelings that are generated when services providers understand the child: “They all knew exactly who Annie was. And she’s worth knowing,” and “They can read my daughter like a book, and they’re helping write it.”
Parents believed understanding their children could lead teachers and service providers to become more creative and flexible in instruction and in behavior management. Most of the teachers and service providers in this study agreed that understanding and appreciating the child as an individual was important. Further, they felt that developing positive relationships with the families helped to foster this understanding and empathy. This finding is in concert with the findings of Pruitt et al (1998) and Dunhaney and Salend (2000). In the latter study, the researchers determined that when service providers empathize with families and recognize the valuable contributions that parents can make in educational decision-making, inclusion is more perceived by parents as more successful.

A fourth interesting finding was teachers often find themselves in the middle of two conflicting sides in regard to allocation of resources and services. On one hand, parents want schools to provide what they feel is best for their children, regardless of obstacles such as cost or convenience. On the other hand, administrators, responsible to the district and taxpayers for fiscal decisions and allocation of resources, strive to minimize costs and adhere to legalities of special education. Teachers and service providers interested in meeting the needs of students seemed to temper their opinions and wishes for their students because of monetary and/or administrative restrictions. Although they are sensitive to financial and administrative concerns of the district; parents are adamant about discounting a lack of funds as a barrier to needed services and equipment. Although some parents acknowledged limitations of both teachers as individuals and schools as organizations, their expectations appeared to set little store by any refusal of their requests.
Like the parents who were interviewed, teachers and service providers working within a complex framework of policies, procedures and laws, generally believed that the needs of the students overrode the obstacles inherent in this complex and sometimes restrictive framework. Teachers readily admitted that they had bent the rules in order to obtain the equipment or services that they felt were critical to the students’ learning needs. Several remarked they had made suggestions to parents “off the record” in order to acquire needed services, believing that parents were more likely to meet success with requests than teachers were. This notion suggests that parents are more powerful than they think they are.

The concept of service providers finding themselves in the middle, between the needs of the parents and the boundaries of the district, is compatible with Soodak and Ervin’s (1995) study when they suggested that the need to be in compliance with school policies and procedures sometimes overrode what was best for the child.

When teachers find themselves trying to be responsible to both parents and administrators who have different agendas, collaboration becomes less than honest. Teachers are put in the uncomfortable position of balancing responsibility to the district with what they believe is educationally appropriate for meeting the needs of the student. This ethical dilemma was discussed by most of the service providers and it is interesting to note that without exception, teachers preferred to put the needs of their students before the mandates of the district.

A corollary to the conflict between what the school may be willing or able to provide and what parents want is that service providers and parents may come to the meeting table with different agendas. The data suggested that parents place a greater
emphasis than service providers on the social development of their children. Service providers tended to focus their goals and objectives on academic interventions rather than in developing peer relationships and social skills, particularly when children were learning disabled. This date corroborates the findings of Dunst et al (1994) who suggested that conflict arises when parents and service providers have different expectations. Children with autism were more likely to have their social development included in IEP considerations that children with other disabilities. Regardless of disability, parents showed a clear preference for including socialization and the development of positive peer relationships as critical to their children’s overall school success. This finding is consistent with findings of Grandlund and Roll-Peterson (2001), and Jones and Swain (2001).

A final noteworthy finding was that differences in the focus of empathy and care exist between parents and service providers. Both groups believed that having empathy for specific family situations and caring about the child as a person were important to developing positive collaboration. This finding supports previous research by DeBettencourt (1999) which suggested that teachers’ attitudes toward students with disabilities are in an important factor in students’ successes. Parents wanted to entrust their children to people who showed care and love for their children in overt and concrete ways. Through a positive collaborative framework, trust grows between parties (Donato, 2004). Parents mentioned that protecting their children from bullying and teasing, offering positive, tangible reinforcers, and showing physical affection were all ways that caring teachers showed love for their children. It is interesting that most parents did not suggest that teachers should empathize with the family or the parents. Jared’s mother was
a notable exception; she was clearly angry that school personnel did not understand
or appreciate how raising Jared had affected her personally.

Teachers agreed that empathy is important in building positive collaborative
relationships. They believed that demonstrating genuine care for their students served to
improve student behaviors and outcomes. But when teachers discussed the concept of
empathy, it was usually within the context of the family rather than of the individual
student. Only one teacher expressly stated that she “loved” her students, but the majority
of service providers indicated that empathy for the family was important.

Both parents and service providers valued empathy for families. For parents, the
focus of care and empathy was on their children; for service providers, empathy and care
focused on the family as a whole. Expectations about empathy showed some differences
between the groups, but were not directly oppositional in nature.

A corollary to the concept of empathy for families focused on the nature of the
relationship between parents and service providers. Parents tended to believe they had
close relationships with service providers; service providers recognized a need for
professional distance. It is unclear whether this finding suggests a dependency on the part

The findings of this study make clear that each parent’s story is unique. Although
differences in family values, children’s abilities, and in service providers’ skills and
characters exist, a positive collaborative relationship is desired and sought by all parties.
Collaboration is a result of mutual trust and respect. Essentially, parents want and need to
trust the expertise and integrity of service providers. School professionals need to
demonstrate respect for the student and his/her family. The data show that these basic
elements comprise positive collaboration experiences. When trust and respect are lacking or compromised, conflicts are difficult to overcome as people seek power and control. It is incumbent upon teachers, therapists, and other education professionals to develop parents’ trust and to demonstrate genuine respect for the families of children with disabilities.

This study suggests that a collaborative relationship can be enhanced by (a) developing consistency of programming among service providers; (b) providing regular and frequent communication between and among all stakeholders; (c) empowering all stakeholders as experts who can contribute meaningfully to decision-making; (d) seeking knowledge and understanding about disabilities in general, and students as individuals with unique needs; (e) balancing the needs of the students and the desires of parents within the boundaries imposed by the district; and (f) having clear and shared expectations and meanings about empathy, care, and student achievement.

In summary, this qualitative study supports the findings of several other studies that focus on positive collaborative relationships. Five findings with implications for developing positive collaborative practices were described. They are: (a) collaboration between home and school involves communicative processes that can increase consistency of educational programs; (b) both parents and service providers valued the concept of an educational team, but perceived power among the team members somewhat differently; (c) additional training would be beneficial for teachers so that they can understand the nature of the students’ disabilities; (d) teachers often find themselves in the middle of two conflicting sides in regard to allocation of resources and services; and
(e) differences in the focus of intervention, empathy, and care exist between parents and service providers.

**Implications for Practice**

The results of this study of collaboration practices suggest several implications for service providers as they seek to develop positive collaborative relationships with families. First, empowering parents is vital to creating a positive collaborative atmosphere. This can be accomplished in several ways that seem trivial but can reap long-term benefits. One of the ways to empower parents is to give them the opportunity to talk about their child. Although this seems obvious, data from this study showed that parents do not always feel that they have been listened to. It is possible that giving parents the opportunity to respond to “tell me about your child” can set a more positive tone for meetings and give insight into the parents’ priorities for their children. This could also lead to increased levels of empathy for the child and for the family.

A second way to equalize power among team members is to use layman’s language. Some parents felt intimidated when professionals shared their evaluation results in meetings. Jargon and technical language that are not part of parents’ vocabulary can alienate parents from the rest of the team. Even though special education policies require reporting standard scores, information should be framed in a way that parents are able to readily understand. Checking for comprehension could also help to assure parents’ understanding. This can be done by asking direction questions such as, “Do you have any questions?” or by developing awareness of facial and body cues that suggest parents are having difficulty digesting the information. The data in this study showed that
parents are often willing to acquiesce to school personnel rather than admit they
don’t understand.

Parents in this study were put off by school professionals who had spent little or
no time with their children but made judgments about them and their educational
programs. Several parents in this study indicated that some meeting participants had not
even met their child. Parents indicated that this was sometimes a problem with school
psychologists and related service providers rather than with teachers. It is important for
these people to gain knowledge about the child as a person and then be able to
communicate that to the parents. When professionals are able to describe small incidents
that put a human face on the child, parents may be more likely to appreciate the expertise
of the evaluator because they believe that the evaluator “knows” their child.

Another way to equalize power is to provide a draft of the IEP before the actual
IEP meeting. With a clear understanding that the draft is a working document and
everything is open to discussion, parents have time to review the IEP, think about what
questions they have and what changes they want to make. Most of the intervention
specialists in this study provided draft IEPs to parents and found that IEP meetings went
smoothly when parents had an opportunity to review the IEP beforehand.

Parents in this study indicated they appreciated being given additional copies of
the IEP for other important people in their children’s lives. Integrating goals into daycare
or church activities provides consistency in other areas of the child’s life. Making extra
copies of the IEP for the parents to distribute is a small thing that parents have found
helpful.
The results of this study suggest that parents appreciate ideas of how to help their children at home. Some parents asked for help; others only wished for it. School personnel should consider a proactive approach in offering suggestions for how to handle challenging behaviors or encourage academic success at home. Intervention specialists have received special training in managing behavior and in developing instructional strategies which can and should be shared with parents. Cooperative and consistent strategies at home and school help the child and foster positive collaboration.

The findings of this study have had an impact on my personal practice in several areas related to collaboration. First, when meetings are held with parents within the context of determining the best educational program for their children, an opportunity is provided for parents to talk about their children at the very beginning of the meeting. When parents have a chance to share their wishes for their children, and their strengths, challenges, and interests, parents may feel more like they are part of the team and that their input and ideas are valued. The Future Planning Statement, which is part of the IEP, is designed to reflect the goals that parents hold for their children and can grow naturally from this initial discussion.

Second, changes have been made to the physical environment to suggest equality of all team members and to increase the comfort levels of parents who may feel overwhelmed when they are surrounded by education professionals. The long, rectangular conference table has been replaced by a large round table, which tacitly acknowledges the value of each team member. In addition to the changes in room arrangement, drinks are offered to the participants, a tissue box is placed in the center of the table, and all participants are given paper and pencils for note-taking. Copies of all
paperwork are distributed to each participant so that team members can access information both auditorily and visually. Further, the teacher or service provider who has developed the strongest relationship with the parents sits next to them to provide a sense of empathy and care.

A third way this study has had an impact upon personal practices for meetings with parents has been in minimizing jargon peculiar to special education and standardized assessment. Large charts that graphically describe proficiency levels, explain some of education’s acronyms, and describe the mission and vision of the school district and the IAT are displayed on the walls of the conference room. These charts have been helpful, not only to parents, but also to people from outside agencies and some general education teachers.

Last, I model positive collaboration and communication skills during IAT meetings and in other parent conferences. This modeling includes demonstrating active listening throughout the meeting rather than asking whether parents have any questions at the end of the process. Parental input is sought throughout the meeting, with ample opportunity for questions, comments, and discussion. Goals and objectives for students are written with parents present; no longer do we simply show parents copies of what was written prior to the meeting.

The implications for practice described in this section suggest practical ways that service providers can support families of children with disabilities as they strive to develop mutual trust and respect. School professionals who embrace these strategies for positive collaboration may increase the likelihood of mutually satisfying relationships
where stakeholders work toward the common goal of meeting the unique educational needs of children with disabilities.

Suggestions for Further Research

More research is needed to further investigate questions about collaboration in special education. First, what impact does the type of disability have on collaboration? In this study, it appeared that when children had frequent and aggressive behavior problems in school, conflicts arose between parents and school personnel. Conversely, parents of children with less obvious disabilities, such as Aspergers or more subtle specific learning disabilities, enjoyed more positive relationships with school personnel. The lack of diversity of disability in this study makes drawing reasonable conclusions about the relationship between disability and collaboration impossible.

Second, an investigation about the impact of socio-economic status (SES), family design, and race should be considered. In the study reported here, all participants were White. Nevertheless, specific information about the parents’ level of education or income was not sought, field notes suggested that a cross-section of socio-economic groups were represented. Because of the small sample size, any generalization about the relationship between SES, family make-up, and the quality of collaboration is ill-advised. Further, snowball sampling may lead to the referral of participants with similar backgrounds and concerns. The study’s participants were all White and from the same general area of the state, which disallows making generalization of perceptions of either parents or service providers.
A third question that warrants further research is: what impact does likeability of the family or of the service provider have on collaboration? For example, in Jared's story, his mother harbors anger and resentment toward school personnel. She didn't like the people that worked with her child. Several other parents reported similar conflicts with specific teachers. When there is genuine dislike among team members, trust is compromised which negatively affects successful collaboration. Studies that measure strength of relationship may be helpful in finding an answer.

Lastly, how does collaboration change as parents gain experience with special education processes? Although each family's story is unique, are there common characteristics that define the collaborative relationship as time goes on? Answers to this question could be helpful in dealing with ongoing conflicts or toward improving collaboration as children move through their school careers.

Special education is marked with team meetings where stakeholders gather to make educational decisions for children with disabilities. Successful decision-making is best accomplished when all parties communicate effectively, trust and appreciate the contributions of team members, and recognize that each is accountable and responsible for decisions that are made on behalf of the student. Service providers and parents both desire positive collaboration although they may have different perceptions about how that is achieved. By creating a climate of mutual trust and respect, positive collaborative experiences can provide benefits for all parties, but most particularly for those students with unique learning needs.
REFERENCES


Kitzinger, J. (1994). The methodology of focus groups: The importance of interactions between research participants. *Sociology of Health and Illness, 16*(1), 103-121.


APPENDIX A

INTRODUCTORY LETTER AND CONSENT FORM
CONSENT FORM

I, (subject) ____________________________, give my consent to participate in an interview conducted by Pamela Danklefsen, to gather data for a study about parent perceptions of parent-teacher collaboration in special education. This data will be used to complete a study for a dissertation at Ashland University.

- Pursuant to the Human Subjects policy at the University, I understand that my name will not be used, that the interviews will be tape-recorded and that all tapes and transcripts will be kept in a locked cabinet accessible only to the researcher.

- I understand that I may withdraw from this study at any time without penalty by informing the researcher that I wish to do so. If I feel my rights have been violated, I may contact Randy Gearheart, Chair of the Human Subjects Review Board (419.207.6198) at Ashland University.

- I understand that the results of this study will not be used for commercial purposes and that the researcher may submit the completed study for presentation at an educational or research conference or for publication in an educational or professional journal. I further understand the results will be published in a dissertation.

______________________________  ______________________
Signature of Participant                  Date

______________________________  ______________________
Signature of person obtaining consent          Date
July 1, 2007

Dear ________________________,

I am conducting a qualitative research study to investigate perceptions of parent-teacher collaboration in special education.

You have been asked to participate in this research study because you have had experiences in collaborating with school professionals as decisions were made about the educational placement and instructional program for your child with special learning needs. During the interview, you will be asked about your experiences, impressions, and attitudes regarding your experience with special education and school personnel. The interview will last about 90 minutes. There is absolutely no cost to you.

The benefit of participating in this study is a general feeling of reward and self-reflection. You will be able to share your challenges and successes and talk about your child.

The interview will be recorded and later transcribed. Although the results of this study may be published, no information that could identify you will be included.

Your consent is voluntary. You may refuse to participate in the entire study or in any part of the study. If you decide to participate, you are free to withdraw at any time without any negative effects upon you or your relationship with your child’s school. No service of any kind, to which you are otherwise entitled, will be lost or jeopardized whether or not you choose to participate in this study.

You will receive a copy of your signed consent form for your records.

Kind regards,

Pamela R. Danklefsen
Principal Researcher
July 1, 2007

Dear ________________________,

I am conducting a qualitative research study to investigate perceptions of parent-teacher collaboration in special education.

You have been asked to participate in this research study because you have been recommended by a parent whose child receives special education services. During the interview, you will be asked about your experiences, impressions, and attitudes regarding your experiences in collaborating for decision-making about students with special learning needs. The interview will last about 90 minutes. There is absolutely no cost to you.

The benefit of participating in this study is a general feeling of reward and self-reflection. You will be able to share your challenges and successes.

The interview will be recorded and later transcribed. Although the results of this study may be published, no information that could identify you will be included.

Your consent is voluntary. You may refuse to participate in the entire study or in any part of the study. If you decide to participate, you are free to withdraw at any time without any negative effects upon you or your relationship with your child’s school. No service of any kind, to which you are otherwise entitled, will be lost or jeopardized whether or not you choose to participate in this study.

You will receive a copy of your signed consent form for your records.

Kind regards,

Pamela R. Danklefsen
Principal Researcher
APPENDIX B

INTERVIEW GUIDE
APPENDIX B

Interview Topics

1. Story about child.

2. Child’s school.

3. Relationship between school professionals and parents
   
   A. Examples
   B. Collaboration efforts
   C. IEP process

4. Communication with school (examples)
   
   A. Teacher to parent
   B. Parent to teacher

5. Elements of collaboration (examples, positive and negative perceptions)
   
   A. Power, equality
   B. Trust
   C. Honesty
   D. Expertise
   E. Problem-solving and conflict management
   F. Listening and acceptance
   G. Shared decision-making, responsibility, accountability