ABSTRACT

THE INCLUSION EXPERIENCE OF STUDENTS WITH MODERATE AND SEVERE DISABILITIES IN GENERAL EDUCATION CLASSROOMS

By Denise Kovacs

Students with severe disabilities are joining general education classrooms under the standards of Least Restrictive Environment, but little is known about the system changes that occur to support this transition. This qualitative study explores the factors that are specific to this subgroup which benefit, challenge and stabilize the Inclusion process. Those that create the educational experience for these students, the parents, teachers and aides, detail their concerns, successes, goals, philosophies, and training related to this population of students which can guide the development of successful inclusive classrooms. The influences of the stakeholders are described, with attention to the relationship of the student with their non-disabled peers and instructional aide. Conclusions discuss parent roles, the responsibility and training of the aide, the impact of personal philosophies or ideologies, and the progress of inclusive practices based on literature definitions and standards.
THE INCLUSION EXPERIENCE OF STUDENTS WITH MODERATE AND SEVERE DISABILITIES IN GENERAL EDUCATION CLASSROOMS

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Dedication

This work is inspired by, and therefore dedicated to, my sweet Jesse Bear. You show everyone that there is more to any person than first impressions. Please continue to charm the world, and may you always be a rock star.
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CHAPTER 1

Introduction

The face of special education has changed dramatically in the past thirty years; the process of eligibility, the method of teaching students with disabilities, and the form it takes within the general classroom. A large part of the change is due to new legislation or courtroom decisions that redefine equitable treatment of students with disabilities within the general curriculum. The case often cited as the beginning of the reform is Brown versus the Board of Education of Topeka (1954), in which momentum of the civil rights movement influenced a landmark decision by the US Supreme Court which stated that education must be made available to all children on equal terms. While this legislation specifically addressed segregation in education according to race, the same argument has been applied when attempting to include those with disabilities in a general education setting.

Twenty years later the Pennsylvania Association for Retarded Children (PARC) challenged a state law that denied public school education to children with disabilities who are found unable to profit from public school attendance. In PARC versus Commonwealth of Pennsylvania, the court ruled that all children with mental retardation were entitled to a free, appropriate public education, with the additional stipulation that placement in a regular public school class is preferable to placement in a special public school class (PARC v. Commonwealth of Pennsylvania, 1972).

In 1975 Congress passed Public Law 94-142, originally called the Education for All Handicapped Children Act, which assured all children with handicaps a free and appropriate education that includes an individualized
education program (IEP). The IEP is further defined to regulate the schools’ efforts to educate the child, such as annual statements of the child’s current functioning, goals and objectives, modifications, and how success will be measured. This landmark legislation put the responsibility on schools to meet the educational needs of children with disabilities to enable them to succeed within the system, rather than assuming it is the students’ failure to meet the standards of the classroom.

Since it became law in 1975, PL 94-142 has been reauthorized and amended five times. The most recent changes were in 1997, when it was renamed the Individuals with Disabilities Education Act (IDEA), and just recently in 2004 it was amended again with changes that are consistent with the No Child Left Behind Act (NCLB), including student discipline, individualized education plans and standards for teacher qualification. It is now the Individuals with Disabilities Education Improvement Act (IDEIA), and it is this law that the states currently use as the standard for special education.

There are six major principles in IDEIA that have been in operation since its inception in 1975. There is the free and appropriate education policy with the IEP, the zero reject policy which states that schools must educate all children regardless of the nature or severity of the disability, and the principle that the identification of children with disabilities must be through a nonbiased, multifactored evaluation. Under IDEIA, parents and students with disabilities must be included in the design and implementation of special education services, along with due process safeguards to protect their rights; rights such as parental consent, confidentiality, and the process by
which the parents can refute the school’s evaluation with an independent evaluation or due process hearing.

Finally, IDEIA also mandates that “students with disabilities be educated with children without disabilities to the maximum extent appropriate and that students with disabilities be removed to separate classes or schools only when the nature or severity of their disabilities is such that they cannot receive an appropriate education in a general education classroom with supplementary aides and services” (Heward, 2003). This is the principle of Least Restrictive Environment (LRE), a presumption that favors the policy of inclusion, requiring schools to justify removal from general education classrooms and explain the extent to which the child will not be participating with their non-disabled peers.

Legislation and court room decisions have mirrored societal concerns regarding the education of children with disabilities and have resulted in regulations that support equality in education for all students. Children are no longer turned away because they have special needs; it is now the responsibility of the local public school to provide educational opportunities for all students in their district. All children with disabilities are now guaranteed a free and appropriate education in the least restrictive environment by federal law, and it is each individual state’s responsibility to interpret these requirements, apply them to their public schools, and make the schools accountable for upholding the principles of IDEIA.

This study explores the educational experience of students with significant special needs that are taught in the general classroom, which is the most liberal interpretation of least restrictive environment. The
students with severe disabilities, who were traditionally educated at separate facilities, are especially affected by those around them due to their high levels of dependence; the perceptions and actions of teachers, parents, and peers create the learning environment for this student. This study uses the individual circumstances of students with moderate or severe handicaps in the general education classroom to illustrate the variety of factors involved in creating an inclusive classroom, including successful methods, concerns and obstacles.
CHAPTER 2
Review of the Literature

The ambiguity of federal legislation allows each state to interpret requirements, leading to many variations between states, and often differences between districts within the state. This creates many different learning environments for students with special needs as the definitions of ‘Least Restrictive Environment’ and ‘appropriate education’ are put into practice. In addition to the spectrum of possible learning environments, there are also personal attitudes and beliefs of the participants within this situation that interact with the educational system to create a highly individualized experience of special education.

In the following text, the inclusion model of educating students with disabilities will be discussed, as well as identifying the specific population of students with severe disabilities. Research on the limitations and benefits of educating these students within the inclusion model is presented, followed by the various influences on the child with severe disabilities, such as parents, teachers, and peers.

Defining Inclusion

The design of inclusion is based in equality and fundamental rights for all students, with the assumption that even those deemed less capable by society deserve all the educational benefits given to the majority. Legislation to support this movement has given much room for interpretation, however, and there is much debate as to which method of delivery will be most beneficial: traditional separated classrooms (resource room), continuum of care (pullout), or completely integrated classes.
Soodak (2003) states that ten years ago less than a third of students with disabilities were included in general education classes, but by 1998 more than 75% of the 6.5 million students with disabilities had classes with their non-disabled peers. Villa and Thousand’s estimates are similar; they state that by 1999, 47.4% of students with disabilities spent 80% or more of their day in regular classes, compared to 25% in 1985 (2003).

Inclusion has been described as “the principle and practice of considering general education as the placement of first choice for all learners” (Villa & Thousand, 2003, p.20). Ryndak, Jackson and Billingsley (2000) surveyed experts in the field and created a definition of inclusion by combining their responses into five themes that must all be present for a setting to be considered inclusive: a) placement in natural typical settings, b) all students together for instruction, c) supports and accommodations available in general classrooms, d) belongingness, equal membership and acceptance, and e) collaborative integrated services by education teams. Broader characterizations of inclusive schools can be made by meeting certain criteria, such as the zero rejection philosophy, no segregated classrooms, or special education support given to regular education. At a systems level, inclusion is an attempt to combine general and special education into one unified system that honors the ideology of belonging, membership, and acceptance in a community that values individual differences.

Characteristics of Students with Severe Disabilities

Students that are relatively new to the inclusion process are those with more severe or multiple disabilities that were traditionally educated in small, segregated
classrooms due to their higher level of needs. There are varying definitions of this population, with little clarification between the levels of disability. The State of Ohio’s Operating Standards for schools define a child with a disability as those having a cognitive disability (mental retardation), hearing impairment, speech or language impairment, visual impairment, emotional disturbance, orthopedic impairment, autism, traumatic brain injury, or multiple disabilities by which they require special education services (2002). By the same standards, a score of 70 or below on a measure of cognitive functioning is considered significant subaverage general intellectual functioning.

The National Information Center for Children and Youth with Disabilities (NICHCY) defined people with severe disabilities as “those who traditionally have been labeled as having severe to profound mental retardation” who “require ongoing, extensive support in more than one major life activity in order to participate in integrated community settings and enjoy the quality of life available to people with fewer or no disabilities” (2001). They further describe characteristics of this population as having limited speech or communication, difficulty in basic mobility, and trouble generalizing skills from one situation to another. Other characteristics listed include self mutilation, ritualistic behaviors, self stimulation, failure to attend or relate to others, and lack of self care skills. Baker (1979) described the severely handicapped individual as one whose ability to provide basic life sustaining and safety activities is so limited, relative to the ability expected of same age peers, that it could pose a serious threat to his or her survival.
Limitations of Inclusion for these Children

Considering the large discrepancy in academic ability between these students and their average peers, concerns have been raised by parents and professionals alike when integrating them into the general classroom. These students may require specialized instruction with systematic prompting and fading to meet yearly expectations set down by the No Child Left Behind Act, as well as the opportunity to practice these skills in a variety of settings not available in the general classroom (Browder & Cooper-Duffy, 2003). Downing and Williams (1997) found that according to the administrators, special and general education teachers in their study, the most frequently mentioned barrier was negative attitudes of general education teachers, special education teachers, or parents, followed by concerns that the needs of all the students would not be met due to disruptions and lack of teacher attention. Kavale (2002) concluded his history of the inclusion movement by writing, “The reality of general education indicates that the requisite attitudes, accommodations, and adaptations for students with disabilities are not yet in place” (p210).

Parents of these children have specific reservations about placing their child in the general classroom that usually focus less on their child’s abilities and more on the classroom capabilities. For example, Palmer, Fuller, Arora and Nelson (2001) cited a major parent concern as overburdening or negatively impacting the general education teachers, and distracting or otherwise impairing other students’ abilities to learn. The same study also cited parents’ fears that their children would be neglected or would not receive the individualized attention or services they required if they were in a class that lacked the
specially trained personnel, in addition to being mistreated, harmed, or ridiculed by general education students that did not share their needs or backgrounds as a segregated classroom peer would.

There is no research indicating the opinion held by students with severe disabilities, but research on students with more mild learning disabilities has indicated a preference for the pull out method of service delivery for various reasons. Whinnery and King (1995) found that the majority of participants felt the special educator helped them get better grades and socialize with peers, and 44% preferred to work with the teacher in the resource room rather than the general classroom. Similar findings by Vaughn and Klingner (1998) showed that while students do not unanimously prefer one service delivery model over another, the majority of students with high incidence disabilities chose resource room support primarily because they received help, it was a quiet place to work, and the activities are fun and less difficult.

Benefits of Inclusion for these Children

Research in favor of integrated settings often investigates the success of inclusive settings over segregated classes, and a variety of studies have detailed the positive outcomes of an inclusive classroom. Preschoolers with severe disabilities in inclusive classes show substantially greater developmental abilities at the end of the year than their peers in segregated classes, as well as greater language development and social skills (Rafferty, Piscitelli & Boettcher, 2003). Fisher and Meyer’s (2002) longitudinal study of development and social competence showed that after two years the developmental gains by inclusive group participants were significantly
higher than the gains for the comparison self-contained group. Socially, the integrated students scored higher than segregated subjects on initiating contact, obtaining cues, accepting assistance, and indicating preferences, and conversely, segregated students regressed in each of these skill domains (Cole, 1991). Children that are in inclusive classrooms are far more competent at getting along with others, interacting, asking questions, communicating, and behaving appropriately when compared to their segregated peers (Kliewer, 1998).

Hunt and Goetz (1997) reviewed research investigations of inclusive educational programs, practices, and outcomes for students with severe disabilities and found several themes that indicate ‘successful’ inclusion, which are parental involvement, collaborative efforts among school personnel and curricular adaptations. Additional themes in the literature are that students with severe disabilities in inclusive classrooms can achieve positive academic and learning outcomes as well as realize acceptance, interactions, and friendships with non-disabled peers, and students without disabilities also experience positive outcomes (Hunt & Goetz, 1997).

Adult Influences

Parents

The first influence and primary advocate for the student with disabilities is their parent, and parents are often the driving force behind the integration of their child into general classes. Interview data suggests that teachers and school administrators often do not understand or have trouble accommodating an inclusive model and parents often step in and actively manage the inclusive placement (Grove & Fisher, 1999). These parents also
commented that there was rarely a contact person within the system to facilitate inclusion so they would remain at the school site and participate in the collaboration, thus shaping the form of inclusion at that school as it progresses. Parents believed that if their children with severe disabilities were going to reach their desired goals, they must be “treated like, placed with, and expected to learn as their peers without disabilities, while having access to the same meaningful and valued educational activities and appropriate supports and adaptations” (Ryandak & Downing, 1996, p117). The educational goals that parents set for their child are not statistically different than those of the professionals implementing their child’s education, according to Coffey and Sears (1996).

Teachers

The teacher can set a precedent of the classroom community actively involving the students with disabilities. Changes in the structure of the classroom are not the only indicators of successful inclusion, a teacher’s professional views, whether inclusive or traditionalist in nature, are seen to have a profound and positive impact on the lives of the included student (Fitch, 2003). Traditionalist ideology reflects a separationist standard that disabilities are innate and would be better served in a special education classroom, often implying students with disabilities do not belong in the general setting even if the class is technically inclusive (Jordan & Stanovich, 2001).

An interventionist ideology asserts that the disabilities are not a manifestation of a child’s biology, but that the learning environment has not captured the most
successful means of educating that student and it should therefore be modified or supplemented until a successful teaching method for that student is found. A study by Jordan and Stanovich (2001) found that the more interventionist the teacher’s beliefs about their roles in meeting the needs of exceptional students, the higher the self concept scores for both typical students and those with a severe disability. The same study found that while typical students were receiving less overall attention than the exceptional students in the class with an Interventionist teacher, they were not receiving diminished instructional opportunities when compared to peers in the class with a Traditionalist teacher. They attributed this to differences in their interaction patterns; teachers who held interventionist beliefs engaged in considerably more individual and small group interaction with both sets of students, and at higher levels of engagement.

Cook (2001) suggests that when teachers can readily recognize a student’s disabilities, they are less rejected (than students with milder disabilities) because atypical behavior and performance is anticipated, explained, and excused. He also comments that students with disabilities are receiving inappropriate educational service, perhaps because teachers aren’t comfortable with their own limitations with special needs children. In a related study by Cook, Tankersley, et al., teachers indicated that these children are often overlooked in the classroom not because the teacher assumes they aren’t capable, but because the teachers feel they aren’t sure how to address the unique characteristics and needs of these students (as cited in Cook, 2001).
Snyder (1999) calls for more aggressive training of general education teachers to work with students with special needs, and other research states that the mere presence of an additional person is insufficient if they are not skilled (Downing & Williams, 1997). Additionally, Williams and associates (1990) found that teachers were more favorable about inclusive practices if they had experience with them (as cited in Browder, 2003). McNally, Cole and Waugh (2001) found that general classroom teachers perceive a significant difference in the levels of required additional curriculum support only between students of average ability and those with severe disabilities; they perceive the level of support needed for students with severe disabilities and those with lesser disabilities as the same, and they do not take student effort into account when judging the supports needed.

**Instructional Aides**

Instructional aides, also called teacher’s aides, classroom assistant, instructional assistant, and educational paraprofessional, are typically long term, local residents, predominantly female, and are often parents or grandparents of students so they have a vested interest in the success of the school and community (Ashbaker & Morgan, 2001). One to one support has become more common as children with severe disabilities are educated in a general classroom rather than a resource room, and the paraprofessionals working with these students find themselves with duties including instruction, tutoring, and management of classroom behaviors rather than the clerical responsibilities (grading objective tests, making copies, etc) that were traditionally given to them (Downing, Ryndak & Clark, 1999). The decision to assign an
individual aide is often based upon meeting specific needs of the child, such as the initial transition into an integrated setting, communication support, assistance in managing behavioral concerns, or if there are generalized safety concerns (Freschi, 1999).

Instructional aides in one study described their roles as providing behavioral support, monitoring students, teaching, adapting and modifying curricula and activities, supporting personal care, facilitating interactions with peers, and completing clerical tasks; they also make instant decisions about the student’s educational, behavioral and social needs as they occur, often without teacher supervision or any training to guide them (Downing et al. 1999). Many instructional aides spend up to 50% of their time providing instruction to individual students with no teacher present, and it has been estimated that special education students may spend up to 80% of their instructional time with the instructional aide rather than certified teachers (Ashbaker & Morgan, 2001). This level of contact can become a concern when considering that “most paraeducators in special education have limited training in instruction, little or no involvement in the IEP process for students, and poorly described roles and responsibilities” (p. 171) and although all the subjects stated that training was critical for doing their job effectively, the majority stated that they received no training when they were first hired and felt that they had been required to learn what to do on their own (Downing et al. 1999).

Accommodations

Rea (2002) found that students with learning disabilities can maintain acceptable achievement standards
set by the school in inclusive classrooms, provided they have adequate support and accommodations. Accommodations made for students often include adaptations of homework, lectures, textbooks, tests, and instructional routines, and Vaughn and Schumm (1993) found that students with learning disabilities who are mainstreamed for more than 50% of their day prefer a general education teacher that makes adaptations for a student’s learning needs. In the same study, however, they found that students view tests, textbooks and homework as obvious markers of class membership and therefore adapting these would isolate the children with special needs, specifying that accommodations during teacher instruction are viewed positively.

Peer Influences

Friendships

There is an abundance of research on the social benefits of inclusion for both students with disabilities and their non-disabled peers. Buysse and Bailey (as cited in Holahan, 2000) reviewed several reasons that inclusion has been especially advocated during the preschool years, such as their lack of negative stereotypes at that age, and exposure to those with disabilities will increase the likelihood of acceptance later in life. Also, their placement in regular settings from the very beginning creates expectations by parents and professionals that inclusion is the norm and it better prepares the child to function in these environments. Kennedy, Cushing, and Itkonen (1997) found that when appropriate procedures are used in an inclusive setting, there is an increase in the frequency and number of social contact with peers without disabilities, number of new peers met, and the number of peers regularly nominated as friends.
Cole’s 1991 study found that students in inclusive settings spend five times as much time with non-handicapped children and less time alone versus their segregated peers. Klingner and associates (1998) found that both students with disabilities and their non-disabled peers agreed that staying in the general education classroom helped kids have more friends. Additionally, one study of the characteristics of friendships between children with and without disabilities cited the most frequently mentioned factor contributing to friendship formation was the opportunity to spend time together in the classroom, followed by the teacher’s encouragement to help and understand the child with a disability (Lee, Yoo & Bak, 2003).

While there are many methods to facilitate friendships in the classroom between students with disabilities and their non-disabled peers that will promote the community and membership that inclusion offers, Buysse, Goldman, and Skinner (2003) found that the two strategies that teachers used the most to facilitate peer relations are relatively passive attempts, such as allowing children to form their own friendships and providing free choice periods. Language difficulties were the characteristic most frequently mentioned by typical children as interference with their disabled peers, and in interactions between the pair the student with disabilities often plays the role of receiver (Lee et al. 2003).

Promoting Peer Interaction

There are strategies that can be employed by educators or their support staff to enable relationships that may be inhibited by physical limitations, such as physically moving a child with a mobility problem to achieve proximity
to their peers, or giving a child the words she needs to enter a group activity. Active teacher supports such as prompting, positive reinforcement, and direct instruction were the most commonly used teacher strategies to facilitate social skills generalization and maintenance in this group of children (Buysse et al. 2003). Other methods to promote classroom friendships are ideas such as selecting activities that are based on collaboration rather than competition, involving all members in the class in a daily activity such as friendship circles, using children’s literature to promote lessons of belonging, and setting up rules that encourage respect (Soodak, 2003).

Peer tutoring has been successful in several instances for both students with and students without disabilities. Using peers to instruct students with severe disabilities in self monitoring techniques increased general education students’ participation in the classroom while improving the teacher chosen behavior for the student with a disability (Gilberts, Agran, Hughes & Wehmeyer, 2001). McDonnell and colleagues (2001) found similar results when class-wide peer tutoring programs resulted in improved levels of academic responding and lower rates of competing behavior for both typical students and children with severe disabilities.

**Summary**

Membership is a fundamental concept when attempting to integrate students of all abilities in one classroom. Fitch (2003) stated that “students’ sense of themselves appeared to change according to their circumstance” (p249), implying that students begin to feel as if they belong to whichever setting they are in currently. Membership includes participation, not merely physical presence or social
inclusion. It means active modification of lessons and assessment in the general classroom so that students can engage in both academic and social experiences. Just because someone is unable to speak does not signify they having nothing to say, and simply having people near can still result in isolation.

Dennis (2002) found that the personal values of the listener strongly influence the practices used when interacting with an individual with severe intellectual disabilities and that there are various obstacles to establishing opportunities for such interactions. For example, individuals who are the closest to those with severe disabilities, often an aide, can often act as a gatekeeper, granting or denying access to the individual they are supporting. There are many individuals invested in the academic and social success of these students: parents, special educators, general educators, and instructional aides. Their personalities, values, education levels, and experiences create the environment in which children with moderate or severe disabilities receive their education, and these students in turn influence and alter the thoughts and actions of those around them.

Purpose

Although there are studies exploring the perceptions of students with mild or moderate disabilities, there is little information describing the educational experience of those with moderate to severe disabilities in the general classroom beyond research on the academic and social effects of inclusion. By investigating the history, beliefs, methods, and outlook of those individuals currently involved in an inclusive classroom – the students, their parents, paraprofessionals, general and
special education teachers – the circumstance of inclusion for students with severe disabilities is defined by those that know it best. The purpose of this study was to provide insight into successful methods of inclusive practices as they are described by those that create the setting and interact within it. By observing various general education classrooms that have students with moderate or severe cognitive delays, and exploring the perceptions of the participants, factors that serve to either benefit or disrupt the inclusive process have emerged.

Questions

The review of the literature leads to several questions that guide this research, such as: (1) what are the factors that benefit the inclusion of students with moderate and severe disabilities? (2) What are the obstacles to the successful inclusion of these students? (3) What are the reactions of the student, their parent, and the teachers after experiencing an inclusive classroom? (4) How do the goals of parents and teachers differ? (5) What best practice methods can be identified?
CHAPTER 3
Method

Participants

There were 30 participants: 6 students and their parent(s), general education teacher, special education teacher, and instructional aide. These elementary age participants were selected based on the following: they have a moderate to severe diagnosed disability with physical and/or cognitive limitations and spend the majority of their academic day in a general education classroom. The sample included both male and female participants, with each student located in a different classroom.

The students were in two southwest Ohio school districts, and were selected based on their disability category and level of inclusion in the general setting. Students were identified by contacting local elementary school special educators or school psychologists in search of students with significant special needs educated in general education classrooms. Referrals and initial contact were made by professionals within those districts, either the special education teacher or school psychologist, and willing participants were then contacted by the researcher. Once possible students were identified as good candidates, a letter was sent to the parents to explain the study and give contact information (Appendix I) and the researcher called to answer any questions and set up an interview date. The letter included the permission form, and explains that by signing permission they are consenting to an interview, allowing the researcher to speak to their child and his/her teachers, and observe them in the classroom.
There was a similar letter that teachers signed which consents to the interview and gives permission for the researcher to observe their classroom. All parents and teachers signed permission forms, and students gave verbal consent prior to the interview. It was explained that they could discontinue at any point during the study without penalty.

The students selected as participants were two third graders, two fifth graders, and two sixth graders; 2 females and 4 males. Each student spent the majority of their school day in the general setting, with varying levels of special education support. All the students, excluding one, have a full time paraprofessional for academic and motor support.

The researcher received Human Subjects training, and the research proposal with interview questions and observation sheets were approved by the IRB before the study began. Numbers were used to identify interview and observation information; names of the participants did not appear on any records. Deception was not employed in this study.

Setting

The schools involved were two elementary buildings from one district and one in the other, and the middle school from each district (5 total buildings). The observed classrooms were general education classrooms, grades 3, 5 and 6. The elementary students were in the general setting more than half of their academic day, and the interviews were conducted in the spring so that patterns of behavior between subject, teacher and peers were well established. The middle school students had been in this type of environment in their previous years, and were still had
general education classes (40-50%). The classroom population was primarily same age peers with typical abilities.

Procedure

Method of Data Collection. The interviews with the child, child’s parents, teacher, and any aide or assistant were audio-recorded to increase accuracy during coding. A list of prototype questions were used in semi-structured interviews (Appendix C thru G), with separate questions for teachers, student and parents. The questions followed the guideline of questions listed, but the researcher asked follow up questions to explore specific points raised during an answer.

Due to the limitations in verbal ability for these students, there were questions available for nonverbal children with a visual cue for answering. They could point to a happy face for agreement, no expression for no opinion, and sad face for disagreement. There were additional follow up questions to elicit more detailed responses from the students depending on their communication ability. Student interviews were adapted to accommodate their preferred response style and often there was outside support (parent or aide). Despite these adaptations and support, 4 of the 6 students are limited in verbal communication to the extent that their combined responses cannot be representative of this subgroup. However, there were some viewpoints which were expressed even in one word responses which were included in the student case studies of the results section.

Observations consisted of an event record of the interactions between the student and his/her general education teacher, instructional aide, or peers (Appendix
A). When a peer interaction occurred, the gender of the peer was noted but there were no other indicators of the peer’s identity. ‘Interactions’ included attempts at communication by student or by others with the student, in addition to reciprocated, turn-taking communication. For each interaction, the researcher recorded a) the duration (by beginning and end time) b) who initiated the interaction c) the result of the interaction (an attempt versus reciprocated communication) and d) the type of interaction (instructional versus personal). The lesson occurring during the observation was recorded, in addition to the students’ location in relation to other students and the teacher during the lesson.

Timeline

The students in the study were observed in their classroom twice over the course of a three month time period using the observation guidelines. They were observed for a minimum of 30 minutes each session. The interview with the teacher established the teacher’s views on inclusion, including methods of instruction he/she finds most and least successful. Additional questions explored previous experiences or additional education that the teacher had with this population. The student interview intended to explore the child’s attitude toward school in general in addition to focusing on his or her feelings of acceptance and academic progress in the general setting compared to the special education setting. The students were interviewed with forced choice questions that they could answer yes / no, or choose a happy / sad face to indicate agreement. The researcher then asked additional questions to follow up for more details. The parent interview questions were related to history of the child’s
disability and schooling, and how they perceive the methods that are used to instruct their child.

Analysis

Characteristic of qualitative research, this study was grounded in the data collected during the study, rather than applying a broad general theory to an individual’s unique experience. This research used an emergent design, allowing the research to form the study, rather than constructing it preordinately because “it is inconceivable that enough could be known ahead of time about the many multiple realities to devise the design adequately” (Lincoln & Guba, 1985). Furthermore, it is impossible to separate the influence of the researcher from that which they are researching, and the outcome of this interaction cannot be predicted.

There are standards of this type of research that resemble quantitative data but remain in the naturalist paradigm. External validity is renamed transferability and focuses on how well the situation described will apply to other similar situations, and reliability is dependability or consistency within the study. Internal consistency is trustworthiness, which is when the subjects, who are experts in their experiences, find the multiple constructions represented in the study to be credible.

The interviews were transcribed and usable quotes were identified along with similar themes that emerged from the words of the people involved. These themes were then sorted into categories that connect the similar themes and form the broader ideas of the categories. After identifying these categories, the interviews and observations were re-evaluated with these criteria to obtain additional support from the data and any related ideas. Finally, measures of
agreement and quotes supporting the themes were added. The results are presented in these categories as well as in relation to the original questions of the study.

The observation data was sorted (Appendix B) according to initiator of interaction, and total time spent for each type was recorded. The rate of student initiated, aide initiated, and peer initiated communications was reported in relation to total communications. The number of communications between student and adult was compared as well as the number of interactions between the student and peers. The level of interaction by the students reflects their perceptions of their school experiences, using specific examples to show the types and quality of communication that occur with those in their immediate environment.
CHAPTER 4

Results

The results are organized in four sections, the students, the observation data, the themes and the question clusters. The student section is a case study of each child, with relevant medical histories, background information, strengths and weaknesses. Information gathered from the student interviews is included in this section as well. These descriptions provide insight into the following result sections because they show specific differences related to their diagnosis, their struggles and progress, and their distinct personalities; all of which play a large part in the shape of their education.

The next section describes the themes that were identified from the interviews and observations, with supporting information directly from the sources. These themes were developed by the responses, and therefore important points to those whose educational experience this study attempts to reveal.

The final section is a collection of information from the data that addresses the initial questions of this study from the literature review that guided the research.

The Students

"Ann"

Ann suffered oxygen deprivation when she was born, but did not exhibit any developmental delays until she was almost 2 years old. Her parents felt she was not progressing as her older brother had and they took her to Children’s Hospital for testing. She does not have a medical diagnosis, but the evaluation indicated that she does have developmental delays and some autistic characteristics. She could not tolerate noise, she had
difficulty communicating, and she craved sensory input such as swinging and spinning. When she was overwhelmed she would lash out and hit and pull hair because she did not have the ability at that time to identify her stressors or anxiety. With behavior plans and social skill training in her early education, she quickly developed appropriate classroom behaviors and was included in the general setting with great success.

She is extremely friendly, and a very hard worker. Those around her love her sense of humor. She is constantly teasing and joking with those she is comfortable with.

Ann is now in the middle school, with resource room support. She is in the general setting for science, social studies, art, PE, and she is in the resource room for language arts and math. She has difficulty with writing legibility, spelling, number sequences, abstract concepts and she reads at a third grade level. She is verbal and has no motor difficulties, so she does not have an aide. She cannot take notes quickly enough in her general classes, and she requires extended time for any written responses.

Transition to the middle school was difficult for Ann for many reasons. She has trouble with changes in routine, so changing classes and having a different teacher and structure for each class was a challenge. She has trouble with number sequences, so a combination locker was too difficult for her to manipulate, especially with the pressure of opening it quickly between classes. She was given a key lock for gym class, but the key had to be adapted because she lacked the fine motor dexterity for the small key. She wouldn’t buy her lunch because she could not remember the six digit code required at checkout. These situations were anticipated by her parents and teachers at
the elementary, but were only slowly addressed as the year progressed because of Ann’s anxiety and despair over school at the beginning of the year. She started complaining of illness, packing her lunch each day, and failing to dress for gym before her parents learned of these situations and brought them up to teachers.

Her parents indicated that they have noticed a huge change in Ann since changing schools; her self confidence has plummeted and she no longer enjoys school. She would read aloud and volunteer continuously in fifth grade, but has withdrawn this year due to teasing and failures.

Ann is slowly becoming more comfortable with the middle school setting as she learns the routines and expectations. She indicated that finding her classes at the beginning of the year was extremely stressful, and when asked if they help her, she stated that sometimes they do and sometimes they don’t. Her ominous advice to the upcoming fifth graders is that “it’s way hard” and “be prepared”.

“Sam”

Sam was diagnosed with Duchene’s Muscular Dystrophy when he was 4 years old. His family was returning from vacation and he was complaining of leg cramps, so they went to the pediatrician assuming it was dehydration. The pediatrician abruptly told them it was Muscular Dystrophy, there was no cure, and that it was carried by the mother. She referred them to a specialist who explained that it was a chromosomal anomaly that causes their muscles to peak very early in life and then deteriorate until eventually their heart or lungs are too weak to function, usually at 18 to 20 years old. Sam has two healthy brothers, and genetic testing revealed that it was not hereditary in his
case; it was a prenatal genetic mutation. He is otherwise healthy and does not take any medication for his condition.

He developed normally and participated in physical activities, such as running, bicycling, swimming, without difficulty but he performed just a little slower than his peers. In second grade he started to get ‘clumsy’ and he needed braces on his ankles. As the year progressed he had to use a walker because he was falling frequently. He walked until the last day of second grade, and then he had to begin using a wheelchair. He has had an aide since third grade to assist him academically and with motor issues. His self help skills have deteriorated over time and he now needs help with toileting, feeding, and his speech has become more difficult to understand.

Sam has a great smile and he gets along with everyone around him. He has a lot of friends from elementary school and from his neighborhood that look out for him. He travels around the neighborhood with his brother in a motorized wheelchair. He is extremely shy and doesn’t talk much until he is very comfortable. One of his behavior goals is to communicate more, and he is prompted several times daily to speak up. His mother and aide believe that part of the reason he won’t speak is because it has become one of the last things he has control over.

His transition to the middle school was more successful than anticipated. He struggles academically and most of the lessons are modified to accommodate his ability and motor difficulties. He struggles with fatigue this year, but the changing class routine actually seems to suit him because it offers him frequent breaks between subjects. He said that he likes school, but he likes summer more and he doesn’t miss school when he’s on break. He said he likes
regular classes more than the special education classes, and this supports his mother’s statement that Sam struggles with his loss of abilities and normalcy. He does not identify himself as ‘one of them’ and wants to be in with his typical peers.

“Tom”

Tom is a fifth grader with Autism. He had multiple ear infections as an infant and toddler, and subsequent delayed speech. His mother had his hearing tested, then his speech, and further testing at age 2 indicated that he was on the Autism spectrum. He began Early Intervention services at age 2, and has been in the general education setting with an aide since kindergarten.

He is described as a very sweet, affectionate boy with above average intelligence. He has a fantastic memory and loves movies, often quoting movie lines and phrases. His greatest liability and struggle is his ability to communicate; he has a limited vocabulary and becomes frustrated when he is not understood. He desperately wants to be like everyone else, and he becomes embarrassed when he has an episode. He is learning self control and self monitoring so he can indicate when he needs a break so that he can de-escalate before reaching that point. His parents and teachers indicate that he has matured a great deal this year and is making a lot of progress toward this goal.

Tom likes to read, and his reading level is higher than his verbal ability would indicate. He also said that he likes math, and he indicated that he likes his resource class. He listed several students that were his friends and that he likes to swing on recess.
Joyce

Joyce is also a fifth grade student with Autism. Initially her parents were concerned that she had hearing deficits, but a hearing evaluation indicated that her hearing was excellent. She was diagnosed at 2 and a half years old after a battery of tests at Children’s Hospital. She has a younger brother diagnosed with Autism as well, although his behaviors and communication deficits are less severe.

She began receiving Early Intervention services and intense behavioral interventions. She did not begin to speak with any consistency until she was seven years old, and is still limited verbally. Her mother attributes her sudden increase in receptive and expressive language to a change in her diet restricting her gluten and casein intake. Joyce had bowel trouble for years, so when her mother learned of the gluten-casein free diet, she changed both of her children’s eating habits. She claims that after only a few months on the diet, both of the children showed increased attention and communication both at home and at school.

Joyce required intense behavioral and social skills training. She would pinch, pull hair, hit and self stimulate when her anxiety was up. Through sensory diet and consistent redirection, she now successfully spends most of her day in the general classroom. She can now indicate when she needs a break as well as directing her breaks by choosing which activities she needs (swinging, deep pressure, etc.).

She is a beautiful girl, with an engaging personality and playful manner. She loves anything ‘girly’; makeup, hair barrettes, earrings and the color pink. She is
described as ornery and addictively sweet. She is doting and empathetic, even crying for a classmate who got braces because they hurt him and she thought he was being punished. After several other students got braces and said it didn’t hurt, and the boy told her it didn’t hurt anymore, she finally decided she needed braces too because they were ‘mouth jewelry to make her teeth straight’.

“Jim”

Jim is a third grade student with some motor difficulties and developmental delays associated with a diagnosis of cerebral palsy. He uses a walker to traverse the hallways unless he is overly fatigued at which time he has a hammock like stroller. He did not begin to speak until age 3, using pictures and gestures to communicate prior to that. He has a guttural tone and often uses his ‘robot’ voice, but he is redirected to use his ‘boy’ voice.

He reads slightly below grade level, with greater difficulty in math. He does require extended time for assignments, both to process information and for motor responses.

He does not have close friends, but the other students are friendly to him. He tends to speak primarily to the adults around him, so a behavioral goal for him is to make more communication attempts with peers. He is also working to learn his classmates’ names and to be more independent.

Jim said that his favorite things at school are the robot making kit and electric piano. He said he likes science for the experiments because he plans to take over the world. He also stated that he is as big as his teacher when he stands up, and that he doesn’t want to be old because he will turn to dust. His mother explained that he has said that frequently since the passing of his
grandmother. So along with his passion for anything robotic and technical, he has a great sense of humor and amazes those around him with his vivid imagination.

“Max”

Max, a second grader, exhibits major gross motor and speech difficulty due to a diagnosis of spastic cerebral palsy. His parents’ initial concern was that he was inconsolable as an infant unless held by an adult. They investigated gastro-intestinal difficulties, assuming it was discomfort related to reflux. After several months of testing, the doctors gave the initial diagnosis of muscular dystrophy, which they corrected to cerebral palsy a few weeks later.

Max is developmentally delayed and has difficulty with all academics. He is confined to an electric wheelchair, which he is able to control with a hand switch device. Due to his motor difficulties, his speech is labored and difficult to understand. He is beginning to use assistive technology in the school setting, specifically a Dynavox which he can program with different words and phrases he can select by pushing a button. He is also more successful using the computer for written responses, so his spelling tests and language lessons are often done on the modified computer in the classroom.

Despite his physical and communicative limitations, Max is overwhelmingly popular in his class and in other classes as well. Other students are quick to assist him and rush to be his partner in group activities. His general education teacher tells a story of a troubled peer, a foster child that had extremely inappropriate behaviors such as cursing, fighting, and defiance, that she paired with Max as an intervention. The boy was gentle and doting
with Max, to the amazement of faculty, and would comply with every request that Max asked which would have sparked fury if given from the teacher. For example, Max would ask him every morning if he had his homework, and tell him he should do his homework, and the boy would give it to the teacher. Previously, when the teacher would ask, he would fly into a rage and curse, but after a few weeks of being Max’s ‘buddy’, he was compliant with all the adults in the room. His teacher explained that Max is gentle and sweet, and that “everyone in this school just loves him”.

The Observation Data

Each student was observed twice, for at least 30 minutes. Each communication attempt was recorded, noting the initiator, the message (instructional vs. personal) and whether the attempt was reciprocated by the receiver. Reciprocation includes a verbal response, a smile, a nod, and/or an immediate change in activity related to the prompt. If a prompt was given, it was noted if the student complied with the request, and if not, what their response was. If ongoing dialogue was occurring as a result of instruction (lasting longer than 2 minutes on the same topic), it was considered 1 initiated occurrence per participant, and prompts given to the entire class were recorded but not included in the totals.

The student responded to the aide’s prompt or question 67% of the time, either verbally (35%), through non-verbal compliance (25%) or both (7%). The other 33% are prompts that were then repeated, or the student responded inappropriately by whining or pushing the materials away. The aide responded to the student’s attempts 71% of the time, with non-responses being attempts to redirect, such
as repeating the prompt, or ignoring the student’s remarks in an attempt to discontinue inappropriate behaviors.

The students’ responded to 89% of general educator direct prompts, the majority of which were brief sets of question and answer events. They responded to 72% of the peer attempts, and peers responded to the student attempts 67% of the time.

The following table shows the percentage of the communication attempts sorted by who initiated the attempt and who was the intended receiver, and total student, adult and peer initiated attempts. It also shows the percentage of total communications with the student by the aide, teacher or a peer.

Table 1

*Observed Communication Patterns*

<table>
<thead>
<tr>
<th>Communication Initiations</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aide to Student</td>
<td>51.1%</td>
</tr>
<tr>
<td>Peer to Student</td>
<td>13.3%</td>
</tr>
<tr>
<td>General Educator to Student</td>
<td>13.3%</td>
</tr>
<tr>
<td>Student to Aide</td>
<td>10.4%</td>
</tr>
<tr>
<td>Student to Peer</td>
<td>8.8%</td>
</tr>
<tr>
<td>Student to Special Educator</td>
<td>.7%</td>
</tr>
<tr>
<td>Student to General Educator</td>
<td>.7%</td>
</tr>
<tr>
<td>Student Self Talk</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initiation Composites</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Initiated</td>
<td>20.7%</td>
</tr>
<tr>
<td>Adult Initiated</td>
<td>64.4%</td>
</tr>
<tr>
<td>Peer Initiated</td>
<td>13.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Communications</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Aide and Student</td>
<td>61.5%</td>
</tr>
<tr>
<td>Teachers and Student</td>
<td>14.8%</td>
</tr>
<tr>
<td>Peers and Student</td>
<td>22.2%</td>
</tr>
</tbody>
</table>
Themes from Interviews

After reviewing the interviews several times, similar ideas and thoughts emerge into themes across the interviews. Some are limited to a specific subgroup, such as parent concerns, but others are voiced across areas of expertise. These themes are sometimes responses to a particular question, or they can be ideas connected to a line of thought that occurred through the interview process. These themes are then sorted into broader categories that illustrate the relationship between the themes.

Category I – Education of Participants

There is a wide range of teaching experience for both general and special education teachers in this study, from zero to 33 years. Two of the teachers in the general setting have special education experience as well, one certified for mild learning disabilities and the other for multiple disabilities. One special educator was in the general setting for 25 years before moving to special education for the last 7 years. One of the special education teachers is actually and art teacher with no experience or training, serving as a long term sub in the MH (multiple handicaps) room.

The paraprofessionals are considered support staff and do not require any education beyond a high school diploma. When asked if they had received any training by the school district to prepare them for their roles, each woman indicated that they had not had any training in teaching or in the specific disability of the student. Two of the five
indicated they had been trained in CPR and/or nonviolent crisis intervention.

In fact, they often reported that they didn’t know who they were working with until the first day of school, and had to ‘learn as they went’ how to best serve the student. They made comments such as, “The training was pretty much spontaneous”, and “when I was drawn into that job I think they just needed somebody. I had no special needs training, none particularly”. They often do outside research on the disability using the internet or parents for information. They build relationships and are often considered family friends, involved in the student’s life during the summers or after school.

Category II - Degree of Student Contact

The students in this study require highly adapted curriculums and specialized services based on their disabilities. Five of the six students have a fulltime aid present making modifications to the materials and deciding what level of response by the student is acceptable. General education teachers indicated that they do not set the expectations for these students; they rely on the special education teachers to establish their curriculum. Two of these teachers are licensed and have taught special education in the past, but still have little direct input on adaptations and expectations.

The special education teachers have varying levels of contact with these students. The two middle school special education teachers will work with groups of students in the general classroom, and will pull students during testing to read aloud the tests, but there presence is flexible. Two of the special education teachers have been in the classroom more this year specifically because of staffing
issues with paraprofessionals. The remaining two teachers rarely, if ever, do direct assistance or instruction within the general setting.

The paraprofessionals are with the students all day, making on the spot decisions about how a lesson should be presented, rephrased, or modified for their charge. They decide how much is ‘enough’, whether the student understands the materials, and if effort should be spent on this topic or something different. In a comment representative of other statements describing the responsibilities put on the aides, one special educator stated, “She [the aide] knows what he can and can’t do like the back of her hand, so it’s easy to say, here it is, do whatever you feel comfortable with. I am comfortable giving her that power or control. I let her do a lot of 1-on-1 teaching”, and “I’m not aware of things that aren’t working very well… I don’t know what approach she has taken with him”. When asked if she was responsible for the modifications to the student’s lessons, one aide stated, “Yes, I am. I do it all (….) I do what I want to with [student]. I do what I think would be easier for [him].”

They are also responsible for any basic needs necessary, such as feeding and toileting, traveling within the building, and keeping track of the variety of services that the student has during the week (speech, OT, PT). They are the primary support for any behavioral or social goals the student may have.

The observation data supported this perception; 61% of the total communications were between the student and the aide, compared to 15% between the student and general or special education teacher. Additionally, the student initiated communications with the aide were equal to the
student initiated communications with all the other groups combined (peer, special educator, general educator).

Despite the intimate nature of their relationship with the student, and the reliance on these individuals by teachers and parents for detailed information on the daily activities of the child, each responded that they have never been included in any of the student’s educational meetings. In fact, 3 of the 6 indicated at some point in their responses that their attendance was not necessary at those meetings because they were not ‘certified’. One aide stated:

I think something I would change is a lot of times aides are not included in a lot of things just because they’re aides. They’re not the teacher and they’re not the regular teacher. They are not the special education teacher. But yet we have to implement the stuff. Even with the different specialists they have, the may work with them once but then we’ve got to implement it all week long...And sometimes they think they know them and they really don’t know them.

Another assistant commented, “We face failure and frustration because we are trying to work out something that they feel needs to be done, but may not even be a possibility of that child to accomplish.”

Category III – Communication Between Team Members

The chain of communication was very similar with all the students as well. The general education teachers all indicated that their contact with the student’s parents was more than a typical student, but extremely minimal. They indicated that they spoke to parents at conferences, and if
there were any difficulties, but usually this totals 2 or 3 times the whole year.

The special education teacher contacts the parents for IEP meetings, if there are any changes in their educational plan during the year, if there are any particular problems, and if the parents have concerns. They do not have regular correspondence with the parents, although they have more contact than the general education teachers.

The paraprofessionals, however, have almost daily contact with the parents either verbally on through the use of a journal in all five cases. They update the parents on the day’s activities, their child’s performance, and any social emotional issues. Parents reported that they get the majority of information about their child’s progress through the conversations with the aides. Several of the teachers indicated that they rely on the aide for information from the parents and their colleagues. The aide receives information from the special education teacher, which they share with the parent and general education teacher, and vice versa.

While parents, special education teachers, and general education teachers indicated that they did not communicate often, in each case they all felt that they had enough communication with the others and that they could access a colleague if needed. The parent of the middle school student that does not have an aide stated that he did not feel that there was enough communication, and they were finding out about problems after the fact, but that he was able to reach the special educator when necessary.

Category IV – Parent Support and Advocacy

As the primary advocate for their child, these parents have struggled to create the best possible learning
situations for their child in a foreign system of budgets and special education legislation. Parent comments included, “They (parents) have to be involved from day one. You have to go in, you have to make sure everyone in that school who has anything to do with your child knows who you are, knows who they are”, “I know they are doing the best they can but I don’t really care because I want the best for my daughter so she can make it in the world, and I’m going to do whatever I have to” and, “Somebody has to be their spokesperson because otherwise they just get lost in the system. They are the easiest ones to be shoved to the side, especially a child in the multihandicapped room. They forget they exist”.

After the initial diagnosis, parents are typically given contact information for a specialist and MRDD and are left with the confusion, denial and stress of a child with a disability and no direction for the future. These parents reported that they often did independent research over the internet or in the library to find more information about the disability, and that MRDD and Early Intervention were good about answering questions. A few of the parents will credit only one individual along the way that gave them specific information about their rights once their children entered school, but often it was someone that they found through their efforts to educate themselves, such as a speaker at a workshop on Autism. Parents often have little outside guidance, resources or support to educate them about their child’s particular disability or their rights within the school system. One mother stated, “There is a big IEP, pages and pages and all this kind of stuff and you don’t really understand at the beginning what it is and
what you should be asking for and who you should have. It’s a learning process definitely”.

These parents must then go to the schools and advocate for their children based on the things they learn. They shape the practices of the schools and their methods of teaching students with severe disabilities. By changing the learning environments and expectations for their children, they impact future students, educating faculty and redesigning status quo for that district. A paraprofessional commented about her student’s mother, “She [Mom] absolutely has been a driving factor, an advocate for her children and other children, not just strictly her children. She has educated a lot of parents and given them information on where to turn for help or where to find information about their children”. A general education teacher stated, “It depends on the parents a lot too, how supportive they are and how much they push us into really working with these kids and it should not be that way all the time but it is.”

However, these changes are not always popular and can be perceived as costly and unnecessary by school districts, as well. Parents indicated that they often had to fight, threaten, and badger to make necessary changes. They also indicated that school districts don’t volunteer information that leads to these changes; they only go to “parents that ask for it”. Some of the comments from parents were:

So at first I had to be really aggressive and really make demands on the school to make sure that they knew that we weren’t fooling around here, that he had a right to an education, you know, all that stuff. It was a little bit of a battle at first, and it’s to be expected. They are on a budget and all that, but
if you push hard enough, you get what you need for your kid. It’s easy for kids like him to fall through the cracks. It’s easier not to pay attention. It’s easier to kind of shackle him off in a corner or put him in a special needs class which is not what I want for my boy. I want him to excel. I want him to be the best he can. He’s extremely intelligent. He can do amazing things that make you flip out. His memory is so phenomenal.

It got to a certain point where I can take it out of your hands now and I’m going to tell you what I want for her and we can do this the easy way or we can do this the hard way but we are going to get what is best for her. Sometimes what they thought was best for her we agreed absolutely. Let’s do it your way. Other times, it wasn’t, but we pushed our way in as we got more comfortable with the system and got a little more bold.

I get all stressed out right before his IEP and like I’m copping an attitude, getting ready to fight. It’s the flight or fight reflex. It always turns out okay. But we’ve gotten things from the school district that people right down the road here on the corner haven’t gotten because they never spoke up and they just take what the school district throws at them and accepts it. Well, there’s more, there’s a lot more.

We are not going to take any crap. We are going to go as far as we have to make sure she gets what she needs so they actually came up with something that worked a heck of a lot more.
Category V – Anxiety with Changes

All of the students in this study, some more so than others, rely heavily on a very structured schedule and have difficulty with changes in their routines. Therefore, even anticipated changes can be sources of stress for student and parent alike. Parents of the fifth and sixth grade students talked about the transition to middle school and how a new school and staff will impact their children; “They don’t get to know the children as well. A lot more is expected, of course. When you go to middle school, it’s like they want them all to turn into adults and they all should know how to do this and they should all know how to do that”. Parents of the students that have already transitioned stated, “It’s not been a good transition, and a whole new set of teachers, a whole new special ed teacher; there is no consistency. Every year the whole groups changes” and “you guys just need to pick someone and get used to it because he won’t talk if he don’t know you, and he ain’t going to talk to you if he keeps getting someone different every other week. And it was a new school, new bus, being in a wheelchair for the first year so it was real weird for him”.

Several parents expressed frustration with professionals who do not work with their child making decisions without input from those who do. One parent stated, “people that are sitting doing paperwork or something and get an IDEA, ‘well we’ll try this’. You’ve never met him, you’ve never seen the child..I think you should make a phone call first and at least ask me something about him before you try to change their world around them”.

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In addition to the change in setting, the students will have to change classes, utilize a locker, make new friends, and adhere to the brief pace of the bell schedule. Parents and some elementary staff reported they worry that the middle school would fail to prepare for the unique situation of the child. No one at the middle school will be familiar with the child’s habits, stressors, and needs. For example, one aide stated that when she visited with her student as a transition day, the middle school faculty did not know how to support a student with Autism using their own sensory break materials, nor did they know how to recognize when the student needed a break. They also worry that their child will not receive individual attention and will be left to ‘figure out’ social conventions that they struggle with due to their disability.

In addition, they worry that the failure of the school environment to meet the child’s needs will be labeled as a student difficulty, and serve as rationale to limit their child’s opportunities on the general setting. For example, if the student does not get the sensory break that they are accustomed to and begins to have difficulty focusing, it would be treated as the student’s difficulty with transitions. By mistaking the source of their stress, it will be incorrectly addressed and the student may lose coping skills they have learned. For example, “often when there are problems with those kids it is really not those kids where the problems are. Let’s look at the structure here and what’s going on” and “More often than not if it [an outburst] does occur, it’s more because there has been a very big disturbance somewhere that has thrown everything off, and you can directly find it very easily if you look for it. For us, it just means we did not prepare very well
for what happened and we did not deal with it very effectively”.

**Category VI - Social Emotional Barriers**

The academic difficulty that these students experience often compounds feelings of loss and inferiority they already have based on physical limitations, social difficulty, or speech limitations based on their disability. Those closest to the student describe some of the hardships associated with their diagnosis, such as loss, “when he could walk and things he did when he used to walk. I think it was a hurdle for him, like the bitterness and the anger becoming so dependent on somebody else, being able to get out, not being able to go to the bathroom and someone else takes you”, or pride “he really hates it when he has an episode where he acts out or whatever. He really hates it. You can see the embarrassment and then he is angry at himself, so that’s really hard on him because he wants to be like everybody else” or control, “It’s not that he can’t talk but that’s the one thing that he has left that he can control. He can’t control walking any more. He can’t control what’s happen to him but he can control when and how he speaks. It’s just he is holding on to that. This is something I can do. I have control over this.”

The impact of their academic difficulties takes its own toll on their self concepts, for example on parent described the impact of transitioning to middle school, “In 5th grade, this child was walking on air. I mean she had the most self confidence. She would try and do anything. 6th grade turned her completely around to where she did not want to do anything, she did not want to try anything. I told them that. I said you took a child that had as much
self confidence as any child I have ever seen and you just put her down to nothing.”

Category VII – Impact on Typical Peers

One common concern for opponents of inclusion is how a student with special needs will affect the climate and pace of curriculum for their typical peers. Comments from participants were all in favor of inclusion, but on a continuum so that the student is able to go to a resource room or smaller setting for ‘downtime’ or more appropriate academic lessons. They indicated that peers are accepting and are rarely distracted by their disabled classmates; usually a student is removed for a break if they are overwhelmed and become disruptive. All the comments were positive about these students’ social acceptance, “Its like nobody told them [typical peers] to do that but they just did it because they see he needs help”. The observation data showed that students initiated conversation with peers almost as much as they did with their aides (8.8% vs. 10.4%).

The responses of adults included in this study indicated that there were very positive outcomes for typical students in an inclusive setting, generally associated with increased tolerance and socialization, such as, “I think it has been a learning process for all of us because on the other hand I think now when a lot of them go out in public and they see people who are in wheelchairs and things that go on, they are more aware of how to communicate and what to do, maybe hold a door or take a step back or whatever. I think they do and even now like when we are in a regular classroom, they don’t look at [him] differently”, “I think it’s just great for them to be around him and see that he is normal kid just like me in a
chair” and “They have learned that what you see at first is not what you get at the end.”

They also spoke about generational differences, like “I think at my age in the past years kids were isolated and people did not know how to deal with them because they were different. I see now people.....I see this group of kids understands a lot more of how to interact and how....you know, they are not afraid. I guess my generation a lot of times people were afraid of people that were different” and “When I was in school, we weren’t exposed to children like that and we did not know how to act, we might have teased them.” Other similar comments were:

I think a lot of our young students and the population now won’t be the ones who stare when they are out in public or in the store and they encounter somebody like this in a wheelchair or with special apparatus or equipment or perhaps drooling at the mouth and not able to make eye contact or with eyes rolling because they’ve gone through school with some of these children and they’ve seen them in school...

It’s not anybody’s fault, but there are adults out there in the community who often don’t know and don’t know how to handle it and have trouble with making eye contact or greeting somebody or knowing how to react; and yet these very little ones, they with the kindness of a touch or wanting to push somebody’s wheelchair or pick up something or help or ask a question or read to one of these children, that’s just a beautiful thing.

Question Clusters

Some of the interview questions were similar for each type of respondent (teacher, parent, etc) to gain general
background knowledge and views, while others were more specific to that person’s role in the student’s education. The interview questions can be clustered based on the information each intended to elicit and/or the responses given.

Education / Experience with Population

There is a range of experience for those working with the student in the school. The general education teachers’ years of experience range from 6 years to 33 years. Two of these teachers have additional certification and experience in special education; one with students with learning disabilities, and another with multi-handicap and severe behavior handicaps.

The special education teachers experience ranges from zero to over 30 years. One is an art teacher with no training or experience, filling in as a long term sub. Another worked in the general education setting for 25 years before entering special education for the last seven years.

The paraprofessionals have no formal training, and their experience ranges from 4 to 11 years. They often stay with the same child for many years, and they usually entered the position initially to ‘give back’, because they are good with children, or because they had a particular event in their life that prompted them to help a student with significant disabilities.

Methods of Instruction (successful / unsuccessful)

The most common method of instruction cited to be successful with this population is repetition. They indicated that repeating the information many times is necessary and applicable across subjects, utilized in various ways to reinforce the information, such as making
it into a game or a song. Another strategy is to explain it differently, use visuals, and make the information personal or linked to a topic they’re interested in.

A common adaptation is to reduce the amount of work expected, such as giving them 10 spelling words instead of 20, or fewer problems to answer. They also often work better in small group or individual settings for instruction. One teacher explained that she modifies the expectations for the entire group of students that are working with this student so that they will focus on including all team members rather than being pressured to move ahead to finish.

Several participants indicated that it’s important that those working with the student know when to push, when to pull back, and how to motivate the student. They often need ongoing prompting, but authority figures that are too stern or punitive will cause the child to withdraw or become upset. They also stated that lessons that are abstract will be most difficult for these students; they learn concrete concepts better.

One general education teacher that taught students with disabilities for many years gave these guiding tips “(....) I put my hands behind my back and grip so that I don’t help too much because helping too much is so debilitating. (....) I name what I see with as many kids as I can when is see it because then at least we can communicate what we think is going on and we can start sorting it out,(....) I also listen to the kids. They almost always tell you what they need”.

Contact with Other Team Members

Comments reflected that typically the parent communicates with the paraprofessional the most through
daily conversations or notes, then the special educator, and least with the general educator. The paraprofessional often relates information between the teachers, as well. Several of the special educators mentioned they should have more interaction with the parents, relying on the aide for alerts if there is a problem that needs addressed. All participants indicated that other team members were accessible if they had questions or information to share. Only the middle schools had time set aside in their day to meet as a team, and the other professionals often cited more time together to plan and collaborate as something they would change about the process.

There were mostly positive statements about the individual teams and their ability to communicate effectively. One parent stated, “If I don’t like something, I let them know, and it’s not done anymore. Anything I want them to try or anything, they have no problem with that”. They all spoke highly of their colleagues’ abilities, and the effort and caring they showed toward the student. One student’s parents reported that they felt that the middle school had ‘dropped the ball’ and that their daughter should have been monitored more closely for transition difficulties, and when it was discovered she was having trouble, they should have been notified. They indicated that they did not know how much she was struggling and that it went on for several weeks before she finally was behaving so out of character (somatic symptoms, anger, and dislike of school) that they initiated the contact with the school to remedy the situation. These parents indicated that after that incident, however, they developed an understanding with the team at the school and were satisfied with the communications.
Student’s Performance

Teachers indicated that nothing is done to prepare or enhance social interaction between the special needs student and their peers, whether at the beginning of the year or throughout. With one student with Autism, they had an ‘introduction’ at the beginning of the year to explain his needs associated with noises and stimuli, and when he left the room the teacher entertained questions from the classmates about his disruptions and how they should be handled. Often these students have been with this particular child for years, so they are accustomed to any differences, even if the teacher is not.

The socialization is often the greatest benefit for the student with disabilities, particularly the modeling of appropriate behaviors, social scripts, and conversational skills. For example, sometimes they need peers to initiate social interaction, “Socially he does like when they’re around him, he doesn’t really talk he needs to be brought into the conversation; they’ll ask him questions that allow him to answer. They know really well. This class is great very accepting and willing to be a part of his life”. They are challenged to grow academically and socially in this environment, and given spontaneous examples of appropriate daily living skills which they likely will not get in the resource room, surrounded by students that struggle with the same skills.

When asked what they wanted their children to gain from their education, all the parents responded ‘independence’. They also indicated specific daily living skills, such as communication and mobility, and general happiness.
Views on Inclusion

All of the respondents viewed inclusion positively, given it is on a continuum and individualized to the student’s needs. Each person felt that these students should be included with their typical peers, but also have the support of a resource room setting when appropriate. The responses varied when discussing what was ‘appropriate’. Some felt that most of the academics should be in the resource room with social opportunities in the other setting, and others reported they felt that these students should be in the general setting and only removed when they need the remedial work or a break to de-escalate. A few statements that reflect their diverse views on inclusion are:

I think sometimes if we are pushing too much to get everybody out in those spaces as if it’s a good environment for them, we are maybe throwing these children to the wolves a little bit because I think yes they can and should be with peers but sometimes it isn’t giving them that successful opportunity or education, so there has to be a balance. Sometimes it’s just that socialization piece that a child might be getting, but that is big, so it’s important that they are there because they need the connection. They need to have the right modeling going on around them, they need to see what their age mates are doing and we’ve seen some kids rise to the occasion really because they are there and they see what else is going and they ought to give that a try.

Yes, it is disrupting the class right at that moment (...) the same as any other kid who has a tantrum in the classroom. I’m not going there. I think that
she absolutely has a place or these children absolutely have a place in the classroom and the benefits...maybe they are not learning at the level that other people are learning or judging by book level, but what they are learning is a life skill that is just as important to them in their life as it is for all the other kids, and they will pick up from the others if they are given the opportunity in the right environment. They are going to pick it up and do to the best of their ability and it will be a worthwhile investment. This is a person.

It’s a big dilemma all the time when they want to be part of the classroom and they feel they are part of the classroom, and being successful in the classroom is very important, but there are skills that they need to work on that are below what the other classmates are doing. You don’t want to do that in the classroom and embarrass them, so it’s a big tightrope that we walk all the time.

They are identified for a purpose, for a reason, and I feel all too often inclusion is used for the sake of saying, we do include them. Our district does inclusion and I think it’s just a Band-Aid on the problem. I don’t feel as though it really addresses the child’s educational needs in many instances. I have such a negative viewpoint because I typically have the kids who are lower functioning, and I see what they can do.

I think you can put a child too much into an environment to where the people around him resent it and they shut down with it, or I think you can isolate them and deny them too much the other way. Nothing in
life is perfect but you just keep working toward that balance.

...if they are capable of participating with their peers, look realistically and in those areas where they can participate for how long can they maintain attention and sustained participation without meltdowns, frustration....those kinds of things. If they are capable of it and capable of the behaviors to participate and listen, we like to facilitate that as much as possible.

Some may agree with the philosophy of inclusion, but do not want to participate because they believe it is too much work or beyond their ability or expertise. A paraprofessional stated, “They are more focused on how much work those kids are. It’s like try being one of those kids if you think it is work,” and one veteran general education teacher reflected on other teachers that resist teaching special needs students:

I think you become more calm and comfortable with kids with special needs after you work with them and teachers who feel they can’t work with them, I think a lot of it is just that they haven’t worked with them. They have not tried it and it is fear of the unknown in a way, (...) sometimes when I listen at meetings and there are people who say, I can do these [typical students] but I can’t do those [special needs students].

There were several rationales for supporting inclusion, including moral / ethical standards, equality in educational opportunities, hopes for increased tolerance, and peer modeling. There was also the broad goal of independence for these students, reflected in comments
like, “They need to be integrated because if we are expecting them to be successful in an integrated setting any time in their life, then they need to do their learning in an integrated setting,”, “It is important for all kids to not do things for them unless you plan on living with them for the rest of their lives,” and “she will have to adapt all her life and we set her in a position that she has learned to be adaptable”.

More sentimental reasons for supporting inclusion are frequent, such as this comment from a paraprofessional, “I just think everyone should have a chance to work with a special needs child (...) That is something, that I think everybody should have a chance to work [with them] because you never find so much love as you do right there in a child like that”. And one general education teacher commented, “...that to me is when a successful inclusion has happened, [when] that child is seen as another 3rd grader in my classroom”.


CHAPTER 5
Discussion

The results of this study relate back to the literature by either supporting or refuting a specific finding or by addressing one of the study questions that guided the research. Several main ideas of the literature review emerged in this study, such as the features of inclusive classrooms, parent concerns, the role of the parent, the social benefits, level of training, and the level of responsibility placed on the paraprofessional.

The experiences of these students qualify as ‘Inclusion’ based on the definitions from Ryndak, Jackson and Billingsley (2000) by meeting the following criteria: a) placement in natural typical settings, b) all students together for instruction, c) supports and accommodations available in general classrooms, d) belongingness, equal membership and acceptance, and e) collaborative integrated services by education teams. Additionally, ‘successful’ inclusion contains parental involvement, collaborative efforts among school personnel and curricular adaptations.

The literature identified some concerns that parents of students with disabilities voiced about an inclusive settings as they did not want their child to be a burden for the teacher or a distraction for other students (Palmer et al, 2001). They also did not want their child neglected, teased, or bullied, and they wanted them to get the supports and accommodations they require in the general classroom. The parents in this study echoed these concerns, and along with the professionals indicated that the students are accepted, well-liked and teasing is not tolerated. The general teachers do not feel burdened
because of the special educator and aide supports that are in place within the classroom.

This study supported the high level of parent involvement indicated in Grove and Fisher’s 1999 study, detailing the role of the parent as an advocate and their impact on shaping inclusive processes within the schools, from their own perspectives. By making demands of school districts based on their rights, parents change the methods used to educate their child and future students requiring similar supports. They often are catalysts for structural changes in special education delivery.

A large portion of the literature focuses on the social benefits of inclusion for both disabled students and their non-disabled peers (Rafferty, Piscitelli & Bottcher, 2003, Fisher & Meyer, 2002, Cole, 1991, Kliwer, 1998, Hunt & Goetz, 1997), and this study supported several of these earlier findings. For example, these students all listed at least one non-disabled peer as a friend and they had more interactions with peers than with their teachers. The peers often initiated contact with these students and actively included them in activities. Social skills and appropriate behavior that they would not see in a resource room is modeled spontaneously during the day, and comments indicated that the students try to maintain and decrease their outbursts so that they can fit in and be like their typical peers. Several participants indicated that they noticed positive outcomes for the non-disabled peers such as increased tolerance, understanding and empathy.

The lack of active social supports found in this study is similar to literature findings (Buysse, Goldman & Skinner, 2003). There were not any specific attempts to build or maintain friendships with the student, with only
small group work or occasional explanations of student behaviors serving as passive means to facilitate student contact. One teacher in this study reduced expectations on some group assignments so that the members would focus on including the student in the activity at his pace rather than completing the task before him. The research stated that the student with disabilities is typically a passive receiver of information, but this study showed only 5% difference between student or peer initiated attempts in interactions between the students, and the student responded to 72% of the peer’s attempts.

Snyder’s 1999 research and Downing and William’s study indicated that there needs to be more exposure and training for general education teachers so that they feel prepared to work with the special education population, which was suggested repeatedly in this study. This study also supports the literature findings (Williams & associates, 1990) that teachers are uncomfortable with their own abilities and don’t interact with the students because they aren’t sure how to address the student’s individual needs, often leaving the majority of the instruction to the special educator and aide.

The findings related to the paraprofessional support the literature almost verbatim; these aides had no training in instruction, little or no involvement in the IEP process for students, and poorly described roles and responsibilities (Downing, Ryndak & Clark, 1999). Instructional aides provide behavioral support, monitor students, teach, adapt and modify curricula and activities, support personal care, facilitate interactions with peers, and complete clerical tasks. The instructional aides usually provide instruction to individual students with no
teacher present, and they make instant decisions about the student’s educational, behavioral and social needs as they occur, usually without teacher supervision or any training to guide them. Also, they all stated that they received no training when they were first hired and felt that they had been required to learn what to do on their own (Downing et al. 1999).

Due to their constant presence, the aides in this study have become a ‘gatekeeper’ figure, as the literature suggests (Ashbaker & Morgan, 2001). Even with the best intentions, they have a tremendous impact on the student’s socialization and inclusive experience. They are able to facilitate certain relationships and disrupt others, they have increased control over all the student’s interactions, and the student is alienated to an extent because an adult is always present. Therefore the aide’s personal values and understanding of their role greatly influences the educational experience for the student with disabilities.

In addition to findings related to specific points in previous research, there were guiding questions developed from the review of literature that are addressed in this study, which were: (1) What are the factors that benefit the inclusion of students with moderate and severe disabilities? (2) What are the obstacles to the successful inclusion of these students? (3) What are the reactions of the student, their parent, and the teachers after experiencing an inclusive classroom? (4) How do the goals of parents and teachers differ? (5) What best practice methods can be identified?

The factors that appeared to benefit inclusion were a strong team and peer group. The teams with open and frequent communication and similar visions or goals for the
student appeared more effective in supporting the student’s educational environment. A strong aide was key to communication between team members and critical for the student’s academic growth, mobility, and social acceptance. In addition, the peer groups were receptive and tolerant, often supporting the student intuitively and inviting them into class membership at the lower grades.

The factors that negatively impact including these special needs students were both student and environment related. For example, a great deal of effort is usually required to find balance in their schedules; to provide enough challenge without the lessons being too advanced. There is often a large difference between their skill levels and the level of their typical peers, so they are often pulled out to remediate basic skills, causing them to miss lessons, making the gap between them grow even larger. This difference is also related to low self esteem as their struggles serve as a constant reminder that they are ‘different’ and do not belong.

Another significant barrier to inclusion is that the general education teachers and aides do not get enough education related to this population. General education teachers indicated that their coursework included only one class related to special needs students, and the majority of their work experience was with milder learning disabilities. The lack the experience often leads to fear and refusal to participate in the inclusion process. The paraprofessionals have no training in the disability or in education, yet they are responsible for making on the spot modifications and deciding how the information should be presented differently and when the student has put forth enough effort. They filter and alter information coming in
to the student and coming from the student continuously throughout the day, with only general ideas of the special educator’s plan, good intentions and instinct to guide them. They are also the primary force in any behavior interventions that are in place for that student.

The reactions of the participants to this type of educational plan is that there needs to be the balance between the general education classroom and the resource room support, and that there needs to be a great deal of communication between the team members. The professionals also indicated a great deal of fondness for these students because of their dispositions and effort. There were several comments about the greater tolerance the students in these classes will have as adults compared to adults both previously and currently.

The parent and teacher goals are very similar, they each want to develop independence and as much self sufficiency as possible in their child / student. The parents tended to have more long term independence goals such as daily living skills, communication, and ‘friends’, while teachers focused on more immediate, concrete goals that were usually related to a particular skill set (Ex. addition).

There are several features of these educational systems that can be identified as best practice methods in education. For example, evaluating and addressing the needs of the entire individual, including social and emotional factors, within the general setting. Differentiating the instruction by adding support to the general curriculum within the general setting is another. The open and frequent communication between the home and school environments, and the inclusion of parents as equal team
members are best practice. Finally, the collaboration between team members with a variety of expertise with ongoing problem solving and progress monitoring was also shown.

The transferability of this study is limited due to the specificity of the population and situation. There are factors that would be common to other student scenarios, such as parent and teacher academic or social concerns and goals, and special education procedures that involve ongoing team collaboration. But there are a variety of factors that make the results unique and difficult to apply to the general population. For example, the severity of the student’s disability, the level of support required, the highly modified curriculum and daily schedule, the students’ communication difficulties, and the increased level of communication between team members.

The consistency is acceptable given the emergent design of the study. The interview questions were adhered to for each participant, specific to which group they belonged to (parent, student, etc), but the responses did lead to additional questions and conversation that may or may not have been directly asked in the interview. The frequency of similar comments and values expressed by members of the same subgroup (parent, aide, etc) indicate this study has trustworthiness, and dissenting opinions and views were included within the results.

Limitations

The inherent limitations in this study are that it was a specific population, small sample, and self report method of data collection. The limited verbal ability of the student subgroup did not allow for a reasonable amount of information to be gathered and therefore their perceptions
of their school experiences cannot be represented in the study.

**Recommendations**

Possible related future studies that would enhance and build on this study include variations of the participant population and methods of data collection. For example, use the same procedures to investigate the educational experiences of students with less severe disabilities in a general education setting, or students with severe disabilities that are primarily in the resource room, to evaluate if their experiences are similar to the students in this study. The participants in this study could be interviewed again to elicit longitudinal data. The method data of data collection could be altered, perhaps through group interviews or forum interviews, with members of the same team interviewed together, or members of the same subgroup (i.e. parents) interviewed together.

Some recommendations for educational practices could be increased training for the paraprofessionals, both in the student’s disability and in modification of instruction. A disproportional amount of responsibility is given to the aide compared to their training to perform the tasks. Also, the paraprofessional should be included in the student’s educational meetings since they have intimate knowledge of their capabilities on a variety of tasks in the school setting.

Another educational recommendation would be to provide inclusion on a continuum; each student should have a distinct, individualized schedule that balances their time in the general setting and resource room based on their current needs and is flexible for student growth. The majority of participants also indicated that there should
be a common team plan to increase communication and collaboration, and that there needs to be a defined process for teams between buildings (Ex. elementary to middle school) to communicate information to ease transition.

Conclusions

The students in this study are included in the general setting for a greater part of their day than students with similar needs in different districts. The descriptions of the educational experiences of these students can serve as a guide for developing a more inclusive program by detailing the factors that are beneficial, detrimental, and fundamental to successful inclusion of students with moderate and severe disabilities. The effects of personal philosophies, roles and responsibilities, and the progress of the Inclusion movement emerge as overall conclusions of this study.

It is impossible to separate the human factor from the continuous sending and receiving of information called teaching. The education of these students in particular is affected by the personalities, philosophies, ethics and demeanor of those around them as they are often acted upon rather than interacted with. The teaching philosophy of the teacher, whether they hold Interventionist or Traditionalist ideologies, directly impacts their interactions with students with disabilities, dictating the climate of the class to support either tolerance or competition. As we saw with one Special Education teacher, team members may also have differing opinions on what the best way to educate the student is and will support different agendas based on these beliefs.

Significant differences in approach occur based on the fundamental belief of the individual and whether they
perceive inclusion as a right of that child or as an educational option. When it is a right, effort is spent to develop a program with successful methods for all learners in one classroom and the energy is focused on discovering successful methods and supports that can be accessed. Ongoing problem solving, character education and social skills training are integrated into the daily curriculum. They are a member of that classroom who is only removed when their needs cannot be met within the classroom. When inclusion is perceived as an option, the energy becomes bureaucratic discussions of what the right choice looks like, listing the reasons to keep them in the current placement and a variety of well-intentioned assumptions about the effect on the student.

The role of the parent as an advocate and designer of the inclusion process was shown in the literature review and supported in this study. They reported that it becomes almost adversarial as they make demands for changes based on the rights of their child, developing the inclusion process for future students through their continued involvement with professionals and other parents.

Another point made in the literature that was evident in this study was the disproportional amount of responsibilities placed on the aide compared to their training and background. They do not have education beyond a high school diploma, yet they are expected to make instant decisions about modifications to lessons that are presented by the teacher or special educator. They decide if the student has given enough effort, and are responsible for motivating and directing the student during all activities. They are the primary enforcement of any behavioral modification plans, without the benefit of
intervention training and often without the details of the plan. They are the caretaker during the school day for any basic needs of the student (feeding, toileting, etc), and must learn the signals the student gives when they are frustrated, agitated, or upset as well as how to calm them when this happens. They typically are the messenger between teachers and parents on a daily basis and a gatekeeper of communications for students with limited verbal skills. And despite this intimate relationship, they are not recognized as a valuable member of the child’s team that should be included in the development of their educational plans.

Finally, this study indicated that complete inclusion is not possible as the general setting functions currently. There are significant student needs that are best served in a smaller resource setting, which leads to the struggle to find a balance between these environments that is individualized to the student. The remedial lessons, additional practice and ‘safe’ environment to de-escalate are usually reserved as resource room functions, and socialization opportunities are the focus of the general setting, which are often focused in non-academic areas such as music, art, or physical education.

However, this study did show that the typical arguments against full inclusion cannot be assumed as fact; assumptions such as the only benefit to inclusion is socialization, that they are disruptions to other students, or that they are not able to benefit academically from the general setting. By including the student with disabilities from the beginning of their academic career, their peers were accustomed to their presence and attempted to support them within the classroom. They were reported to be more tolerant and empathetic than other cohorts. The students
with disabilities benefited socially, naming several non-disabled peers as friends, but they also benefited from the academic and behavioral challenges presented by the general classroom. They were included in group work, and adults commented that the student had often performed a skill that they had observed from a peer which was higher than their expectation. These students are motivated to grow academically and behave appropriately because they want to ‘fit in’ and be a member of the general class, and they were shown to be successful when they had appropriate supports such OT breaks, aides and structured opportunities to work with peers.

The purpose of this study was to explore the inclusion experience for students that are traditionally isolated within a school. By sharing the thoughts, opinions and concerns of those that create the students’ educational environment, their expertise can guide the inclusion process and inform decision makers on how to make the general education setting more effective for all learners.
References


## Observation Collection

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**Participants present:**

**Lesson:**

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Observation Compilation

Date:_______ Time:_______ Student:_____________________

Aide present: Yes   No   Special Educator:  Yes   No

Accommodations: __________________________________________

Interactions Totals:

Peer initiated Duration Result

Teacher initiated Duration Result

Student initiated Duration Result

Methods used during lesson to include student
Appendix C

Student

1. What do you like about school? (lunch, recess, reading)
2. What don’t you like about school?
   a. Do you like school?
3. What is your favorite subject? Why?
   a. Do you like your class?
4. When does the teacher call on you?
   a. Do you know a lot of the answers?
5. How do your classmates help you?
   a. Do your classmates help you?
6. How do you help your classmates?
   a. Do you help them?
7. Who are your school friends?
8. Who do you eat lunch with?
   a. Do you have friends in class?
9. How do you make friends with your classmates?
10. When do you get to play with your friends?
11. What sort of things do you do with your friends?
12. What do you like to do on recess?
13. What sort of things do you do in (special educator) class?
   a. Do you like to go to (special educator)’s class?
   b. Do you like this class or (special educator) class better? Why?
14. How do your teachers help you learn?
15. What do they do that doesn’t help you learn?
General Education Teacher

1. Tell me about your teaching experience – How long have you been teaching? Same grade?

2. Tell me about your experiences with students with severe disabilities in your classroom – How many? What type of disabilities?

3. What do you think is the best way to educate these students? (pullout, team teaching, modifications with an aide, etc) Why?

4. What kind of additional training have you had to better work with these students?

5. Do you feel adequately trained to work with these students? Why or why not?

6. What methods work well with these students?

7. Can you give me examples of methods that do not work?

8. Are there methods you would prefer but are unable to implement? What stops you?

Tell me about (child’s name)

9. How much of the school day does he/she spend in your class? During specific times or lessons?

10. What types of modifications are required for them within the classroom? What services are pull out?

11. What are his/her goals in your classroom?

12. How is he/she doing in your class? Academically? Socially?

13. Do you do any classroom community building exercises? Can you give me examples?

14. Have there been specific efforts on your part to prepare the other students for (child)’s differences? Tell me about them
15. Do you have any classroom activities that promote or support friendships with this student? Tell me about them.

16. Who are the members of (child)’s team and how would you describe the interaction between them? (general educator, special educator, parent, school psychologist, etc)

17. How often do you consult with the special education teacher about (child’s name)?

18. Do you coordinate lessons? Can you give me some examples?

19. How often do you consult with his/her parents? Is this an adequate communication level? Why or why not?

20. Is this more or less often than with the parents of an average peer?

21. Is there anything else you would like to share with me?
Special Educator

1. Tell me about your teaching experience - How long have you been in special education? Any other teaching experience?

2. How does this district identify moderate/intensive handicaps?

3. How would you describe a typical day? (Are you primarily in the resource room or general classes?)

4. What do you think is the best way to educate these students? (pullout, team teaching, modifications with an aide, etc) Why?

Tell me about (child’s name)

5. What services are required for him/her?

6. How much of the school day does he/she spend in your class? During specific times or lessons?

7. What does (child’s name) do when in your classroom? Individually or in a group?

8. Do you assist the child within the general classroom? Who does? How?

9. What are some of (student) strengths?

10. What are his/her goals in your classroom?

11. What methods have you found to work well with (student)? Why?

12. Are there methods that do not work as well? Why?

13. What sort of classroom activities do you lead that promote or support friendships with this student?

14. Have there been specific efforts on your part to prepare the other students for (child)’s differences? Tell me about them

15. How do you work on social skills with (child’s name)?
16. How is he/she doing in your class? Academically? Socially?

17. Who are the members of (child)’s team and how would you describe the interaction between them? (general teacher, special educator, parent, school psychologist, etc)

18. How often do you consult with the general educator about (child’s name)?

19. Do you coordinate lessons? Can you give me some examples?

20. How often do you consult with his/her parents? Is this an adequate communication level? Why or why not?

21. Is there anything else you would like to share with me?
Appendix F

**Instructional Aide**

1. How long have you been in this position?
2. Have you had training to work with this population? What was it? When did your training occur? (before or after you began working with them?)
3. Who do you go to with questions?
4. Who evaluates your performance? How often do you get feedback and in what form?
5. How often do you collaborate with the general education teacher? Do you feel this is adequate?
6. How often do you collaborate with the special education teacher? Do you feel this is adequate?

Tell me about (child’s name)

7. How long have you been working with this student?
8. What type of training have you received to work with (student) in particular?
9. What types of services do you provide?
10. How would you describe a typical day with (student’s name)?
11. What are some of (student) strengths?
12. What methods have you found to work well with (student)? Why?
13. Are there methods that do not work as well? Why?
14. What are the goals in the classroom for this student?
15. How is (student) doing academically? Socially?
16. How do you encourage friendships between (student) and peers?
17. Who are his/her friends at school?
18. Describe any efforts that are made to prepare other students for this child’s special needs
19. If (student) becomes upset, how do you handle it?
20. How much communication do you have with his/her parents?
21. Is there anything else you would like to share with me?
Tell me about your child’s medical history:

1. What is his/her diagnosis?
2. When were they diagnosed? How?
3. Are there ongoing medical problems associated with the diagnosis? If so, what?
4. What types of resources have been made available to your family to help?

Tell me about his/her school history:

5. What types of pre-school services did he/she receive?
6. Are they in classes with same age peers? Why or why not?
7. How long has your child been in the general classroom?
8. What do you think is the best way to educate (child’s name)? (pullout, team teaching, modifications with an aide, etc) Why?
9. How is your child doing in school? Academically? Socially?
10. Does he/she enjoy school? Anything in particular?
11. Who are his/her friends at school?
12. What types of methods work best when teaching your child?
13. Can you give me examples of your child’s strengths?
14. Are there methods you have found do not work when teaching him/her? Why?
15. How often do you communicate with the general classroom teacher? Is this enough? Why or why not?
16. How often do you communicate with the special education teacher? Is this enough? Why or why not?
17. What are you long term goals for (child)’s education?
18. Do you feel involved in your child’s education? Why or why not?
19. Do you have any concerns about your child’s current education?
20. What would you like to tell the people who work with your child daily at school? Advice? Goals?
21. Is there anything else you would like to share with me?
Appendix H

Background

Parent names: _____________________________________________

Phone #__________________

Date of Birth

Grade

Are they in classes with same age peers?

School history

Team members:

General Ed teacher -

Special Ed teacher -

Instructional Aide -

School Psychologist -

Other -

When was IEP written?

What are requirements of IEP? Modifications and goals
Mr. or Mrs.____

My name is Denise Kovacs and I am a School Psychology Graduate Student at Miami University in Oxford, Ohio. I am doing research on children with moderate or severe disabilities who are educated in the same classroom as their same age peers, rather than pull-out Special Education setting. I will collect information through observation in the classroom, such as interactions between your child and their teacher, their aide, or their peers, and their general participation in the class. Interviews with yourself, your child, his/her teachers, and his/her aide will allow me to get as much information as possible about their experience in school. I intend to collect information about their history, their current opinions, and future goals, and try to find similar themes with other families.

The inclusion of children with special needs into mainstream education is progressive, and while research has shown benefits when compared to a separated classroom, there is little information on their actual experience while in that environment. You have a unique perspective on the use of special education services, and your participation will allow both you and your child a chance to share your opinions about the methods used to educate your child every day. This insight will guide educators and other families as they develop a positive educational experience for their special needs students.

Your child’s special abilities, age, and participation in a general education classroom are the reasons I ask for you to allow them into my study. Your child’s identity will
be kept confidential during the study; their name will not appear on any of the observation and interview information. You are free to drop out of the study at any time. This study is intended to share the unique experience of your child and those around him/her, so there will never be testing or deception while in the study.

I thank you for your time, and if you have any questions, feel free to call me at 513-529-0131, or my advisor Dr. Doris Bergen at 513-529-6622. If you have questions about your rights as a research participant, please call the Office of Advancement of Research and Scholarship at 529-3734 or email: humansubjects@muohio.edu

Denise Kovacs, M.S.
Miami University
School Psychology Graduate Studies
By signing, you are consenting to an interview of yourself and your child, permitting me to enter your child’s classroom to observe their routines, and allowing the professionals that work with your child regularly (general education teacher, special education teacher, instructional aide) to answer my questions about your child.

I give permission for ______________________ to participate in the thesis research of Denise Kovacs.

__________________________________________
Relation to student:_______________  Phone Number: __________________
My name is Denise Kovacs and I am a School Psychology Graduate Student at Miami University in Oxford, Ohio. I am doing research on children with moderate or severe disabilities who are educated in the same classroom as their same age peers, rather than pull-out Special Education setting. The inclusion of children with special needs into mainstream education is progressive, and while research has shown benefits when compared to a separated classroom, there is little information on their actual experience while in that environment. I intend to collect information about their history, their current opinions, and future goals, and try to find similar themes with other families.

There will be three 30 minute observations over a three month period so I can collect information in the classroom, such as interactions between the child and their teacher, their aide, or their peers, and their general participation in the class. Interviews will be conducted with teachers, the student, his/her parents, and his/her aide to allow me to get as much information as possible about their experience in school.

All identities will be kept confidential during this study, and you are free to drop out of the study at any time. This study is intended to share the unique experience of this student and those around him/her, so there will never be testing or deception while in the study.

I thank you for your time, and if you have any questions, feel free to call me at 513-529-0131, or my advisor Dr. Doris Bergen at 513-529-6622. If you have
questions about your rights as a research participant, please call the Office of Advancement of Research and Scholarship at 529-3734 or email: humansubjects@muohio.edu

Denise Kovacs, M.S.
Miami University
School Psychology Graduate Studies

By signing, you are consenting to an interview and allowing me to observe your classroom.

______________________________

School name: ____________________
Grade: ______