

# Inclusive Education:

## *Needs of Minnesota Families*

*A Study of the Together We're Better Project*

Prepared by Edward J. Colon, Lynn Walz,  
and Terri Vandercook  
November, 1994



*Published by Together We're Better,  
a collaborative program of the  
Minnesota Department of Education and  
the Institute on Community Integration (UAP),  
College of Education, University of Minnesota*



**The College of Education**

UNIVERSITY OF MINNESOTA

**MI > E**  
MINNESOTA DEPARTMENT OF  
EDUCATION

# Inclusive Education:

## *Needs of Minnesota Families*

*A Study by the Together We're Better Project*

Prepared by Edward J. Colon, Lynn Walz,  
and Terri Vandercook  
November, 1994



*Published by Together We're Better,  
a collaborative program of the  
Minnesota Department of Education and  
the Institute on Community Integration (UAP),  
College of Education, University of Minnesota*

 | The College of Education  
UNIVERSITY OF MINNESOTA

**MDE**  
MINNESOTA DEPARTMENT OF  
EDUCATION

**The recommended citation for this report is:**

**Colon, E.J., Walz, L.M., & Vandercook, T.L. (1994).  
*Inclusive education: Needs of Minnesota families.*  
Minneapolis: Institute on Community Integration (UAP), University of Minnesota.**

**This report is available in alternative formats upon request. For additional copies or alternative formats, please contact:**

**Publications Office  
Institute on Community Integration (UAP)  
University of Minnesota  
109 Pattee Hall/150 Pillsbury Drive SE  
Minneapolis, MN 55455  
612/624-4512**

**This publication was funded by grant# HO86V20010 from the U.S. Department of Education. The opinions expressed are those of the authors and do not necessarily reflect those of the Minnesota Department of Education, Institute on Community Integration, or the U.S. Department of Education.**

**The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, or sexual orientation.**

**Publication design by Charles Gibbons.**

***Contains a minimum 10% post-consumer waste.***

# Table of Contents

<b>1 Preface</b>	
<b>Introduction</b>	
3 <i>Together We 're Better</i>	
3 <i>Family Needs in Minnesota</i>	
3 <i>The Family Needs Assessment</i>	
4 <i>Key Contributors</i>	
<b>Section 1 • Methodology</b>	
5 <i>Survey Development</i>	
5 <i>Survey Distribution and Collection</i>	
6 <i>Sampling</i>	
<b>Section 2 • Survey Respondents</b>	
7 <i>Results - Survey Response Rates</i>	
7 <i>Results — Respondent Characteristics</i>	
9 <i>Comments/Discussion</i>	
<b>Section 3 • Child's Disability</b>	
11 <i>Results</i>	
13 <i>Comments/Discussion</i>	
<b>Section 4 • Child's Educational Placement</b>	
15 <i>Results</i>	
21 <i>Comments/Discussion</i>	
<b>Section 5 • Individual Education Planning</b>	
23 <i>Results</i>	
26 <i>Comments/Discussion</i>	
<b>Section 6 • Parent Involvement &amp; Satisfaction</b>	
27 <i>Results</i>	
29 <i>Comments/Discussion</i>	
<b>Section 7 • Parent Satisfaction with Child's Education</b>	
31 <i>Results</i>	
35 <i>Comments/Discussion</i>	
<b>Section 8 • Barriers to Success in General Education</b>	
37 <i>Results</i>	
41 <i>Comments/Discussion</i>	
<b>Section 9 - Parent Concerns</b>	
43 <i>Results</i>	
45 <i>Comments/Discussion</i>	
<b>Section 10 • Parent Preference for Inclusion in General Education</b>	
47 <i>Results</i>	
51 <i>Comments/Discussion</i>	
<b>Section 11 • Satisfaction with Inclusion in General Education</b>	
53 <i>Results</i>	
56 <i>Comments/Discussion</i>	
<b>Section 12 - Parent Support</b>	
59 <i>Results</i>	
63 <i>Comments/Discussion</i>	
65 <b>Notes</b>	
67 <b>Summary</b>	
71 <b>Appendix A • Family Advisory Group Members</b>	
73 <b>Appendix B • Survey Task Force Members</b>	
75 <b>Appendix C • Together We're Better Project Staff</b>	
77 <b>Appendix D • Family Needs Assessment Survey</b>	
83 <b>Appendix E • Other Medical Needs</b>	
85 <b>Appendix F • Reasons for Negative Planning Experiences</b>	
89 <b>Appendix G • Other Barriers Identified by Respondents</b>	
95 <b>Appendix H - Things Preventing Parents from Changing a Child's Education Setting</b>	
99 <b>Appendix I • Other Supports Identified by Respondents</b>	

# Tables

Pg.	Table
7	1 Parents' Sex and Ethnicity
7	2 Parents' Area of Residence
8	3 Parent Characteristics by Ethnicity
8	4 Parent Characteristics by Area of Residence
11	5 Child's Disability Category
11	6 Characteristics of Child's Disability
12	7 Degree of Child's Disability by Disability Label
12	8 Child's Disability by Ethnicity of Parent
13	9 Child's Disability by Family Income
15	10 Child's Educational Placement for 1992-93 School Year
15	11 Characteristics of Child's Educational Setting
16	12 Child's Educational Placement by Disability Label
17	13 Child's Educational Placement by Degree of Disability
17	14 Child's Educational Placement by Method of Communication
18	15 Child's Educational Placement by Degree of Cognitive Disability
18	16 Child's Educational Placement by Degree of Medical Needs
19	17 Child's Educational Placement by Ethnicity and Income of Parents
20	18 Predicting Placement in General Education Classes
21	19 Predicting Whether Most Time was Spent in General Education Classes
21	20 Educational Setting Where Most Time was Spent by Child's Age
23	21 Does the Child Have an IEP/IFSP?
24	22 Did the Parent Join in and Contribute to the Development of the IEP?
25	23 Parents' Experience of IEP/IFSP Process
25	24 Predicting Parent Experience of IEP/IFSP Process
26	25 Reasons the IEP/IFSP was Negative for Parents
27	26 Parent Involvement with a Disability-Related Advocacy Group
27	27 Parent Involvement in a School District Committee
31	28 Parents' Satisfaction with Child's Progress in School
31	29 Attitudes of Staff
31	30 Parent Response to Behavior Goals and Peer Relationships
32	31 Predicting Parent Satisfaction with a Child's Education Progress
32	32 Parent Satisfaction with Child's Progress by Staff Awareness of IEP
32	33 Parents' Satisfaction with Child's Progress by Severity of Disability
33	34 Degree of Parent Satisfaction with Child's Progress by Disability Label
33	35 Parents' Satisfaction with Child's Progress by Child's Age
34	36 Parents' Satisfaction with Child's Progress by Parent Ethnicity
35	37 Parents' Satisfaction with Child's Progress by Educational Placement
37	38 Attitudes of Other Parents and Children as Barriers to Success in a General Education Classroom by Education Placement
38	39 Attitudes of Staff as Barriers to Success in a General Education Classroom by Education Placement
38	40 Staff Skills as Barriers to Success in a General Education Classroom by Education Placement
39	41 Instructional Barriers to Success in a General Education Classroom by Education Placement
39	42 Policy-Related Barriers to Success in a General Education Classroom by Education Placement
39	43 Physical and Financial Barriers to Success in a General Education Classroom by Education Placement

40	44	Top Ten Barriers to the Success of Children Who Spend Most of Their Time in General Education	50	52	Placement Preferred by Parent by Current Education Placement
43	45	Parent Concerns about Inclusion Related to Learning by Education Placement	51	53	What is Preventing Parent from Changing Placement?
43	46	Parent Concerns about Inclusion Related to Acceptance of Child by Education Placement	53	54	Benefit from Being in a General Education Classroom
44	47	Parents' Concerns about Inclusion Related to Child's Well-being by Education Placement	53	55	Satisfaction with General Education Instruction and Support
45	48	Top Five Concerns of Parents of Children Who Spend Most of Their Time in General Education	54	56	Child and Parent Participation in General Education
47	49	Parent Placement Preferences by Current Education Placement	60	57	Parent Supports Needed
49	50	Parent Desire for a Change of Placement by Current Education Placement	61	58	Parent Supports Needed by Degree of Disability
49	51	Setting Where Parent Desires Child to Spend the Most Time by Setting Where Most Time Was Spent	62	59	Parent Supports Needed by Ethnicity of Parent
			63	60	Parent Supports Needed by Family Income

This report presents the results of a Family Needs Assessment survey which was conducted in Minnesota in the fall of 1993. There are ninety-four questions on the survey. The report is organized into sixteen sections. Sections 2 and 3 contain information about the Family Needs Assessment survey, Together We're Better (the project conducting the survey), and the methodology used in the study. Sections 4 through 15 contain the survey results.

Because of the complexity of the analyses in this report, the following process is recommended to the reader to ensure the easiest interpretation of results:

- First, review the Family Needs Assessment survey found in Appendix D to familiarize yourself with the questions which formed the basis for these analyses.
- Second, read the *Summary* section at the end of the document. This will give you an overview of the report results and a context for reviewing the more detailed data presented in each section.
- Third, read the report from beginning to end. Each section builds upon the other and refers to earlier results.
- From Section 4 on, each section is divided into two sections labelled *Results and Comments/Discussion*. Many prefer to read the *Comments/Discussion* section first to obtain an overview of the results of that section; then read the *Results* for more details and information.
- It is not recommended that sections be interpreted in isolation. Since all of the section results are highly related, an isolated reading of any section is likely to lead to erroneous conclusions.

Most of the results are presented as simple percentages in table form. Statistics and their level of

significance are presented as endnotes for the reader interested in this information.

*Comments/Discussion* is not meant to be a complete summary of all the results in each section, but rather a comment on key findings. Findings of interest to some readers may not be mentioned in the *Comments/Discussion* section.

The reader may find that some relationships among questions were not addressed in the report. As exhaustive as this analysis has been, there are many ways to look at the interaction of ninety-four questions. Limited by resources, not every possible interaction was evaluated, even though every question on the survey was evaluated. It is expected that the material provided may be useful for follow-up analyses.

The Family Needs Assessment survey contained a great many questions related to other complex issues. These results are designed to provide information sufficient for developing practical strategies to meet the needs of families. It must also be recognized that no one survey or study can sufficiently analyze every aspect of a complex issue. This effort provides some definition and direction for further inquiry and research. In addition to providing answers to some questions, successful research clearly defines the outlines for research on related or deeper issues.

Finally, the overall purpose of this survey by Together We're Better was to formulate and implement strategies to meet the needs of families. This report is the first major step towards satisfying those goals. The findings suggest supports and strategies needed to provide assistance to families; this information will be used by project partners of Together We're Better to develop collaborative plans for specific family groups and joint action plans for families in the state of Minnesota.

# *Introduction*

## **Together We're Better**

The inclusion of learners with disabilities in general education school communities is an essential part of creating an educational system that positively supports the learning and participation of all students. Together We're Better seeks to assist in the development of an inclusive, positive, supportive educational system in Minnesota schools. Funded by the U.S. Department of Education, this five-year systems change program draws together general and special educators, students, families, community members, higher education, and the state Department of Education to improve educational opportunities in Minnesota. The vision of the program is to develop an educational system that supports the membership, participation, and learning of students with severe or multiple disabilities.

Together We're Better seeks to accomplish the following goals:

- Achieve linkage of inclusion with current general and special education initiatives.
- Form systems change partnerships with Minnesota school districts already taking leadership roles in inclusive education.
- Address issues related to identifying and developing teacher competencies for inclusive education.
- Provide staff development and ongoing information dissemination to local school districts.
- Provide family leadership training which supports the central role of families in advocating and assuring a quality education for their children. Family leadership is the focus of the Family Needs Assessment survey.
- Develop and disseminate resources on systems change and inclusive education, both state-wide and nationally.

## **Family Needs in Minnesota**

One of the primary goals of Together We're Better is to support the central role families play in advocating for and assuring quality education programs for their children who have disabilities. While Minnesota is generally known for progressive thinking in the educating children with disabilities, it is not known

how effective Minnesota schools have been in facilitating parent participation in their children's education and meeting the needs of both the child with a disability and his or her parent or guardian. It is not known how effective the various parent training programs throughout the state have met the needs parents have related to their children's education. It is important to assess both the broad spectrum of these needs, and the extent to which these needs are being met

Given the experience of existing training programs for parents and other initiatives serving families of children with disabilities, there also appears to be a need for greater collaboration between parents, education, advocacy, and service organizations. Together We're Better is specifically oriented towards creating more inclusive school communities in Minnesota. Given the key role of families in this process, it is important to find out what the preferences and experiences of parents are related to the inclusion of their children with a disability into general education.

## **The Family Needs Assessment**

The Family Needs Assessment (FNA) arose out of the needs identified in the previous paragraph. Together We're Better goal of supporting the role of parents in their children's education. As such, the FNA had the following five purposes:

- 1 To assess what educational setting families prefer for their children with disabilities and identify what variables influence the preferences.
- 2 To assess the experience, involvement, and satisfaction of families with their children's educational programs.
- 3 To obtain a detailed evaluation of family concerns and perceived barriers to the inclusion of their children in general education activities.
- 4 To determine what types of assistance families need to be a support to the education of their children with disabilities.
- 5 To develop collaborative strategies to meet family needs.

The Family Needs Assessment survey is the focus of this report and addresses the first four of the above

#### 4 *Inclusive Education*

goals. The final and fifth goal of strategy development will be the focus of follow up efforts to this report and will not be addressed here.

### **Key Contributors**

In keeping with the necessity to create greater participation and collaboration in addressing family needs, the FNA survey was developed jointly by key stakeholders. The Together We're Better Family Advisory Group played a key role in advising project staff on the design of this assessment. This group was comprised of parents, family advocates, and individuals with disabilities. Project staff met regularly with the Family Advisory Group throughout this project for input on assessment procedures. A list of group members can be found in Appendix A.

The Family Advisory Group formed a Survey Task Force to work with project staff in the actual writing and development of the survey. This task force consisted of project staff, parents, and family advocates. A list of Survey Task Force members can be found in Appendix B.

The project staff working on the FNA were Edward J. Colon, Together We're Better Project Coor-

dinator, and Marijo McBride, Family Services Coordinator. The entire staff of Together We're Better, led by Terri Vandercook Ph.D., Project Director, originally conceived and continues to play a key role on this project. Together We're Better staff are listed in Appendix C.

In addition to the Together We're Better project staff, five parent/advocacy organizations were collaborative partners on this project They were:

- PACER
- Arc Minnesota
- The Minnesota Governor's Council on Developmental Disabilities
- The Minnesota Deaf-Blind Technical Assistance Project
- Learning Disabilities Minnesota

These organizations contributed significantly to the development and dissemination of the survey and will play a key role in the follow up phase of this project Organizations and districts received breakdowns of data for their respondents and are using this information as the basis of focus groups to confirm the needs and concerns of their constituents.

# Section 1 | *Methodology*

## **Survey Development**

The FNA Survey was developed by the Survey Task Force with broad input by other stakeholders. A draft developed by the task force was circulated to the Executive Directors of the above listed collaborating agencies, Family Advisory Group members, Together We're Better project staff, Institute on Community Integration and University of Minnesota staff, Minnesota Department of Education staff, parents, professional advocates, agency administrators, and many other individuals. Feedback was obtained on content, language, format, length, and organization. Substantial revision continued to take place as a result of this feedback process until a final product was approved by all key contributors. Before being finalized the survey was also piloted with approximately twenty parents and their feedback was also incorporated into the final revisions.

The survey consists of ninety-four questions, most of which are fill-in-the-blank or multiple choice questions. Reading difficulty was measured by a word processing program to be at approximately the tenth grade level. The final reading level was significantly less than initial versions of the survey and was the result of substantial editing. A balance was desired between a reading level appropriate for the targeted parent population and maintaining survey capability to collect detailed information. The survey took an average of twenty to twenty-five minutes to complete in piloting. A copy of the final survey can be found in Appendix D.

## **Survey Distribution and Collection**

Approximately 6500 surveys were distributed across Minnesota through three channels: parent/advocacy groups, school districts, and miscellaneous organizations and individuals. The first category consisted primarily of the five collaborating groups listed previously. In total, these organizations distributed nearly 1500 surveys, or about 23% of the total surveys distributed. Approximately 70% of the surveys in this category were mailed directly to parents' homes. The balance were distributed directly to families at organizational meetings.

Six school districts also participated in the distribution of surveys. Three of these districts (Moor-

head, Owatonna, and St Cloud) are District Partners with Together We're Better. The other three districts distributing surveys are also connected with Together We're Better through the Inclusion Mentorship Program. Together, these districts distributed over 4400 surveys or about 68% of the total.

Miscellaneous organizations and individuals consisted of parents who were contacted by team members, individuals participating in special programs or projects, community service and health organizations, and one integrated preschool. Distribution in this category was largely done in person. Over 550 surveys, or about 9% of the total, were distributed to this group.

There is no reason to believe that the method of distribution (mailing vs. in-person) significantly influenced responses since in both cases respondents still filled out the survey in the privacy of their homes and returned the surveys anonymously directly to the project leader. In only a very small number of cases (< 24) surveys were filled out and returned during a group meeting, this was with in a minority parent groups where language may have been a difficulty. In this case, administrators were instructed to not have group discussions of responses and to ensure the privacy of individual responses.

Surveys were accompanied by stamped self-addressed envelopes for returning the surveys. Respondents were not asked to identify themselves on the surveys and were assured of the anonymity of their responses. Respondents were only asked to provide their names and addresses on a separate sheet if they wanted to receive a summary of the survey results or volunteer for follow-up focus groups. These sheets were immediately separated from the surveys upon receipt

Survey recipients were offered the chance to participate in a drawing for \$100 worth of disability-related education resources if they returned their surveys. Phone numbers of project or other agency staff were provided in a project cover letter if assistance was needed in filling out the surveys. In addition to the project cover letter, collaborating organizations also added a cover letter urging parents to reply to the survey. Depending on how surveys were distributed, parents generally had four to six weeks to respond before the deadline. A follow-up post card was mailed with in a week of the survey as a reminder.

## **Sampling**

From the onset of this project, an emphasis has been placed on building strong collaborative partnerships to carry out the assessment and to address the needs identified. The priority put on the importance of these relationships overrode any benefit that might have resulted from using random sampling methods.

For example, it was decided that it would be more beneficial to assess the needs of families in school districts that have a relationship with the project and in some way are undergoing systemic change efforts to create more inclusive school communities, rather than to try to representatively sample all school districts in the state. In this way, the results can be more intensely and systematically addressed and followed up on for these communities. All but one of the school districts involved in the assessment mailed surveys to all families of children with disabilities in their district. For the districts, sampling was 100%. The one exception mailed surveys only to families with elementary age children.

Survey participants were selected based on affiliation with the advocacy organization. For the smallest organization (e.g., Learning Disabilities MN) 100% of their membership was used. For the largest (e.g.,

Arc, Pacer) informal random sampling was used. Membership in these organizations represents different regions of the state and a wide range of disabilities.

Because of the diverse nature of the organizations involved in the study, and the various means used to distribute surveys, it is believed that a reasonably diverse sample was obtained. Sample characteristics will be compared with state data in the following section. Additionally, because participants decided themselves whether to respond, this study is conservative in the scope of the conclusions it draws, except where the data seem to clearly indicate a potential population trend. The influence of the particular sampling methods used on survey results will be addressed where appropriate.

Special efforts were made to ensure adequate representation of low income and families of color in the study sample'. Project staff worked with advocates from these communities, as well as community social service, health and other agencies to reach as many of these families as possible.

Respondents were instructed to fill out the survey with respect to only one of their children with disabilities. All questions about school were with respect to the school year that ended in June 1993.

## Section 2 | Survey Respondents

### Results - Survey Response Rates

The response rates obtained for the Family Needs Assessment greatly exceeded the expected range of 5–10% for surveys mailed to a statewide sample of parents. In total, 1630 surveys were returned, representing a response rate of 25%. This response rate was the same, on average, for surveys distributed through parent advocacy groups, school districts, or miscellaneous individuals and organizations. However, there was wide variation in response rates with in these groups. Rates varied from approximately 16%-54% among the five parent organizations collaborating in the study, with the two highest rates (37% & 54%) belonging to the two smallest programs. Rates were highest for parents in inclusion-related training programs (e.g. 51 % for respondents in the Parent Case Management Program, 75% for parents participating in the Inclusion Mentorship Program). School districts ranged from 17-33% in their response rates. The two districts working most intensely with Together We're Better on systems change projects to create more inclusive school communities had the lowest response rates out of the six districts. Even though the response rates for the three different distribution channels was the same, each contributed to the final sample differently because of their different size. The final sample of 1630 was comprised of 69% school district respondents, 19% parent organization respondents, and 12% from miscellaneous organizations and individuals.

### Results — Respondent Characteristics

Table 1 contains information on parents' sex and ethnicity\*. The table contains the actual number of each subgroup in the sample as well as the percentage of the total sample each subgroup represents. The vast majority of respondents were female (82%). Parents of color were generally under-sampled relative to their proportions in the population (in the third column) with the exception of Native Americans. It is probable that Native Americans were over sampled due to the participation of the Indian Education Office in Duluth, which distributed the survey to approximately 80 Native American parent advocates during a training session. Overall, the sample percentage of minorities exceeds the popu-

lation percentage by almost 2%. Different sample sizes are obtained for sex and ethnicity (1607 vs. 1578) due to different response rates on these two survey questions.

**Table 1**  
*Parents' Sex and Ethnicity*

	# Resp	% Resp	Actual K-12 MN
<b>Female</b>	<b>1314</b>	<b>82%</b>	
<b>Male</b>	<b>293</b>	<b>18%</b>	
<b>Total</b>	<b>1607</b>	<b>100%</b>	
<b>African American</b>	<b>37</b>	<b>2%</b>	<b>4%</b>
<b>Asian American</b>	<b>18</b>	<b>1%</b>	<b>3%</b>
<b>Latino</b>	<b>11</b>	<b>1%</b>	<b>1%</b>
<b>Native American</b>	<b>124</b>	<b>8%</b>	<b>8%</b>
<b>Total Minority</b>	<b>190</b>	<b>12%</b>	<b>12%</b>
<b>White</b>	<b>1388</b>	<b>88%</b>	<b>88%</b>
<b>Total</b>	<b>1578</b>	<b>100%</b>	<b>100%</b>

Note: The percentages in last column are the actual K-12 Minnesota population percentages for the 1991-92 school year identified by Minnesota Department of Education (MDE).

Table 2 contains data on parents' area of residence. The largest percentage of survey respondents (46%) reside in the Twin Cities metropolitan area. This is comparable to the percentage of children being served in Educational Cooperative Service Unit (ECSU) 11 (49%-Twin Cities metro) according to the Minnesota Department of Education's (MDE) Special Education Child Count (December, 1992). Other comparisons with MDE data are not possible since the other response categories for this item do not coincide with ECSU regions.

**Table 2**  
*Parents' Area of Residence*

	# Resp	% Resp
Twin Cities Metro	747	46%
City 2: 25000	394	24%
City: 2500-25000	276	17%
Town < 2500	53	3%
Rural Area	139	9%
<b>Total</b>	<b>1609</b>	<b>100%</b>

Table 3 contains information on family income, marital status, and whether the respondent is a foster parent, listed by parents' ethnicity. The percentages in a column for each row variable (e.g. family income) should add to 100%. For example, 15% of all respondents had family incomes below \$15,000. The row "Column Percents" gives the overall percentage of each minority group compared to total respondents. For example, 2% of all respondents were African American.

**Table 3**  
*Parent Characteristics by Ethnicity (by percent)*

	Af	As	La	Na	Wh	Min	TOT
<b>Family Income</b>							
< 15k	43	39	45	18	13	26	15
≥ 15k & < 30k	34	17	27	34	21	32	22
≥ 30k & < 45k	14	28	18	29	18	7	27
≥ 45k & < 60k	3	6	9	8	18	7	16
≥ 60k	6	11	—	10	21	9	19
<b>Marital Status</b>							
Single	36	22	18	10	5	16	7
Sep./divorced	17	6	18	12	16	1	16
Domestic ptrnr.	11	0	0	1	1	3	2
Married	36	72	64	77	77	68	76
<b>Foster parent?</b>							
No	86	94	91	90	97	90	
Yes	14	6	9	10	3	10	
Column percents	2	1	1	8	88	100	100

Note: £=greater than or equal to, <= less than, k= thousand, Af = African American, As = Asian American, La = Latino, NA = Native American, Wh = white, Min = minority respondents, TOT = total respondents.

The table reveals that minorities in the sample had much lower family incomes than whites. They were twice as likely as whites to have family incomes below \$15,000. African Americans and Latinos were more than three times as likely as whites to have family incomes below \$15,000. The percentage of respondents having a family income below \$30,000 was a little over one-third for whites and anywhere from one-half to three-quarters for minority groups. This is consistent with data reported in the 1990 U.S. Census which found minority children in Minneapolis and St Paul nearly 4.5 times as likely to live in poverty as white children (57% to 12%). It is possible that this and other data for the Native American sample is influenced by the fact that a large number of these respondents may have been unusually active parent advocates.

The information in Table 3 also indicates significant differences between parents of color and whites in family makeup, particularly where African Americans are concerned. Minority groups were between two (Native American) and seven (African American) times as likely as whites to be single parents. The differences were most acute for African Americans, a little over one-third of whom were married, as opposed to whites whom averaged over three-quarters.

African Americans had the largest percentage of foster parents. Minority groups were two to four times as likely to be foster parents than whites. A breakdown on parent characteristics similar to Table 3 by the sex of the respondent rather than ethnicity did not appear to reveal any consistent trend related to the sex of the respondent. Therefore, no table was included for this comparison.

**Table 4**  
*Parent Characteristics by Area of Residence (by percent)*

	Size	Twin Cities	City ≥ 25k	25k > 2.5k	Town < 2.5k	Rural	% of Total
<b>Parent's Ethnicity</b>							
African American	4	2	0	0	1	2	
Asian American	2	1	1	0	0	1	
Latino	1	1	2	0	0	1	
Native American	4	10	10	12	14	8	
White	89	87	87	88	85	88	
<b>Family Income</b>							
< 15k	12	17	18	21	13	15	
≥ 15k & < 30k	15	26	27	40	31	22	
≥ 30k & < 45k	24	29	31	23	34	27	
≥ 45k & < 60k	19	14	13	12	16	16	
≥ 60k	30	13	11	4	6	19	
<b>Marital Status</b>							
Single	8	7	5	8	5	7	
Separated/divorced	16	19	15	17	7	16	
Domestic partner	2	2	2	0	0	2	
Married	74	73	78	75	88	76	
<b>Foster Parent?</b>							
No	95	97	97	98	96	96	
Yes	5	3	3	2	4	4	
Column Percents	46	25	17	3	9	100	

Note: ≥ = greater than or equal to, > = greater than, < = less than, k = thousand, Total = total respondents. The column "City ≥ 25k" is exclusive of the Twin Cities metropolitan area figures.

Table 4 contains information on parent ethnicity, family income, marital status, and whether the respondent is a foster parent, broken down by area of residence. The Twin Cities metropolitan area had the largest percentage of African and Asian American respondents. Cities between the size of 2500 and 25,000 had the highest percentage of Latino respondents. Rural areas tended to have the highest percentage of Native Americans.

Table 4 also shows that more than half of the respondents from smaller cities and towns have family incomes lower than \$30,000. Respondents from the Twin Cities metropolitan area tended to have the highest family incomes. There does not appear to be any significant trends in family makeup other than a markedly lower rate of divorce among respondents from rural areas.

The average age of all respondents was 39.3. Minority respondents were slightly younger than the office; the greatest difference in respondent age was between Asian Americans (36.5) and Whites (39.5). The respondent age increased with family income from 36.5 for families below \$15,000 to 40.9 for families with incomes greater than or equal to \$60,000. Females had an average age of 39.2 as opposed to 39.7 for the male respondents.

## Comments/Discussion

The exceptionally high response rate obtained in this study may be due to the following factors:

- Comments written by respondents on the survey reflected a high degree of concern about this issue and appreciation for the opportunity to express their opinions about the education of their children. In short, this population was highly motivated to respond.
- The diverse nature of the organizations collaborating on this project greatly expanded the outreach to various segments of the population sampled.
- The familiarity and credibility that collaborating organizations have with parents may have contributed to high response rates, especially since each participating organization added their own cover letter to the survey urging parents to reply. This would seem to support a strategy of working through community based or parent oriented organizations to access parents when surveys are being done by institutions with which parents have little contact, familiarity, or trust.
- Respondents were offered the opportunity to obtain a summary of survey results.
- A follow-up post card was mailed to parents reminding them to return the survey.
- Parents were offered the opportunity to participate in a drawing for \$100 worth of resources for their children if they responded.

While it is difficult to say which of the above factors was most influential in encouraging parents to respond, it is likely that all of them contributed in some way to the return rate obtained. The length and complexity of the survey did not turn out to be a significant deterrent to most parents. Or if it was, its influence was mitigated by one or more of the above factors.

However, a note of caution is warranted with respect to the language difficulty and complexity of the survey. It is likely that the language difficulty and complexity was a significant deterrent to low income parents, many of whom were also parents of color. Project staff provided alternate methods for survey completion to advocates and other professionals who personally encouraged parents to reply. In some instances project staff assisted respondents in filling out the survey. The provision of assistance in survey completion was successful in ensuring a higher than expected response from low income and minority groups. This survey instrument alone with out assistance is not as effective in gathering information from lower income, less educated parents, or from the communities of color.

The nature of the questions as well as their complexity is also an issue. It is unlikely that any one survey instrument or methodology would be equally effective with diverse parent populations. Administration of the surveys to some low income African American parents indicated the existence of cultural and/or socio-economic factors impacting their experience with the education system. Therefore, it is believed that a thorough assessment of family needs for low income and/or communities of color should ask different questions and use a different sampling methodology. While the Family Needs Assessment survey and sampling methodology used in this study does not permit a thorough assessment of needs as perceived by parents of color, it is hoped that adequate sampling was obtained to indicate areas or issues for further evaluation.

While the response rates for most participating organizations was quite good, it appears that personal distribution of the surveys enhanced the response rate for some groups, even if the surveys were still taken home to be completed. Because 69% of the respondents received their surveys from partici-

## 10 *Inclusive Education*

pating school districts, overall survey results may be influenced by the particular characteristics of these districts. The high percentage (82%) of female respondents might be interpreted as an indication of the greater involvement of mothers in issues related to their children's education. This hypothesis can be checked by evaluating responses to other survey questions related to parent involvement. If true, this

could indicate a need for strategies to facilitate more involvement of fathers in their children's education.

Table 3 clearly indicates that parents of color are poorer and more likely to be single parents. This is relevant to the extent that these factors are related to parents' school experience as is hypothesized. Table 4 indicates that family income is also low for many respondents in small cities or towns.

## Section 3 | *Child's Disability*

### Results

Table 5 contains the actual number of children identified by disability category. The percentage of the respondents by each category label is listed, as well as the Minnesota Department of Education (MDE) disability category percentages. The numbers representing the statewide percentages are from the MDE Special Education Child Count (December, 1992). Even though an effort was not made to representatively sample by disability category, the table shows that adequate sampling was obtained across all disability categories. A category for early childhood disability was not included on the survey. Children in early childhood are distributed across the other labels or indicated as "Other".

**Table 5**  
***Child's Disability Category***

Disability Category	# respondents	% respondents	% MDE Count
Speech/Language Impt.	278	20%	21%
Emotional/Behavioral Dist.	179	13%	18%
Physical Impairment	106	7%	2%
Hearing Impairment	41	3%	2%
Visual Impairment	17	1%	.4%
Deaf-Blindness	7	0%	.02%
OHPI, not Intellectual	68	5%	2%
Autism – PDD	97	7%	.50%
Specific Learning Disability	323	23%	42%
Traumatic Brain Injury	19	1%	.06%
Mild/Mod Intellectual Imp.	223	16%	9%
Severe/Prof. Intellectual Imp.	57	4%	4%
Other	186		
<b>Total</b>	<b>1601</b>		

Note: % respondents=this column excludes those who indicated "Other" in order to facilitate a comparison with MDE percentages. % MDE 1992 Count = indicates the actual statewide percentage of age 0–21 children receiving SE services. These percentages are based on a total that excludes those individuals with a label of early childhood disability, since that category was not included in the FNA survey.

Table 6 contains information that describes the nature of a child's disability with respect to the child's method of communication, medical needs, and degree of cognitive impairment as rated by the survey respondent. This information may be important in evaluating differential educational treatment that is a function of disability characteristics. See Appendix E for a list of medical needs that respondents added under the "other than above" category.

**Table 6**  
***Characteristics of Child's Disability (by percent)***

Child's Method of Communication	
Oral language	86
Assisted	5
Gestures, sounds, etc.	8
Crying	2
Degree of Child's Medical Needs	
None	67
Needs assistive technology	9
Has chronic health condition	5
Is medically fragile/ technology dependent	2
Has chronic mental or emotional needs	4
Other	13
Degree of Cognitive Disability	
Don't Know	10
None	52
Mild	13
Moderate	19
Severe	6

In order to have some measure of the degree or severity of a child's disability a new variable was created based on the three measures in Table 6. If a child's method of communication is either through gestures, sounds, or crying or he or she is medically fragile, technology dependent, has a chronic mental or emotional illness or has a severe cognitive disability, he or she is noted as having a "more pronounced disability." All other children are categorized as having a "less pronounced disability." This categorization is only meant to roughly evaluate the overall relationship of "severity" with other

variables in the study. The influence of severity on the three separate variables in Table 6 will also be utilized in later tables.

Table 7 provides information on the percentage of children under each disability label who fall in the "less pronounced" or "more pronounced" disability categories. Overall, 18% of all the children in the sample were categorized as having a "more pronounced" disability.

**Table 7**  
**Degree of Child's Disability by Disability Label**  
**(by percent)**

Disability Label	Level of Pronouncement	
	Less	More
Speech/Language Impairment	92	8
Emotional/Behavioral Disability	76	24
Physical Impairment	80	20
Hearing Impairment	94	6
Visual Impairment	88	13
Deaf-Blindness	67	33
OHPI (no cognitive disability)	88	12
Autism - PDD	64	36
Specific Learning Disability	96	4
Traumatic Brain Injury	60	40
Mild/Mod Intellectual Impt	85	15
Severe/Prof. Intellectual Impt.	5	95
Other	76	24
Column Percents	82	18

Percentages in this table are "row percents" and add to 100 for each disability label.

Table 8 contains a breakdown of disability labels and the severity variable in Table 7 by parents' ethnicity. It should be noted here that the survey only asked for the ethnicity of the respondent and not the child. While this will be the same in the vast majority of cases, there are probably some instances where this is not the case.

Because of the sampling methodology used in this study, the results displayed in Table 8 should be interpreted conservatively. Some differences between ethnic groups exist across disability labels, however most of these are probably due to sample variation. One noticeable trend appears to be the significantly higher proportion of African Americans, Latinos, and Native Americans with emotional/behavioral disorders (18-19%) compared to whites (10%). This effect is noticeable because it reflects the greatest difference between whites and all minorities (8%), and is the most consistent across groups. This effect will be addressed later in this section.

**Table 8**  
**Child's Disability by Ethnicity of Parent**  
**(by percent)**

Disability Label	Af	As	La	Na	Wh	Min
Speech/Language Impt.	14	25	9	18	17	18
E/BD	19	6	18	18	10	18
Physical Impairment	6	25	0	7	6	8
Hearing Impairment	0	0	0	3	3	2
Visual Impairment	3	6	0	3	1	3
Deaf-Blindness	0	0	0	10	1	1
OHPI (no cognitive dis)	3	0	9	1	52	
Autism-PDD	6	0	0	17	2	
Specific Learning Dis.	28	25	0	24	20	23
Traumatic Brain Injury	0	0	0	0	1	0
Mild-Mod Intellectual Impairment	6	6	36	8	15	9
Severe/Profound Intellectual Impt.	3	0	0	0	4	1
Other	14	6	27	16	11	15
Degree of Child's Disability						
Less Pronounced	82	71	82	85	82	83
More Pronounced	18	29	18	15	18	17

Note: Af - African American, As = Asian American, La = Latino, NA - Native American, Wh - white, Min => total% of minority respondents. Table percentages are "column percents," adding to 100% (except for rounding factors) for all disability labels and for both categories of "degree of disability."

There does not appear to be any consistent relationship between ethnicity and the degree of a child's disability across ethnic groups. The high percentage for Asian Americans may be due to sampling.

Table 9 contains a breakdown of disability labels and the severity variable in Table 7 by family income. The only trend that appears significant in this table is the relationship between family income and the incidence of emotional/behavioral disorders (EBD). The percentage of children with the EBD label for families with incomes below \$30,000 is about double what it is for families with incomes above \$45,000. The pattern for the incidence of OHPI is similar but not as strong.

Table 9 does exhibit a fairly strong trend of increasing severity as family income decreases. The proportion of children falling in the "more pronounced" category increases more than 70% from the highest to the lowest income category.

Both Tables 8 and 9 show a potential relationship between both parents' ethnicity or income and the incidence of EBD among children in this sample. Overall, parents of color had children with a higher incidence of EBD than that of white parents.<sup>1</sup> Lower

income parents also had children with a higher incidence of EBD than that of higher income parents.<sup>4</sup>

**Table 9**  
**Child's Disability by Family Income (by percent)**

Disability Label	< 15k	15-30k	30-45k	45-60k	> 60k
Speech/Language Impt	13	16	17	20	18
E/BD	15	15	12	6	8
Physical Impairment	9	7	5	6	7
Hearing Impairment	3	3	2	2	3
Visual Impairment	1	3	0	1	0
Deaf-Blindness	0	0	0	1	0
OHPI (no cognitive dis.)	8	4	4	2	4
Autism - PDD	4	5	6	9	9
Specific Learning Dis.	19	18	22	22	19
Traumatic Brain Injury	0	1	1	1	2
Mild-Mod Cogn. Impt.	12	14	13	17	15
Sev./Prof. Cogn. Impt.	3	3	4	3	4
Other	13	11	13	10	11
Degree of Child's Disability					
Less Pronounced	76	81	82	85	86
More Pronounced	24	19	18	15	14

Note: > = greater than, < = less than, k «thousand. Table percentages are "column percents," adding to 100% (except for rounding factors) for all disability labels and for both categories of "degree of disability."

These relationships prompted some exploratory analyses of what variables would predict a label of EBD among children in this sample. Family income, ethnicity, marital status, age, and other variables were entered into a statistical program as potential predictors of an EBD label. The statistical program used selects variables based on the strength with which they can predict the value of a dependent variable, in this case an EBD label. Contrary to what might be assumed from the previous tables, economic indicators were not chosen as variable of strength to predict EBD.

The strongest predictor of an EBD label for a child was the marital status of his or her parent. The percentages of single and separated/divorced parents who have children with EBD labels was 13% and 21% respectively. For married parents it was 9%.

The second variable chosen to predict EBD label for a child by the regression procedure was based on

a question which indicated that the parent did not have but desired the support of a spouse, extended family, friends, or significant other. About one-third of the parents of children with an EBD label considered it important or essential for them to get this support as opposed to about one-fifth of the parents of other children in the sample. The third variable indicated as a predictor of EBD labeling was that the parent was either African American, Native American, or Latino. In summary, family makeup, support, and issues related to ethnicity appear to have a relationship with the occurrence of EBD labeling of children. When these variables were considered, the influence of income was less important.<sup>5</sup>

## Comments/Discussion

Tables 5 through 7 demonstrate the broad representation of disability labels and degree of severity within the sample, allowing sufficient numbers to perform comparisons across different categories of disability. As the analysis progresses into evaluating educational experience, characteristics of disabilities will emerge as important moderating variables.

The information in Tables 8 and 9, and the analyses on variables related to the incidence of EBD, raise some questions for further study. Children with EBD labels constituted about 16% of the birth-21 population receiving services as of December, 1992. These children represent a fast-growing group that may present many challenges to schools and to inclusion initiatives. As this study considers the needs of families, the results obtained here may suggest a future avenue of study with respect to children with EBD labels and their parents.

The type of data collected in this study and the research methods used permit only limited conclusions with respect to the incidence of EBD. The multiple correlation obtained for the prediction of EBD was statistically significant but also low in absolute terms. This is probably due more to attenuation of the correlation because of poor measurements than to a lack of relationship. Evidence in the data to indicate that family structure, support, and some factors related to ethnicity are playing a significant role in families with children who have an EBD label. More study in this area may suggest strategies to either reduce the incidence of EBD labeling or at least to better support families where EBD labeling occurs.

## Section 4 *Child's Educational Placement*

### Results

Table 10 gives a breakdown of the environments in which children of respondents received their education during the previous school year. A little over one-fifth (22%) of all the children in the sample received their education in environments separated from general education environments. A little over one-half (53%) of the children in the sample received their education in a mix of special education, general education, or community environments. Nearly one-quarter (24%) of the children received all of their instruction in general education classes. Out of all the children in the sample, 84% attended their neighborhood schools.

**Table 10**  
**Child's Educational Placement for**  
**1992-93 School Year**

Educational Placement	#Resp	% Resp
Residential SE school	6	0%
SE school	85	5%
SE class	239	15%
SE class & CP	38	2%
GE & SE class	762	48%
SE & GE class & CP	67	4%
GE class	374	24%
GE class & CP	14	1%
<b>Total</b>	<b>1585</b>	<b>100%</b>
School of Attendance		
Other district school	201	12%
Private or magnet school	53	3%
Neighborhood school	1360	84%
<b>Total</b>	<b>1614</b>	<b>100%</b>

Table 11 gives more information about the child's educational setting in terms of where the child spent the most time and the amount of time they spent in class with other students of the same age. It shows that a little more than a third (38%) of the children in the sample spent most of their time in the last school year in a special education school or class. Comparing this result with Table 10 leads to the conclusion that in addition to the children who were in

segregated special education environments all of the time (20%), some of those who received their instruction in a variety of environments also spent the majority of their time in a special education school or class. Actually, about one third of those who were placed in a mix of general and special education and community environments still spent most of their time in a special education school or class. Conversely, children who were in a mix of environments were twice as likely to spend most of their time in general as opposed to special education classes.

Table 11 also shows that 88% of the children in the sample spent most of their time in classes with students of the same age.

**Table 11**  
**Characteristics of Child's Educational Setting**

Setting where the child spent most of his or her time in the 92-93 school year	Resp	% Resp
SE school	114	7%
SE classroom	493	31%
GE classroom	967	61%
Community placement	19	1%
<b>Total</b>	<b>193</b>	<b>100%</b>
Amount of time the child spent with peers		
None	53	3%
Some	209	13%
Most	635	40%
All	703	44%
<b>Total</b>	<b>1600</b>	<b>100%</b>

Further analyses of the interaction between the environment of the child (Table 10) and the amount of time spent with students of the same age revealed that children in general education classes were twice as likely to spend all of their time with children of the same age as either children in segregated special education environments or children who received their education in a mix of environments. The respective percentages for these groups were 72%, 35%, and 35%.

In addition, 67% of the children attending their neighborhood schools spent most of their time in general education classes as opposed to only 22% of

the children attending another district school, or 44% of the children attending a private or magnet school. Of children attending their neighborhood schools, 46% spent all of their time with children of the same age as opposed to 30% of those attending another district school or 37% of those attending a private or magnet school.

It would appear from the above that children attending their neighborhood schools have a much higher likelihood of being included in general education classes. Attending a neighborhood school and being in general education both increase the likelihood of a child spending most of his or her time with students of the same age.

Table 12 contains the four variables of Tables 9 and 10 broken down by the disability label of the child. It provides an evaluation of how placement varies with the disability of the children in the

sample. While there is a great deal of detail in this table, several trends are worth noting. In general, some combination of general and special education classes (or a resource room) appears to be the most frequent configuration of placement for most disability groups. The exceptions were students with hearing and visual impairments who had higher proportions solely in general education classes and those with a label of deaf-blindness and severe-profound cognitive disability who had the two highest proportions in segregated special education environments.

Children with labels related to physical and sensory impairments have the highest rates of placement solely in general education. However, these proportions are not much more than one-third for the children in the group. About 7% of all students were in community placements at least part-time. However, some parents may have misinterpreted this

**Table 12**  
**Child's Educational Placement by Disability Label**  
**(by percent)**

Educational Placement	S/L	EBD	PI	HI	VI	D/B	OHI	Educational Placement	AU	SLD	TBI	MMI	SPI	Oth
Residential SE school	0	2	0	0	0	0	0	Residential SE school	2	0	0	0	0	0
SE school	6	11	3	6	18	14	6	SE school	13	3	0	1	7	5
SE classroom	15	12	14	17	18	57	12	SE classroom	13	14	26	12	31	15
SE class & CP	2	1	2	0	0	0	0	SE class & CP	2	1	0	7	9	1
GE & SE classes	37	46	36	36	18	14	42	GE & SE classes	53	59	32	59	24	55
GE & SE classes & CP	4	3	6	0	6	14	2	SE & GE classes & CP	5	2	21	6	7	3
GE classroom	34	23	38	39	35	0	36	GE class	13	20	21	15	20	20
GE class & CP	1	2	1	3	6	0	2	GE class & CP	0	1	0	0	2	1
Child's most frequent 92-93 setting								Child's most frequent 92-93 setting						
	S/L	EBD	PI	HI	VI	D/B	OHI		AU	SLD	TBI	MMI	SPI	Oth
SE school	7	12	8	10	18	14	8	SE school	20	2	0	5	13	4
SE classroom	20	27	31	18	29	71	20	SE classroom	40	29	58	42	55	30
GE classroom	72	60	60	72	53	14	71	GE classroom	40	68	37	52	29	64
Community placement	1	1	1	0	0	0	2	Community placement	1		15		14	2
	<b>1</b>	<b>2</b>	<b>6</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>None</b>	<b>7</b>	<b>1</b>	<b>5</b>	<b>5</b>	<b>11</b>	<b>4</b>
	<b>6</b>	<b>14</b>	<b>13</b>	<b>5</b>	<b>12</b>	<b>29</b>	<b>7</b>	<b>Some</b>	<b>30</b>	<b>7</b>	<b>21</b>	<b>20</b>	<b>29</b>	<b>12</b>
	<b>39</b>	<b>48</b>	<b>36</b>	<b>31</b>	<b>41</b>	<b>43</b>	<b>37</b>	<b>Most</b>	<b>40</b>	<b>40</b>	<b>42</b>	<b>39</b>	<b>27</b>	<b>39</b>
	<b>54</b>	<b>36</b>	<b>45</b>	<b>62</b>	<b>47</b>	<b>29</b>	<b>51</b>	<b>All</b>	<b>23</b>	<b>52</b>	<b>32</b>	<b>36</b>	<b>33</b>	<b>45</b>
	S/L	EBD	PI	HI	VI	D/B	OHI	School of Attendance	AU	SLD	TBI	MMI	SPI	Oth
	<b>8</b>	<b>22</b>	<b>14</b>	<b>27</b>	<b>29</b>	<b>29</b>	<b>6</b>	Other district school	<b>28</b>	<b>4</b>	<b>21</b>	<b>12</b>	<b>36</b>	<b>7</b>
	<b>3</b>	<b>5</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>14</b>	<b>3</b>	Private/magnet school	<b>5</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>5</b>	<b>5</b>
	<b>89</b>	<b>73</b>	<b>83</b>	<b>71</b>	<b>71</b>	<b>57</b>	<b>91</b>	Neighborhood school	<b>66</b>	<b>94</b>	<b>79</b>	<b>86</b>	<b>59</b>	<b>88</b>

category and the proportion is actually smaller.

Children with deaf-blindness, severe-profound cognitive disability, autism, and traumatic brain injury spent the most time in segregated environments and the least time with other children of their own age. The children with speech-language, hearing, physical or other health impairments, and specific learning disabilities spent the most time in general education classes and with other students of their own age. The pattern for attendance at a neighborhood school is similar.

ies with more specific aspects of a child's disability, rather than just the disability label.

**Table 13**  
*Child's Educational Placement by Degree of Disability (by percent)*

Educational Placement	Degree of Pronouncement	
	Less	More
Residential SE school	0	2
SE school	4	10
SE classroom	13	26
SE class & CP	2	5
GE & SE classes	49	37
GE & SE classes & CP	4	5
GE classroom	26	14
GE class & CP	1	1
Child's most frequent 92-93 setting		
SE school	6	16
SE classroom	27	49
GE classroom	66	32
Community placement	1	3
Time spent with peers		
None	2	9
Some	10	27
Most	39	34
All	48	30
School of Attendance		
Other district school	10	26
Private or magnet school	3	7
Neighborhood school	87	67

Table 13 reveals that children with less pronounced disabilities were more likely to be placed in general education settings, at least part-time, by a margin of 80% to 57%. For children of either less or more pronounced disabilities, a mix of special and general education classes is the most common place-

menL However, 66% of the children with less pronounced disabilities spent most of their time in the general education setting, as opposed to only 32% of the children with more pronounced disabilities. Children with less pronounced disabilities were at least 20% more likely to attend their neighborhood schools and spend most of their time in class with children of the same age.

**Table 14**  
*Child's Educational Placement by Method of Communication (by percent)*

Educational Placement	Oral Lang	Asst. Comm	Gestures, Sounds, Etc.	Crying
Residential SE School	0	1	0	0
SE school	5	7	8	21
SE classroom	13	19	31	38
SE class & CP	2	4	6	0
GE & SE classes	50	38	38	24
SE & GE classes & CP	4	115	4	3
GE class	25	15	12	14
GE class & CP	1	4	1	0
Child's most frequent 92-93 setting				
SE school	6	13	16	21
SE classroom	28	47	55	485
GE classroom	66	35	26	28
Community placement	1	6	3	3
Time spent with peers				
None	2	4	10	14
Some	11	26	30	21
Most	40	42	34	31
All	47	27	26	34
School of attendance				
Other district school	10	26	28	37
Private/magnet school	3	10	5	10
Neighborhood school	87	64	67	53

Table 14 shows that a child's method of communication is strongly related to their educational placement. Children who communicate their needs and wants with oral language were nearly twice as likely (80%—41%) to be in a general education setting at least part-time as opposed to children who communicated primarily through crying. This latter group was the only one out of the four communication categories where children were most likely to be in a special education classroom as opposed

**Table 15**  
*Child's Educational Placement by Degree of Cognitive Disability (by percent)*

Educational placement	Don't Know	None	Mild	Mod	Severe
Residential SE school	0	0	1	1	0
SE school	9	4	3	6	12
SE classroom	19	13	12	17	33
SE classroom & CP	3	1	1	6	7
GE & SE classes	47	46	58	52	27
SE & GE class & CP	4	2	4	9	5
GE classroom	17	32	20	9	14
GE class & CP	1	1	0	0	2
<b>Most frequent 92-93 school setting</b>					
SE school	12	5	6	9	17
SE classroom	38	20	27	51	56
GE classroom	48	75	64	39	22
Community placement	2	0	2	1	4
<b>Time spent with peers</b>					
None	3	1	4	6	9
Some	21	5	10	27	33
Most	41	38	47	39	31
All	34	55	39	28	27
<b>School of Attendance</b>					
Other district school	16	8	9	18	34
Private/magnet school	5	3	4	2	5
Neighborhood school	79	89	87	80	60

Note: SE = special education, GE = general education, CP = community placement.

to a mixed placement Children who communicate orally were also more likely to spend most of their time in a general education class (66%-28%), spend most of their time with children their own age (87%-65%), and attend neighborhood schools (87%-53%).

Table 15 provides information on placement by the degree of cognitive disability the child has. Children whose parents rated them as having a severe cognitive disability were more likely to be placed in a special education setting than in a mixture of classes. The opposite was true for children with no or less of a cognitive disability. More than half of the children with a moderate or severe disability spent most of their time in a special education class, while two-thirds or more of those with no or a mild cognitive

**Table 16**  
*Child's Educational Placement by Degree of Medical Needs (by percent)*

Ed. Placement	None	Asst. Tech.	CHC	Med. Fragile	CME	Other
Res. SE school	0	0	0	0	7	1
SE school	4	6	9	19	9	5
SE classroom	14	18	22	17	13	15
SE classroom & CP	2	2	7	6	2	1
GE & SE classes	50	39	36	31	48	55
GE & SE Class & CP	4	4	4	8	7	5
GE classroom	25	28	21	17	13	19
GE class & CP	1	3	0	3	0	0
<b>Most frequent 92-93 school setting</b>						
SE school	6	8	13	17	15	8
SE classroom	28	38	44	44	35	32
GE classroom	66	53	41	36	44	60
Comm. placement	1	1	2	3	6	1
<b>Time spent with peers</b>						
None	2	8	5	17	2	3
Some	10	23	21	19	28	14
Most	39	37	43	28	30	46
All	49	32	31	36	41	37
<b>School of Attendance</b>						
Other district sch.	10	19	23	38	19	12
Private/magnet sch.	3	3	6	14	4	4
Neighborhood sch.	88	78	78	49	78	84

Note: CHC = chronic health condition, CME = chronic medical/emotional condition.

disability spent most of their time in a general education class. Participation in general education, time spent with peers, and attendance at a neighborhood school all decreases with increasing severity of cognitive disability. This is particularly dramatic for those with a severe cognitive disability.

Table 16 shows how placement varies with medical needs. For each category of medical need, a mixed placement still had the highest percentage of children. However, higher percentages of those with chronic health conditions or who were medically fragile/technology dependent spent most of their time in special education. The medically fragile/technology dependent children had the lowest participation in general education, the least amount of time spent with children of the same age, and the

lowest attendance at their neighborhood schools than any other category of medical disability.

There does not appear to be as dramatic a drop in participation in general education based on severity of medical needs as there was with either communication or cognitive disabilities. This could be demonstrated by the difference in the percentage of children who are in general education at least part-time (the sum of the last four placement categories). For medical needs the percentage of children in general education at least part-time drops from 80% to 59%; for cognitive disabilities the decrease is from 81% to 48%; and for communication it decreases from 80% to 41%. While participation in general education starts at about the same rate (80%) for the lowest level of disability, the participation of those with more pronounced communication disabilities drops a higher proportion than those with either cognitive or medical disabilities. In general, those with severe communication and cognitive disabilities participated the least in general education.

Table 17 provides information on the relationship between educational placement and parents' ethnicity and family income. Non-minority respondents had a higher rate of participation in general education (80%) than minority respondents (59%) when the last four categories of the first variable are summed. More children of non-minority parents (63%) spent most of their time in general education classes than those of minority parents (47%). There were less or no differences on the amount of time spent with peers or attendance at a neighborhood school.

Interestingly, a review of Table 8 shows that whites in the sample have higher rates of incidence on three of the four labels that tend to lead to the highest rates of segregation in special education (deaf-blindness, autism, traumatic brain injury, and severe-profound cognitive disability). Whites also have lower rates of incidence on two of the four categories that tend to have the highest rates of general education participation and small differences on the other two (speech/language, hearing impairment, OHPI, and learning disabilities). In addition, there was little difference in the rates of incidence on more pronounced communication and cognitive disabilities. Therefore, the lower levels of participation in general education of the children of parents of color cannot be explained by the type of disability those children have or by the severity of the disability.

The results for family income in Table 17 show a similar, but less pronounced, relationship with educational placement

**Table 17**  
**Chad's Educational Placement by Ethnicity and Income of Parents (by percent)**

Educational Placement	Non-Minority	Minority	Family Inc < 30K	Family Inc > 30K
Residential SE school	0	1	0	0
SE school	5	7	5	6
SE classroom	13	30	11	21
SE classroom & CP	2	4	3	2
GE & SE classes	50	39	49	47
GE & SE class & CP	4	4	5	3
GE classroom	25	15	26	19
GE class & CP	1	1	1	1

Most frequent 92-93 school setting

SE school	7	9	7	8
SE classroom	29	42	26	39
GE classroom	63	47	66	52

Community placement	1	3	1	1
---------------------	---	---	---	---

Time spent with peers

None	3	3	4	2
Some	12	18	11	16
Most	39	46	38	43
All	45	33	47	38

School of Attendance

Other district school	12	12	13	11
Private/magnet school	3	4	4	2
Neighborhood school	84	84	83	87

Note: > = greater than, < = less than, k = thousand.

In order to further uncover the factors involved in a child's education placement, a statistical analysis was performed to predict two different "dependent" variables. The first was simply whether a child spent any time at all in a general education environment. The second variable was whether a child spent most of his or her time in general education settings. The summary table for the first statistical analysis is contained in Table 18. An equation was constructed that predicts whether a child was in placement categories 5, 6, 7, or 8 in Table 10. In other words, did the child participate in any general education classes at all? Table 18 contains the predictive variable entered into the equation at each step. Variables are entered into the equation according to the strength of their relationship with the

dependent variable. The statistical analysis program ceases to enter variables when their unique contribution as a predictor is no longer statistically significant. The column labeled Mult R indicates the multiple correlation, a measure of strength of prediction, as each variable is added.

**Table 18**  
**Predicting Placement in General Education Classes**

	Mult Ft	Variable <sup>1</sup>
1	.3861	Parent prefers that his or her child spend most of time at school in a general education classroom. (+)
2	.4334	Does child attend his or her neighborhood school? (+)
3	.4493	Does family have an income below \$15,000 a year? (-)
4	.4602	Is parent a member of a minority group? (-)
5	.4713	Degree of child's comm. disability. (-)
6	.4745	Parent holds a membership in or regularly receives materials from a disability-related advocacy group for parents. (+)
7	.4770	Degree of child's cognitive disability. (-)

<sup>1</sup>The sign (+,-) after each variable indicates the direction of the relationship with the dependent or predicted variable. For example, families with incomes below \$15,000 are less likely to have their children placed in general education, children who attend their neighborhood schools are more likely to be placed in a general education class.

The first variable in the equation in Table 18 simply indicates that the parent prefers that his or her child spend most of the time at school in a general education class. Parental preference was a better predictor of child placement than any other variable, including those related to disability or severity of disability. This result also partially explains the lower level of participation of minority children seen in Table 17. Only 47% of the minority parents preferred that their children spend most of their time in a general education class as opposed to 68% of the white parents. The reasons for this difference will be explored later. It should be noted, however, that even when minority parents preferred that their children spend most of his or her time in a general education class, and severity of disability was controlled for, children of color with some labels sometimes still had higher percentages in special education. For example, children of color with a label of EBD without a severe disability were more than twice as likely as similar white children to be placed in special educa-

tion (50% to 19%), even when their parents preferred the child be in a general education class.

The second variable entered into the equation indicates that the child attended his or her neighborhood school. The third variable indicates that the family had an income below \$15,000 per year and the fourth indicates that minority status still had some relationship to placement, even after preferences were controlled for. As was demonstrated in previous tables, the degree of cognitive and communication-related disabilities were also a factor in placement. The influence of parental involvement with advocacy groups will be discussed in more detail in Section 8<sup>6</sup>.

Table 19 contains the prediction results for the second dependent variable — whether a child spent most of the time in general education settings. Once again, parents' preference for having their children spend most of their time in general education was the number one predictor. However, this time the relationship was much stronger, possibly because of the congruence between the predictor and dependent variable on the dimension of time. In predicting where the most time was spent, though, disability factors — specifically those related to the severity of cognitive disability — played a stronger predictive role.

An examination of the partial correlation (not reported here) in the two equations leads to the conclusion that cognitive disabilities had triple the influence in predicting whether the child spent most as opposed to any time in a general education classroom. The variable "concern" was the average rating on a number of questions related to concerns parents had about placing their children in a general education classroom. Thus, the extent of parent concerns was negatively related to the amount of time spent in general education settings<sup>7</sup>.

In summary, parent characteristics (preferences, poverty, ethnicity, involvement) and school factors such as attendance or any school conditions that may impact parent preferences are related to whether a child is in general education at least part-time. In predicting whether most time is spent in general education, parent preferences are an even stronger predictor, however the degree of cognitive disability remains the dominant factor.

Other variables considered for the equations in Tables 18 and 19 but not selected because they didn't contribute to the prediction of the dependent variable included the existence of medical needs, disability labels with the highest rates of segregation in special education, severity of a child's disability, variables related to the supports parents needed, or residence in the Twin Cities metropolitan area.

**Table 19**  
**Predicting Whether Most Time was Spent in General Education Classes**

	Mult Ft	Variable <sup>1</sup>
1	.5632	Parent prefers that his or her child spend most of time at school in a general education classroom. (+)
2	.6032	Degree of child's cognitive disability. (-)
3	.6216	Does child attend his or her neighborhood school? (+)
4	.6273	Degree of concern parent has about a placement in general education. (-)
5	.6310	Family income. (-)

<sup>1</sup>The sign (+,-) after each variable indicates the direction of the relationship with the dependent or predicted variable.

**Table 20**  
**Educational Setting Where Most Time was Spent by Child's Age**

Age	SE School	SE Class	GE Class	CP	Total
≥ 3 & < 5	27 (38)	31 (43)	12 (17)	2 (3)	72 (5)
≥ 5 & < 12	54 (7)	194 (24)	570 (69)	4 (1)	821 (52)
≥ 12 & < 14	11 (5)	70 (31)	142 (63)	1 (1)	224 (14)
≥ 14 & < 18	15 (4)	165 (41)	218 (54)	5 (1)	403 (26)
≥ 18	3 (6)	28 (53)	16 (30)	6 (11)	53 (3)
<b>Total</b>	<b>110 (7)</b>	<b>487 (31)</b>	<b>958 (61)</b>	<b>18 (1)</b>	<b>1573 (100)</b>

Note: Numbers in parentheses are percentages. 2: =greater than or equal to, < = less than.

Table 20 shows that a child's age is also related to how much time they spend in general education. This relationship did not appear in the preceding regression analysis because the effect is nonlinear - participation in general education increases and then decreases, producing a near zero correlation between age and placement. It is evident from the information in this table, however, that there is a high degree of segregation at the preschool level, a significantly higher level of participation in general education in the elementary grades, and then decreasing participation in middle and high school.

## Comments/Discussion

The results in this section offer some important information about the participation of children with disabilities in general education. What might be in-

ferred from these results about inclusion in Minnesota? First, it must be remembered that these results are not based on a random sampling of children with disabilities. As a result, some caution is in order when generalizing these results. However, with qualifications, some conclusions are possible.

Whether a child participates in general education is the result of a combination of child, parent, and school factors. An examination of Table 5 indicates that the study sample includes a broad range of disabilities and does not exhibit any clear pattern that would indicate that the sample is significantly biased. There is no preponderance of children with labels who are either more or less likely to participate in general education. While some labels are over or under sampled, the expected effects on participation in general education appear to balance out for the sample as a whole. In summary, we shouldn't expect participation rates to vary with a random sampling of children because the disabilities represented closely match state-wide percentages.

Respondents who received their surveys through their school district comprised 69% of the sample. Thus, factors related to school characteristics are likely to have influenced the participation rates obtained. Four of the six participating school districts are currently participating in systems change initiatives to create more inclusive school communities. They were selected for these projects largely because of their past leadership and progress in including children with disabilities in general education. We would therefore expect the participation rates to be higher than what would have been obtained from a broader sampling of school districts and possibly significantly higher. For the four districts involved in systems change initiatives, 67-90% of the children between ages five and twelve in these districts spent most of their time in a general education class. For the two remaining districts, 48-75% of the children between ages five and twelve in these districts spent most of their time in general education class. While it would be hazardous to make many assumptions about the reason for this difference, it is safe to assume that the four districts probably biased this sample to exhibit higher participation rates.

The combination of the positive influence of these exceptional districts on parents, the participation of over a hundred parents who have undergone significant training in inclusion-related advocacy, and the participation of parents who are involved to some degree with parent groups that support inclusion would lead to the conclusion that these parent factors also have contributed to higher participation rates in this study. For these reasons, it is expected

the participation rates obtained in this study may be higher than what would have been obtained if the study sample were a random sampling of children with disabilities, school districts, and parents from the state.

Given the above, we can project that of all children receiving special education services in Minnesota, less than 25% are being served solely in a general education classroom, more than half are probably being served in a combination of special and general education classrooms, and as many as one-fifth are totally segregated in special education environments.

The majority of children with IEPs in Minnesota are likely in general education classes more than half of the time. Even for children with a mix of classes in the study sample, approximately two-thirds spent most of their time in the general education class.

While the above comments refer to all children with IEP's as a group, this study has demonstrated that the characteristics of a child's disability is a factor in the child's participation in general education. The child's disability label will likely predict placement in special or general education classes. However, the percentage of children receiving their education solely in a general education class never rose above 39% for any disability label. The percentage of children spending most of their time in general education was never higher than 72% for any disability label.

Similarly, the existence of more severe communication, cognitive, and medical disabilities is a significant influence in the placement of children with disabilities. Again the rate of participation in general education for children with mild disabilities is never higher than 72%. To demonstrate, a subsample of children was selected who communicated with oral language, had no cognitive disability, no medical needs that the school had to attend to, no EBD label, nor a label of deaf-blindness. This subsample, comprising close to a third of the whole sample, only had about one-third of the children placed solely in a general education classroom and a little more than three-quarters of the group who spent most of their time in general education. This clearly demonstrates that while severity is a factor, there are other significant factors operating to exclude children from participating in general education. In fact, many of the arguments that are given to justify excluding a child from general education would not appear to apply to the subsample above. There does not appear to be a strong disability-related reason for exclusion

from general education classes.

Table 17 demonstrated a relationship between minority status, income, and placement in general education which could not be explained by differences in disabilities or severity among these groups. This effect was explained by statistical analyses that demonstrated an underlying relationship between a parents preference for having their children spend most of their time in general education and how much time they actually did spend in general education. The minority effect largely came from a difference in preference levels between minority and white parents. This difference will be explored later. It should be noted, that even after the difference in preference was controlled for, poverty and minority status contributed to the prediction of placement. The strength of the predictive power of parent preferences gives us a partial answer to what is determining placement beyond disability characteristics. But the answer is inconclusive. As later sections will demonstrate, parent preferences are highly related to barriers experienced in school, and these barriers are experienced more significantly by parents of color. It should also be noted that the fact that parent preferences are related to or predict placement does not imply a causal or directional relationship.

When the dependent variable becomes "where the most time was spent", disability type and severity became more important. This indicates that there might be a change in the factors that operate to place a child in general education most of the time from those that operate to place a child in general education part-time. In the latter, parent and school characteristics appear to be decisive, in the former the influence of these factors is related to the disability and age of the child.

Some areas for further study are indicated in this section. It would be instructive to investigate how participation in general education varies across school districts in the state and what variables are related to this variability, how inclusion is progressing in Minnesota, and the effect of various change strategies and inclusion initiatives. Further examination of the influences, decision process and factors involved in placement also appear to be warranted.

In closing, it should be noted that the statistics in this section refer only to where a child is physically placed and do not speak to the extent that child is welcomed, actively participates with peers, or learns in any particular environment. The parents perception of some of these experiences will be evaluated in a later section.

## Section 5 | Individual Education Planning

### Results

This section reviews parents' responses to questions related to the process of developing their children's Individual Education Plan (IEP) or Individual Family Service Plan (IFSP). The first question asked was whether their children had an IEP or IFSP. These results are contained in Table 21. A surprisingly large number (5%) did not know if their children had an IEP/IFSP or had not even heard of these processes. An almost equal number stated that their children did not have a plan.

**Table 21**  
**Does the Child Have an IEP/IFSP?**

Don't Know	78	5%
No	71	4%
Yes	1475	91%
Total Group	1624	100%

It should be noted that there was some confusion around this question. Approximately 11% of the entire sample answered this question inconsistently with other responses to questions regarding the IEP/IFSP process. For example, they may have said that their children did not have an IEP/IFSP and then answered other questions about the process as if their children did, or vice-versa. Parents of color were nearly three times as likely as whites to not know if their children had an IEP or to be unaware of the process (11.1% to 3.8%). They were also about one-and-a-half times as likely to respond inconsistently (16.3% to 10.7%). Respondents in the lowest income category (less than \$15,000) were about thirty times as likely (9.3% to .3%) as those in the highest income category (over \$60,000), or three times as likely (9.3% to 2.8%) as those making between \$45,000 and \$60,000, to not know if their children had an IEP or to have even heard of the process. The lowest income respondents were also more than twice as likely (17.4% to 7.4%) as the highest income respondents to respond inconsistently. If only the respondents who responded consistently to the IEP/IFSP questions are looked at, the effect of income nearly disappears. In other words, for those who responded consistently, income made very little difference in

whether they knew if their children had an IEP/IFSP. However, while it was smaller, the effect of minority status remained. For those answering consistently, minority respondents were still three times as likely (6% to 2%) to not know if their children had an IEP/IFSP.

It is difficult to determine the reason for a "Don't Know" or "No" response to the question of whether a child has an IEP or IFSP. It was expected that all children in the sample would have an IEP or IFSP. Initially it was thought that some respondents on the mailing lists of parent organizations might not have children who qualify for an IEP and special education services. However, a cross tabulation of sampling groups refuted this. No respondents from any parent organization or program answered "Don't Know" to the question of whether their children had an IEP/IFSP. On the other hand, each of the six participating school districts had between 4% and 18% of their respondents answered "Don't Know" to this question. This is especially noteworthy, because these districts mailed surveys only to parents receiving special education services. The school districts also had higher rates of inconsistent responses as well. Of the foster parents included in the sample, 8% didn't know if their children had an IEP/IFSP, 9% said "No", and 84% said their children did have an IEP/IFSP.

It appears likely that a significant number of parents are unaware if their children has an IEP/IFSP, even when their children actually do. This may be due to non-recognition of the terms *Individual Education Plan* or *Individual Family Service Plan*, language barriers, or the comprehension level of the question. It may also be related to access to schools and parent support systems. Confusion about the question, uncertainty, perceived or a real lack of an IEP appears related to income and minority status. These effects appear more prevalent in school district respondents. Even though there were minority and low income respondents among parent group respondents, none of these reported not knowing about their children's IEP/IFSP.

Residence also appears to interact with minority and IEP status. In going from the Twin Cities metropolitan area to a town with a population under 2500, the rate of minority respondents who didn't know if their children had an IEP rose from 8.9% to 33.3%.

The same rate fluctuated between 2-6% for whites. However, it should be kept in mind that this difference is entirely attributable to school district respondents since no parent group respondents answered "Don't Know" regardless of where they live.

In relation to the child's disability label, the less severe the cognitive disability, the more likely a "Don't Know" or "No" response was on this question. Children with labels of speech/language and learning disabilities were the most likely to have their parents respond "Don't Know". It is within these two groups that most of the differences between minorities and whites exist on this question. Minorities did not differ greatly from whites on the incidence of these labels or on the degree of cognitive disability. Minority children with these labels were, however, twice as likely to spend most of their time in special education classes as white children. This makes it especially surprising that minority parents of children with these disabilities should be unaware of the IEP/IFSP.

The age of the child did not appear to be a factor in an awareness of the existence of an IEP/IFSP. This study cannot verify the validity of a "No" response and whether a child has an IEP or IFSP except through the statement of the school districts for their respondents as a whole.

A statistical analysis was performed to assess what variables in the study best predict whether a parent participates in and contributes to the development of their children's IEP or IFSP. The potential predictors that were considered included those related to the type and severity of the child's disability, age, placement environment, parent age, gender, income, ethnicity, residence, and some measures of overall satisfaction with their children's education. Ethnicity, degree of child's cognitive disability, and family income were the three strongest predictors, followed by the degree to which the parent felt their feelings and input were respected by staff, whether the child was in special education, and the gender of the parent\*.

Table 22 shows the overall participation rates as well as the effects of ethnicity and family income. For the sample as a whole, 90% of the respondents reported participating in and contributing to their children's IEP/IFSP.

School district respondents had lower participation rates in the IEP/IFSP process than parent group respondents, especially for parents of color. All of the minority parents who were parent group respondents participated in their children's IEP/IFSP as opposed to only 78% of the minority school district respondents. Of the white respondents, 97% of the

parent group respondents participated, as opposed to 89% of the school district respondents. Thus, participation in the IEP/IFSP process was generally lower for school district respondents than it was for parent group respondents, especially if the respondent was a minority. Minority respondents from other miscellaneous sources, including clinics, hospitals, and community centers, had the lowest rate of participation (67%). These individuals were also among the poorest of the sample.

**Table 22**  
***Did the Parent Join in and Contribute to the Development of the IEP? (by percent)***

Total	Non-Min.	Minority	Inc < 30k	Inc ≥ 30k
4	3	10	5	3
6	6	11	9	4
90	91	79	86	92

Note: = greater than or equal to, < = less than.

Of all the disability-related factors, the degree of cognitive disability was the only one significantly correlated with parent participation. Parents whose children had a moderate or severe cognitive disability had a higher participation rate (95%) than those who had no cognitive disability (88%). Parents who strongly agreed that their feelings and input were respected participated more in their children's IEP/IFSP than those who strongly felt that they weren't (92% to 80%). Parents with children in special education at least part-time were more likely to participate in their children's IEP/IFSP (91% to 85%). Females were more likely to participate than males (91% to 85%). Of the foster parents in the study sample, 79% participated in their children's IEP/IFSP.

Only 40% of all the children in the sample participated in or contributed to their IEP/IFSP. The two strongest predictors of a child's participation in and contribution to their IEP/IFSP were their age and degree of cognitive disability<sup>9</sup>. Less than one-third of the children under the age of twelve participated in or contributed in anyway to their IEP/IFSP. About 44% of those between twelve and fourteen participated, as did close to two-thirds of those over fourteen years of age. Participation dropped from 48% for children with no cognitive disability to 38% for those with a mild disability and to 22% for those with a severe disability.

Of all the respondents, 79% thought that their

children's teachers and other staff were aware of the content and goals in their children's plan. The three strongest predictors of staff awareness of plan content and goals, in order of decreasing influence, were the child's age, degree of disability, and whether the child spent most of their time in special education<sup>10</sup>. Perceived staff awareness of content and goals dropped from a high of 93% for children between the age of three and five, to 85% for those between five and twelve, to 70% for those over the age of twelve. Parents perceived staff to be more aware of the plans for children with more severe cognitive disabilities, dropping from a rate of 89% for the most severe group to 76% for those children with no cognitive disability. Finally, the parents of children who spent most of their time in special education reported a higher rate of staff awareness (85%) than children who spent most of their time in general education (75%).

Table 23 indicates how parents described their experience with their children's IEP/IFSP process. The results are encouraging with 85% of all respondents reporting an experience that was at least somewhat positive. There were no significant effects by either minority status or family income.

There are several predictors of parent experience with this process. If child characteristics alone are examined, age and the degree of the child's disability are both related to parent experience in the IEP/IFSP process<sup>11</sup>. Parent experience is at its most positive for children between the ages of three and twelve, with close to 90% reporting a positive experience and more than half reporting an extremely positive experience. The rate of reported positive IEP experience drops to 79% for children fourteen to eighteen years of age. Parents of children with a more pronounced disability had lower rates of positive experience (79%) than parents of children with less pronounced disabilities (87%).

**Table 23**  
**Parents' Experience of IEP/IFSP Process**

Extremely negative	60	4%
Somewhat negative	172	11%
Somewhat positive	590	38%
Extremely positive	735	47%
<b>Total</b>	<b>1557</b>	<b>100%</b>

If parent satisfaction and staff participation are considered, the ability to predict parent experience increases significantly. The results from this analysis are depicted in Table 24. The predictive equation includes, starting with the strongest predictor,

whether the parent feels his or her feelings and input were respected and valued, whether the parent was satisfied overall with his or her child's progress, whether the parent perceived that all of the child's school staff were aware of the content and goals of the IEP/IFSP, whether staff demonstrated a belief in their children's ability to learn and were optimistic in setting goals, and the degree to which the child has a cognitive disability<sup>12</sup>.

Of the respondents who agreed that their feelings and input were respected and valued by staff, 94% reported a positive IEP/IFSP experience. Of those who indicated that their feelings and input were not respected and valued, only 34% reported a positive experience with the planning process. Of the respondents that were generally satisfied with their children's progress, 93% reported a positive planning experience as opposed to 54% of those who weren't generally satisfied. On the question of whether all staff were aware of plan content and goals, 91% of those answering "Yes" had a positive planning experience. Only 52% of those indicating that staff were not aware of plan content and goals had a positive planning experience. Finally, of those indicating that staff believed in their children's ability to learn and were optimistic in setting goals, 92% had a positive planning experience. Only 37% of those indicating that staff were not optimistic had a positive experience in the planning process.

**Table 24**  
**Predicting Parent Experience of IEP/IFSP Process**

	Mult R	Variable <sup>1</sup>
1	.5925	Feelings and input were respected and valued by school staff. (+)
2	.6287	Parent generally satisfied with the progress of child in school. (+)
3	.6456	Were the staff working with child aware of the content and goals. (+)
4	.6592	School staff delivered in the child's ability to learn and were optimistic in setting learning goals. (+)
5	.6622	Degree of child's cognitive disability. (-)

<sup>1</sup>The sign (+,-) after each variable indicates the direction of the relationship with the dependent or predicted variable.

The degree of cognitive disability has a similar impact on parent experience as reported above for more pronounced disabilities. Those who responded that they had a negative experience in the development of their children's IEP/IFSP were asked to indicate the most significant reason that made it so. Their responses are recorded in Table 25. There was

not majority agreement on any of the reasons listed, even though a significant percentage indicated that staff focused more on negatives rather than the strengths and capabilities of their children. It should be noted that 40% (14%+26%) felt the most significant reason for their negative experience had to do with staff attitudes, and 28% felt that it had to do with either the content or the implementation of the plan. The results in Table 24 support the importance of staff attitudes and participation. Appendix F contains other reasons listed by parents for their negative experience of the IEP/IFSP process.

**Table 25**  
***Reasons the IEP/IFSP was Negative for Parents***  
**(by percent)**

Parent not listened to	<b>14</b>
Staff focused on negatives	<b>26</b>
Process did not address important issues	<b>11</b>
Goals not acted upon	<b>17</b>
Other	<b>32</b>
<b>Total</b>	<b>100</b>

### **Comments/Discussion**

The most troubling finding in this section is the number of parents who don't know if their children has an educational plan or what an IEP/IFSP is. While the percentages may not appear high (10% to 18% for minority groups) in an absolute sense, they are high relative to the importance of the IEP/IFSP to both parent and child. It is not unreasonable to assume that parents who do not know if their children have an IEP/IFSP will be less effective in advocating for and supporting their education.

The best predictor of a "Don't Know" response was family income. This can represent differences in education or some other factor highly correlated with income. The response might have resulted from not understanding the survey question, or the information received from the school, or both. While it has been acknowledged that this survey was probably at a reading level (about tenth grade) too high for some respondents, it is certainly not higher than most reading material parents would receive from schools, and social service and health agencies. In other words, it is possible that the children of these low income and/or minority parents are not receiv-

ing all the services to which they are entitled, nor fully benefiting from the opportunities that may exist in their schools because of difficulty with the reading material. In effect, they represent a population of parents who have a need for greater understanding of and access to "the system." Conversely, it may be also said that "the system" needs a greater understanding of and access to the population of parents represented by the respondents in this survey.

It is important to note that the difference found between minorities and whites on whether they knew if their children had an IEP/IFSP, and on their participation in the process, cannot be interpreted as being solely the result of education or differences in comprehension level. Even when only consistent responses were selected, or when the effects of family income were statistically controlled, the effect of minority status on awareness of the IEP/IFSP and participation in the process endured. Thus, it is likely that some factor that varies with ethnicity, other than education, is still operating to limit the participation of minority parents. Some additional insight will be gained into this when parent experience is further examined in the coming sections. It is also unknown why this differential effect primarily exists for the parents of children with speech and learning disabilities. This question presents an avenue for further investigation.

It appears that membership or involvement in a parent advocacy group or training program mitigates the effect described above since all of the parents in this subsample were fully aware of their children's IEP/IFSP. This effect will be further explored in following sections. If it is further demonstrated, this result implies that parent advocacy groups are effective in helping parents gain awareness of and access to educational resources for their children. The results for school districts implies a need for these organizations to develop strategies to help all parents, especially lower income and minority parents develop more awareness and participation in the IEP/IFSP process. The participation in and contribution of children to their education planning may indicate a need to more fully involve students in this process.

Results in this section give some strong indications of what makes the IEP/IFSP process a positive experience for parents: respect for their feelings and input, staff awareness of plan content and goals, a belief in their children's ability to learn, a focus on a child's strengths and capabilities, addressing the right issues, and effective implementation of plan goals.

## Section 6 | *Parent Involvement and Satisfaction*

### Results

The degree of respondents' involvement with either a parent organization or their children's school district was measured. These results are reported in Tables 26 and 27.

Respondents were equally likely (20%) to be actively involved (committees, etc.) with either a parent group (Table 26) or their school district (Table 27). Nearly half of the respondents regularly received information from some disability-related parent group. This was greater than the percentage of the sample who received their surveys from parent groups as many school district and miscellaneous group respondents also receive materials from parent organizations.

**Table 26**  
***Parent Involvement with a Disability-Related Advocacy Group***

Does the respondent hold a membership in or regularly receive materials from any disability-related advocacy group?

No	874	55%
Yes	729	45%

Is the respondent actively involved (committees, task forces, training, etc.) in any disability-related advocacy group?

No	1274	80%
Yes	328	20%

Has the respondent ever been active in a family support group?

No	1011	63%
Yes	593	37%

On the whole, parent group respondents were more active on all four involvement measures. As might be expected, they were at least three times as likely to regularly receive materials from a parent group. However, they were also more than four times as likely (48% to 10%) to be in parent committees, task forces, or training programs and twice as likely (30% to 15%) as school district respondents to be active on some school district committee. A little

more than half of the parent group respondents had been active in a family support group as opposed to less than one-third of the school district respondents. These differences in access to information, support, and training may account for some of the differences found in the previous section regarding awareness of and participation in the IEP/IFSP process.

**Table 27**  
***Parent Involvement in a School District Committee***

Is the respondent actively involved in any school district committees?

No	1280	80%
Yes	320	20%

Involvement in either a parent group or a school district is related to the severity of a child's disability and family income". However, these two variables differ in their relationship to each type of involvement. In predicting school involvement, family income is nearly twice as strong a predictor as severity of disability. In predicting parent group involvement, severity of disability is more than four times as strong a predictor as family income. Overall, the prediction of parent group involvement was much stronger than that of school district involvement<sup>14</sup>. It appears that parents often get involved with parent groups for reasons that are related to the severity of their children's disabilities. About half of the parents of children with less pronounced disabilities participated in at least one of the activities described in Table 26. More than three-quarters of the parents of children with more pronounced disabilities participated in at least one of the activities, with more than half involved in two or more activities. While the severity of a child's disability is a factor in school district involvement, the magnitude of the relationship is much less than that to parent group involvement, and secondary to the influence of family income. The proportion of parents at the highest income level that participate in their school district (34%) is more than triple that of parents at the lowest income level (11%). On the other hand, the proportion of parents that have some involvement with a parent group is 68% at the highest income level and 49% at the lowest income level.

There are a number of statistically significant differences on the demographics of who becomes involved with either a parent group or a school district. Females were more likely than male respondents to be involved in either a parent group or a school district, however the difference was statistically significant only for involvement in a parent group (60% to 47%). There was also a trend toward increasing involvement with a parent group with increasing age of the parent. Whites were more likely to be involved with either a parent group or a school district. Of the white respondents, 59% were involved in a parent group and 21% were involved in a school district. Of the minority respondents, 47% were involved in a parent group and 14% were involved in a school district. Married respondents were more than twice as likely as single and separated/divorced respondents to be involved in their school districts (23% to 10%). They were also more likely to participate in a parent group (59% to 48%). Finally, participation in both a parent group or a respondent's school district tended to be higher in the Twin Cities metropolitan area than outside the metropolitan area. Involvement in parent groups was 65% for the Twin Cities and 51% for other areas. Involvement in school districts was 23% for the Twin Cities and 17% for other areas.

Involvement with a parent group or a school district also yielded statistically significant differences on several school-related questions. Respondents who were involved in at least one of the parent group activities in Table 26 were more likely to affirm that their children had an IEP or IFSP (95% to 85%) and more likely to participate in the development of their children's IEP/IFSP (95% to 82%) than respondents who had no involvement with a parent group. However, the more involved a respondent was with a parent group the less likely that the respondent reported a positive experience with the IEP/IFSP process. Of those respondents who had no involvement with a parent group, 92% reported a positive IEP/IFSP experience. Of those involved in at least one activity with a parent group only 81% reported a positive IEP/IFSP experience.

Similarly, respondents who were involved in a school district committee were more likely to affirm that their children had an IEP or IFSP (94% to 90%) and more likely to participate in the development of their children's IEP/IFSP (96% to 88%) than respondents who had no involvement with the school district. However, as was the case above, those involved in school district committees were less likely to report a positive IEP/IFSP experience than those who weren't (81% to 86%).

The strength of the relationship between parent group involvement and the above three IEP questions was at least double that of the relationship between school district involvement and the IEP questions, indicating the greater influence of parent group involvement on this aspect of a parent's school experience.

It is also interesting to note that parent group involvement tends to be positively related to placement in special education while school district involvement tends to be positively related to placement in general education. Respondents who were involved in at least one parent group activity were more likely to have a child who spent most of his or her time in a special education environment than respondents who had no involvement with a parent group (43% to 33%). They were also less likely to have their children attend his or her neighborhood school than those with no parent group involvement (79% to 90%). Respondents who were involved in a school district committee were less likely to have their children spend most of his or her time in special education than those with no school involvement (31% to 40%). There was no significant relationship between parent school involvement and a child's attendance at a neighborhood school.

This relationship between parent involvement and a child's placement must be interpreted cautiously. There was no significant relationship between involvement in a parent group and a preference for having a child in special education. Thus, it appears that the relationship between parent group involvement and special education placement is for a reason other than a parental preference for special education. It is probably due to the fact that parents involved with parent advocacy groups tend to have children with more severe disabilities who experience more barriers to their education. Support for this hypothesis can be found in Table 18 where involvement in a parent support group was positively related to placement in a general education class when other demographic and disability-related factors were controlled for. Later findings will show that the support of a parent advocate had a very significant and positive effect on the preference of minority and low income parents for having their children included in general education.

The relationship between school committee involvement and a parental preference for general education placement is statistically significant (however, not strong,  $r = .12$ ) and positive. This indicates that some parents may be getting involved in their children's school for reasons related to their preference for having their children in general education.

Parent preferences will be investigated in more detail in Section 12.

## **Comments/Discussion**

The questions relating to "parent involvement" in this survey are few and present a limited measure of involvement. They range from simply being on the mailing list of a parent organization to participating in training or some committee. The exact nature of the involvement was not ascertained, only the fact that the respondent participated in one of the designated ways. However, limited this information, the results in this section clearly demonstrate that this involvement is related in significant ways to both parent and child school experience.

The first findings indicated that the parents who received this survey by virtue of having their name on a parent group's mailing list were generally much more "involved" than other parents in the sample. While it would be natural to assume that they would be more involved in parent group activities, the fact that they were twice as likely to be involved in a school committee as well generalizes their involvement beyond the parent group to which they belong.

The results indicate that, to some degree, respondents may be involved with a parent group for different reasons than they are involved with a school district. Given the different purpose and mission of these organizations this is not surprising. However, the reasons and results of each type of involvement may shed some light on family needs. Because parents often go to disability-related organizations for advice, support and advocacy, it is possible that the need for these services would increase with the severity and thus the challenges facing their children in school. This would explain the strong relationship between the severity of a child's disability and the involvement of a parent in an advocacy group. It may also indicate that the schools are not responding as well to the needs of children with more severe disabilities, or their parents, and are in effect driving them to advocacy groups for assistance. The results in following sections tend to support this hypothesis.

The relationship of family income to both parent group and school involvement is significant. There could be several reasons for this relationship, including, the access that education might give higher income respondents, more free time, transportation,

possession of a telephone, child care, the criteria by which people are selected or invited to participate in committees or task forces, or any number of other factors related to income. It should be noted that while there were significant differences between white and minority involvement, these differences were most likely due to differences in family income. The fact that involvement is related to a parent's economic status (or a related factor) should be of concern to both educators and advocates, especially since it has been shown that involvement in either a parent group or a school district is strongly correlated with awareness of and participation in a child's educational planning. While this effect existed for both parent groups and school districts, parent groups appear to be much more inclusive of low income, single, and parents of color.

The rates of involvement in parent groups for low income, single, parents of color was at least triple that of the rates for school districts. This is probably somewhat due to a number of sampling factors and the fact that it is much easier to be on a mailing list than it is to be involved in a school committee. However, if only respondents who were involved in either a parent group committee, task force, training, or a school committee are considered (thus somewhat equalizing the level of commitment) and the sample is limited to those outside the Twin Cities metropolitan area, parent groups still have significantly higher participation of low income, single, or minority parents. While more controls may be necessary to fully evaluate this, it appears that parent advocacy groups may serve as a vehicle for marginalized segments of the parent population to participate more in their children's education. This may point to a need for school districts to more directly respond to and meet the needs of these parents and their children.

The results of this section also demonstrate that parent involvement, especially with a parent group, increases awareness of and participation of parents in their children's education planning. However, it is also evident that increased involvement appears to be related to less positive experience with the process, regardless of whether the involvement is with a parent group or school. If increased involvement is the result of a lack of responsiveness on the part of the school or frustration, then this would explain the negative relationship with parent experience in the IEP process.

## Section 7 | *Parent Satisfaction with Child's Education*

### Results

Parent satisfaction with their children's education was evaluated with a set of six questions. The results for these questions are contained in Tables 28 through 35.

Table 28 reports the respondents' agreement with a statement of overall satisfaction with their children's educational progress. It shows that over three-quarters of the respondents agreed with the statement of overall satisfaction.

**Table 28**  
***Parents' Satisfaction with Child's Progress in School***

You were generally satisfied with the progress you child made in school last year.

Not enough info	21	1%
Strongly disagree	101	6%
Disagree	203	13%
Agree	890	55%
Strongly agree	391	24%

**Table 29**  
***Attitudes of Staff (by percent)***

You feel that your feelings and input were respected and valued by school staff.

Not enough info	1
Strongly disagree	5
Disagree	9
Agree	52
Strongly agree	34

School staff demonstrated a belief in your child's ability to learn and were optimistic in setting goals.

Not enough info	1
Strongly disagree	3
Disagree	8
Agree	49
Strongly agree	38

Table 29 reports the degree of parent agreement

with two questions regarding staff attitudes. Overall, there was a high level of agreement with both statements, indicating that study participants had fairly positive experience with staff on these two important measures.

A similar level of agreement is demonstrated on three measures of parent satisfaction with behavioral goals set for their children and satisfaction with the attention given to their children's relationships with his or her peers. The lowest level of satisfaction was obtained on the attention staff gave to helping their children develop relationships with peers, with nearly one-third of the respondents disagreeing with the statement or indicating that they didn't have enough information. These results are displayed below in Table 30.

**Table 30**  
***Parent Response to Behavior Goals and Peer Relationships (by percent)***

The school gave enough attention to setting behavioral goals for your child.

Not enough information	3
Strongly disagree	4
Disagree	12
Agree	56
Strongly agree	25

School staff paid enough attention to helping your child develop relationships with other children of his or her own age.

Not enough information	7
Strongly disagree	6
Disagree	17
Agree	50
Strongly agree	20

Your child has generally been treated well by other children in school.

Not enough information	5
Strongly disagree	4
Disagree	12
Agree	59
Strongly agree	20

Parents' perceptions of whether all of their children's teachers, and other staff working with their children, were aware of the content and goals in his or her IEP/IFSP was the number one predictor on all six measures of general satisfaction contained in Tables 28-30. This is not surprising since this variable was also highly related to positive IEP/IFSP experience as well. Table 32 presents a cross tabulation of responses on the questions regarding general satisfaction with child's progress and perceived staff awareness of plan content and goals.

**Table 32**  
***Parent Satisfaction with Child's Progress by Staff Awareness of IEP (by percent)***

You were generally satisfied with the progress your child made in school last year.

	<i>Are staff informed of IEP content?</i>		
	Don't know	No	Yes
Not enough info	3	3	1
Strongly disagree	11	21	3
Disagree	17	30	10
Agree	58	39	58
Strongly agree	12	8	28

The percentage of respondents who felt that staff were aware of the content of their children's education plan and who were satisfied with their children's progress was significantly higher than those who felt that staff were not aware of plan content (86% to 47%). This represents over an 80% increase in the number of satisfied parents when there is a perception that staff are aware of plan content and goals.

**Table 33**  
***Parents' Satisfaction with Child's Progress by Severity of Disability (by percent)***

You were generally satisfied with the progress your child made in school last year.

	<i>Severity of disability</i>	
	Less	More
Not enough info	1	3
Strongly disagree	6	7
Disagree	11	18
Agree	55	55
Strongly agree	27	17

---

A measure of the severity of a child's disability was also significantly related to satisfaction on the variables

contained in Tables 28-30. The measure used in Table 31 (Step 2) was the same measure of severity used in previous analyses and is based on parent ratings of severity of communication, cognitive, and medical disabilities on three different questions". In general, the more severe or pronounced the disability of the child the less agreement there was with the measures of satisfaction contained in Tables 28-30. Table 33 demonstrates that the parents of children with less pronounced disabilities were more likely to be satisfied with their children's progress than the parents of children with more pronounced disabilities (82% to 72%).

**Table 34**  
**Degree of Parent Satisfaction with Child's Progress by Disability Label (by percent)**

You were generally satisfied with the progress your child made in school last year.					
Disability Label	NEI	SD	D	A	SA
Speech/Lang Int.	1	3	5	52	39
E/BD	1	10	18	49	21
Physical Impairment	3	5	13	49	30
Hearing Impairment	0	0	5	63	33
Visual Impairment	0	0	0	53	47
Deaf-Blindness	0	0	14	86	0
OHPI (no cognitive dis.)	0	4	10	66	19
Autism - PDD	1	5	10	60	24
Specific Learning Disability	1	8	17	54	20
Traumatic Brain Injury	0	0	21	47	32
Mild-Mod. Intellectual Impairment	1	6	11	64	18
Severe/Profound Intellectual Impairment	0	5	20	61	14
Other	2	11	15	51	21
<b>Column Percents</b>	<b>1</b>		<b>13</b>	<b>55</b>	<b>25</b>

Note: table percentages are row percents. NEI = Not enough information, SD = strongly disagree, D = disagree, A = agree, SA = strongly agree.

Table 34 shows how general satisfaction varies across disability labels. Parents of children with speech/language, hearing, and visual disability labels had the highest levels of agreement (91% to 100%) on the measure of general satisfaction. They were also consistently the most satisfied parents on the other measures in Tables 29 and 30 as well. Parents of children with an EBD label were the least satisfied on five of the six measures of parent satisfaction. Only 70% agreed that they were generally satisfied with their children's progress. They were least satisfied with the attention paid to helping their

children develop relationships (64%) and with how their children were treated by their peers (64%). Parents of children with learning disabilities were also the least satisfied with their children's progress (74%), with the lowest levels of agreement on the same statements as the parents of children with EBD labels. Since these children tend to have less pronounced disabilities, dissatisfaction must be related to other factors, such as those found in Table 31.

The biggest differences in parent satisfaction across labels were on the statements relating to behavioral goals and peer relationships (Table 30). There was a 36-41% spread between the labels with the highest and lowest levels of satisfaction on these statements. Parents of children with more severe disabilities (deaf-blindness, severe-profound cognitive disability, autism) or an EBD label had the least satisfaction on these questions. The smallest differences in parent satisfaction were on the questions related to staff attitudes. The spread between the labels with the highest and lowest levels of satisfaction was 15-17% on the two statements in Table 29. Parents of children with EBD, learning disability, and severe-profound cognitive disability labels were the least satisfied with staff attitudes.

**Table 35**  
**Parents' Satisfaction with Child's Progress by Child's Age (by percent)**

You were generally satisfied with the progress your child made in school last year.					
	≤ 3 & < 5	≥ 5 & < 12	≥ 12 & < 14	≥ 14 & < 18	≥ 18
Not enough info	5	1	1	2	0
Strongly disagree	3	4	7	10	12
Disagree	14	10	12	18	17
Agree	55	56	64	50	52
Strongly agree	29	29	16	19	19

Note: ≤ = greater than, > = less than.

The age of a child with a disability was significantly related to overall satisfaction and the other measures of satisfaction in Tables 29 and 30. Table 35 reveals that parent satisfaction with the progress of their children is fairly stable through junior high (80%-85%) but drops to 69% during the high school years. Nearly one-third of the parents of high school age children were ambiguous about or unsatisfied with the progress of their children. Similarly, parent agreement that their feelings and input were respected drops

from 90% at the preschool level to 80% for high school age children and 71% for children over eighteen. Parent agreement that staff demonstrated a belief in their children's ability to learn dropped from 98% for preschool children to 81% for high school age children and to 68% for children over eighteen.

Marital status was related to satisfaction with a child's educational progress. Married respondents were more likely to express satisfaction with their children's progress (82%) than either single respondents (68%), separated/divorced respondents (75%), or respondents with domestic partners (74%).

Minority status was significantly related to overall parent satisfaction with the progress of their children, agreement that parent feelings and input were valued and respected by school staff, and that a child was treated well by his or her peers in school. Table 36 reveals that the difference in general satisfaction between whites and parents of color is relatively small (80-75%). In fact, Latino and Native American parents had levels of general satisfaction slightly higher than whites (82-80%). The groups of concern, however, are African Americans and Asian Americans who had general satisfaction rates of 57% and 62%, respectively. African American respondents also had a lower percentage than whites expressing agreement that their feelings and input were respected and valued (73-86%). Asian American (56%), African American (71%), and Native American (74%) parents had lower levels of agreement that their children were treated well by other students than white parents (81%).

**Table 36**  
**Parents' Satisfaction with Child's Progress**  
**by Parent Ethnicity (by percent)**

You were generally satisfied with the progress your child made in school last year.

	Af	As	La	Na	TM	Wh
<b>Not enough info</b>	12	22	0	2	6	1
<b>Strongly disagree</b>	9	6	9	5	6	6
<b>Disagree</b>	21	11	9	11	12	13
<b>Agree</b>	36	56	64	61	56	55
<b>Strongly agree</b>	21	6	18	21	19	25

Note: Af = African American, As = Asian American, La = Latino, Na = Native American, TM = total minority respondents, Wh = white.

General satisfaction with a child's progress tended to be slightly higher in the areas outside the Twin Cities (81-85%) than in the metropolitan area (75%). This may be in part due to the greater num-

ber of dissatisfied parents of color in the metropolitan area. With the exception of Native Americans, there were not enough parents of color sampled out-state to evaluate how parents of color fared outside the metropolitan area. Native American parents outside the Twin cities tended to have levels of general satisfaction as high or higher than those within the metropolitan area.

Family income was related to general satisfaction, as well as parents' perceptions of feeling respected, having school give enough attention to setting social and behavioral goals for their children, and parents' perception of how well their children are treated by peers. The differences were greatest between the lowest (< \$15,000) and the highest (> \$60,000) income groups. Differences in satisfaction among parents with incomes from \$15,000 to \$60,000 were small. Therefore, it is primarily the very poor who are significantly less satisfied with their children's education. Only 71% of these parents were satisfied with their children's education, as opposed to about 80% for those in the \$15,000 to \$60,000 range, and 86% of those with incomes over \$60,000. Differences between the lowest and highest income groups ranged from 8-16%, respectively, on the other three measures mentioned above.

Table 37 presents data on how parent satisfaction with their children's progress varies by the type of educational placement. The table contains three variables: actual placement during the 1992-93 school year, the environment where the most time was spent, and whether the child attended his or her neighborhood school. Several things are worth noting in Table 37. Parents of children in mixed environments tended to have the lowest levels of overall satisfaction with their children's progress (21-35%). Parents of children in segregated special education environments (residential school, district special education school or classroom) had satisfaction levels (81-84%) close to those who were solely in a general education classroom (85%). The three mixed environments that had children placed in the community had the lowest levels of satisfaction.

If the amount of time spent in an environment is considered, it appears that a community placement was significantly less satisfying to parents than any other option. Having a child spend most of his or her time in a special education school had the highest percentage of satisfaction if the percentage indicating "Strongly Agree" is considered. However, it appears that the level of parent satisfaction is very close between children in a special education school and children solely in a general education classroom. The satisfaction of parents of children who spent

most of their time in general education is slightly higher than those whose children spent most of their time in either a special education school or classroom (82% to 77%). There were no significant differences between parents whose children spent most of their time in general or special education on the statements in Tables 29 and 30, except for the level of satisfaction with how their children were treated by peers. Parents of children in general education had a higher percentage of satisfaction on this statement (82% to 75%).

**Table 37**  
**Parents' Satisfaction with Child's Progress**  
**by Educational Placement (by percent)**

You were generally satisfied with the progress your child made in school last year.

	NEI	SD	D	A	SA
Educational Placement 92-93 yr					
Res. SE school	0	17	0	67	17
SE school	0	5	12	51	33
SE classroom	3	4	13	62	19
SE classroom & CP	5	3	22	41	30
GE & SE classes	1	6	15	56	22
SE & GE class & CP	1	10	13	46	28
GE classroom	0	7	8	55	30
GE class & CP	0	14	21	43	21
Most frequent 92-93 school setting					
SE school	1	4	13	49	33
SE classroom	3	6	16	57	18
GE classroom	0	7	11	56	26
Comm placement	5	16	11	37	32
School of Attendance					
Other district school	1	6	16	52	26
Private/magnet school	0	12	15	54	19
Neighborhood school	1	6	12	56	24

Note: SE= special education, GE = general education, CP = community placement, NEI = not enough information, SD = strongly disagree, D = disagree, A= agree, SA= strongly agree.

The percentage of parents whose children spent most of their time in a community placement and who were in agreement with any of the measures of satisfaction in Tables 28-30 was 6-21 % lower than the percentage of satisfied parents whose children spent most of their time in general or special education. Some factors that might be playing a role in this difference are the number of children (in community placements most of the time) who have more pronounced disabilities (42%), families with in-

comes below \$30,000 (37%), and who are parents of color (26%)

It also appears that parents of children in any district school were more satisfied with their children's progress than those with children in a private or magnet school. However, the highest level of satisfaction was obtained by parents with children in their neighborhood schools.

Of the respondents who are foster parents, 71 % indicated that they were satisfied with their children's progress, as compared to 80% of non-foster parents.

Parent group respondents had a lower level of satisfaction (69%) than either miscellaneous respondents (74%) or school district respondents (84%). This is probably due to the demographic and disability-related differences between these groups.

## Comments/Discussion

The results of this section reflect fairly high levels of parent satisfaction on some important measures related to overall educational progress, staff attitudes, behavioral goals and peer relationships - all key issues for parents of children with disabilities. One may argue that having 79% of the respondents satisfied with their children's progress is a laudable achievement given the challenges facing all of the stakeholders involved. Conversely, one may also question whether 79% is really an acceptable level of satisfaction in today's world of quality and continuous improvement, especially, when one considers what is at stake for the child, family, and society.

The results of this and previous sections strongly suggest what needs to be done to ensure the satisfaction of parents: promote a belief in every child's ability to learn and demonstrate optimism in setting goals; respect and value the input and feelings of all parents; give due attention to setting social and behavioral goals for children; ensure that all children are valued and treated well by their peers; and involve all staff in, or at least build awareness of, the contents and goals of the educational planning process at all grade levels. All of these experiences are significantly related to a positive IEP process and parent satisfaction.

This report has also demonstrated strong interrelationships between general satisfaction, participation in the IEP process, positive experience in the IEP process, and parent involvement. All of these experiences are in turn also related to a common set of variables. While these variables are not as strongly related to satisfaction as those described in the previous paragraph, they consistently appear as statistically significant predictors of all measures of satisfac-

tion. They are the severity of the child's disability, his or her age, family income, and the ethnicity and marital status of the parent. In some combination, these variables are related to, and likely influence, all of the experiences described in the previous paragraph, including parent satisfaction. The influence of these variables suggests that not all children or parents are equal beneficiaries of these experiences. In other words, a parent's satisfaction with the education that their children with a disability receives, will vary to some degree with their ethnicity, marital and socioeconomic status, and the age and disability of their children. It appears that groups who tend to be marginalized in society tend to be significantly less likely to be satisfied with their children's education. This includes parents who are poor, single, and/or parents of color. These parents were less likely to perceive that their feelings and input were respected and that their children were treated well by their peers. These findings are related to, and compound, earlier results showing that these same parents are less likely to be aware of and participate in their children's educational planning. These results indicate a need for schools to more effectively welcome, support, and include parents who are either culturally and/or economically marginalized.

The influence of the severity and type of a child's disability, and a child's age, also suggest that some children, and their parents, do not benefit as much from the experiences described to be critical to overall satisfaction. The more severe the disability of the child, the less positive the IEP process is likely to be for the parent, and the less satisfied the parent is likely to be with the educational progress. This appears particularly true where behavioral issues and

peer relationships are concerned. It suggests that schools need to be more effective in addressing these issues, particularly for children with EBD labels and those with more severe cognitive disabilities.

The significant drop in parent satisfaction when children are of high school age manifested itself in several ways: lower satisfaction with the IEP process, lower satisfaction with educational progress, not having feelings and input respected, or not feeling that staff believe in the child's ability to learn. This points to a significant need for schools to improve at these grade levels. The satisfaction of parents of children over eighteen years old was particularly low.

With respect to educational placement, it is interesting to note that mixed placements, the most popular configuration for children receiving services in Minnesota, are the least satisfying to parents. Furthermore, any configuration including a community placement tended to have lower levels of satisfaction, as did those who spent most of their time in a community placement.

The difference in satisfaction with overall progress between parents of children who spend most of their time in general education as opposed to special education is statistically significant, but not large. The lack of large differences between general and special education on the statements in Tables 29 and 30 is itself a statement of the successful inclusion of these children in general education. The fact that parents of children in general education are slightly more satisfied with their progress and with how their children are treated by their peers is a significant finding for educational inclusion. A more detailed evaluation of experience in general education is provided in the following sections.

## Section 8 *Barriers to Success in General Education*

### Results

Up to this point, we have addressed the experience and satisfaction of parents of children in various educational settings. In this section, we will begin to focus more specifically on issues related to the inclusion of children with disabilities in general education environments. We begin by examining the barriers to success in a general education classroom that parents have either experienced (if their children spends some time in a general education classroom) or anticipate (if their children has never been included in a general education classroom).

Tables 38 through 43 contain information from twenty barrier-related questions on the survey. Other barriers contributed by parents are in Appendix G. The responses for each barrier are broken down by the amount of time the respondent's child spent in a general education classroom during the last school year. The three categories are: 1) the child spent all of his or her time in a segregated special education environment and therefore has not been in a general education class during the last school year; 2) the child spent at least part (but not half) of his or her time in a general education class; or 3) the child spent half or more time in a general education class. The percentages of respondents falling into each group are 21%, 20%, and 59% respectively.

The breakdown of these questions by time spent in general education allows a comparison of anticipated versus experienced barriers on the part of parents. This permits some evaluation of how realistic the fears of parents whose children are still in special education are. The perception of the existence or significance of a barrier decreased with increased time in general education. This difference, while statistically significant, was relatively small for most barriers<sup>11</sup>. As will be noted below, this may be due to a number of factors, including the severity of the disabilities of children in general education.

The results in Table 38 indicate that the attitudes of both other parents and students are perceived by respondents to be barriers to the inclusion of their children. Of those who spent most of their time in general education, 45% felt that the attitudes of other parents represented a barrier to the success of their children in a general education class, and 69% felt that the attitudes of other students represented

a barrier. The attitudes of other students were particularly perceived as a "significant" barrier by close to one-third of those parents with children in general education. This result may relate to the lower levels of parent satisfaction with peer relationships and behavioral issues found in the previous section.

The two barriers in Table 38 are among those more strongly related to the amount of time the child spent in a general education class.

**Table 38**  
***Attitudes of Other Parents and Children as Barriers to Success in a General Education Classroom by Education Placement (by percent)***

	<i>Time spent in a general education class</i>		
	None	Some	Most
<i>Attitudes of other parents toward child</i>			
Not enough info	6	9	8
Not a barrier	33	35	48
A minor barrier	37	41	32
A significant barrier	24	14	13
<i>Attitudes of other students</i>			
Not enough info	2	4	3
Not a barrier	17	19	28
A minor barrier	46	45	41
A significant barrier	35	33	28

This could mean that parent concerns/fears about the attitudes of other parents and children decreases with experience or it may reflect differences related to the severity of the disability children in each group have. Children who spend half or all of their time in special education are likely to have more severe disabilities and thus may experience more exclusive attitudes from others. If the influence of severity is controlled, the strength of the relationship between the attitudes of other parents as a barrier and time in general education is halved. This means that both severity of a child's disability and possibly parent learning is responsible for the decrease in the level of significance of this barrier with increasing time spent in general education. The impact of controlling severity on the relationship between the attitudes of students and time in general education is much less, increasing the possibil-

ity that parent experience may result in a lower perception of other students as a barrier.

The results in Table 39 indicate that parents perceive and experience the attitudes of general educators toward children with disabilities to be the most significant staff-related barrier to the inclusion of their children. Over half of the respondents in each group identified these attitudes as a barrier. General educator attitudes toward parents and the attitudes of administrators and school board members were also noted by at least 40% of each group as barriers.

**Table 39**  
**Attitudes of Staff as Barriers to Success in a General Education Classroom by Education Placement (by percent)**

<i>Time in a GE class</i>	None	!Som	Most
<b>Attitudes of SE staff toward child</b>			
Not enough info	3	2	4
Not a barrier	65	70	72
A minor barrier	13	15	10
A significant barrier	19	13	13
<b>Attitudes of SE staff toward parent</b>			
Not enough info	5	2	5
Not a barrier	63	69	71
A minor barrier	15	14	13
A significant barrier	17	14	11
<b>Attitudes of GE staff toward child</b>			
Not enough info	5	3	4
Not a barrier	32	36	40
A minor barrier	27	30	30
A significant barrier	37	31	25
<b>Attitudes of GE staff toward parent</b>			
Not enough info	7	5	5
Not a barrier	42	49	54
A minor barrier	26	24	24
A significant barrier	25	22	18
<b>Attitudes of admin or board members</b>			
Not enough info	11	11	11
Not a barrier	37	44	49
A minor barrier	23	21	20
A significant barrier	29	25	20
<b>Cultural or racial bias</b>			
Not enough info	14	14	10
Not a barrier	53	54	63
A minor barrier	17	17	15
A significant barrier	16	16	12

Regardless of the time spent in general education, the number of parents who saw general educators' attitudes towards children with disabilities as a barrier was at least twice those who identified special educators' attitudes as a barrier. Even for those children spending most or all of their time in a general education class, more than half of their parents felt that general education staff were still a barrier to their children's successful inclusion, and one-quarter felt they were a significant barrier.

One of the barriers that did not show any statistically significant relationship with time spent in general education was cultural or racial insensitivity or bias. The percentage of parents (27-33%) identifying this as a barrier for their children did not vary greatly across the three groups. Interestingly, this is more than double the total percentage of minorities in the sample. There can be several explanations for this: white parents who have adopted children of color; white parents of a different ethnicity or culture; white parents who feel that the exclusion of any child represents a barrier to their own child's inclusion; or parents who answered the question not for their children specifically, but for all children.

**Table 40**  
**Staff Skills as Barriers to Success in a General Education Classroom by Education Placement (by percent)**

<i>Time in a GE class</i>	None	Some	Most
<b>Lack of staff collaboration</b>			
Not enough info	9	5	5
Not a barrier	40	42	50
A minor barrier	26	25	18
A significant barrier	25	28	27
<b>Lack of GE teacher skills re: disabilities</b>			
Not enough info	6	7	4
Not a barrier	21	24	33
A minor barrier	26	26	29
A significant barrier	47	44	35
<b>Lack of GE staff skills re: behavioral issues</b>			
Not enough info	7	8	6
Not a barrier	22	30	40
A minor barrier	25	27	24
A significant barrier	46	36	30

African American parents represented the highest percentage of parents (75%) who felt that racial insensitivity or bias was a barrier to their children's inclusion, followed by Asian Americans (73%), Lati-

nos (60%), Native Americans (39%), and Whites (27%). The percentages who thought that it was a "significant barrier" were African Americans (42%), Asian Americans (67%), Latinos (30%), Native Americans (22%), and whites (11%).

Table 40 shows that more than half of the respondents in each group felt that a lack of general education staff skills in working with children with disabilities and dealing with behavioral issues would be or was a barrier to the successful inclusion of their children. This result is probably related to low satisfaction ratings with the attention paid by staff to behavioral goals. In addition, 45% of those with children in general education most of the time, and 53% of those with children in general education some of the time, felt that school staff not working well together was a barrier to their children's inclusion.

**Table 41**  
**Instructional Barriers to Success in a General Education Classroom by Education Placement (by percent)**

<i>Time in a GE class</i>	None	Some	Most
<b>Rigid instructional goals for child</b>			
Not enough info	9	6	5
Not a barrier	37	43	51
A minor barrier	25	23	20
A significant barrier	29	27	24
<b>Rigid instructional goals in GE class</b>			
Not enough info	13	10	6
Not a barrier	29	32	45
A minor barrier	25	26	24
A significant barrier	34	32	25
<b>Teaching methods used with child</b>			
Not enough info	8	9	6
Not a barrier	43	50	54
A minor barrier	23	22	21
A significant barrier	27	20	19
<b>Teaching methods used in GE class</b>			
Not enough information	8	9	5
Not a barrier	27	30	41
A minor barrier	27	31	30
A significant barrier	38	30	23
<b>Classroom size</b>			
Not enough info	4	4	3
Not a barrier	27	29	29
A minor barrier	20	26	33
A significant barrier	49	41	35

Table 41 demonstrates that parents view instructional goals, teaching methods, and class size as barriers to inclusion. More tended to see instructional goals and teaching methods used for the entire class as barriers than the goals and teaching methods used specifically with their children. Parents therefore recognize the need for broader change in educational strategies for all children. A little over two-thirds of each group identified class size as a barrier to the successful inclusion of their children, with more than one-third indicating it was a significant barrier.

**Table 42**  
**Policy-Related Barriers to Success in a General Education Classroom by Education Placement (by percent)**

<i>Time in a GE class</i>	None	Some	Most
<b>School org, rules, or regulations</b>			
Not enough info	11	7	5
Not a barrier	47	54	61
A minor barrier	20	25	21
A significant barrier	22	14	12
<b>Grading system</b>			
Not enough info	8	13	6
Not a barrier	42	36	50
A minor barrier	17	27	24
A significant barrier	33	23	20

**Table 43**  
**Physical and Financial Barriers to Success in a General Education Classroom by Education Placement (by percent)**

<i>Time in a GE class</i>	None	Some	Most
<b>Physical facilities or accessibility</b>			
Not enough info	6	6	5
Not a barrier	63	72	78
A minor barrier	9	11	10
A significant barrier	21	11	7
<b>Lack of school financial resources</b>			
Not enough info	11	12	11
Not a barrier	22	18	28
A minor barrier	20	26	24
A significant barrier	47	44	37

The results in Table 42 indicate that only one-third of those in general education most of the time saw school organization, rules, or regulations as barriers.

However, it may be difficult for most parents to understand exactly how these operate to serve as barriers to inclusion. A significant number did, however, identify grading practices as a barrier.

Table 43 shows that a relatively small number of respondents identified physical facilities or accessibility as a barrier. The drop in the percentage with increased time in general education may be due to the smaller number of children with severe disabilities in these groups. A large number of respondents in all three groups indicated that a lack of school financial resources would be or is a barrier to their children's inclusion in general education.

The rank order of the twenty barriers for each of the placement groups was very close - based on the number of parents indicating that the barrier was "significant" for their children. One exception was the child's education team not working well together, which had a significantly higher rank among parents with children in a general education class most of the time. Also, the significance of teaching methods used in the general education classroom as a barrier dropped significantly in rank when rated by parents of children who spent most of their time in general education.

The similar ranking of barriers across groups indicates that parents whose children were not in a general education class anticipated the relative significance of barriers not very differently from other parents who were basing their ratings of barriers on experience. The inexperienced parents perceived or anticipated barriers fairly well. Parents whose child spent no or just some of their time in a general education class tended to rate their barriers as significant more often than parents whose children were in general education most of the time. It is possible that experience slightly reduces the significance of these barriers. However, these differences are also partially due to severity or other factors related to placement

The top ten barriers for those spending most of their time in general education are listed in Table 44. Between 44% and 69% of the parents in this group indicated that each of these was a barrier for their children. Between 23% and 37% of the parents indicated that each of these was a "significant" barrier for their children. The barriers are listed in order of decreasing significance. The number in parentheses after each barrier is the rank of the barrier for parents of children who did not spend any time in general education.

The results in Table 44 indicate that general education staff skills, attitudes, instructional strategies and goals are seen and experienced by parents as

significant barriers to successful inclusion. By comparison, special education staff attitudes toward children and parents ranked 18th and 19th in the group whose children were in special education all of the time and 16th and 19th in the group whose children were in general education most of the time. This finding does not therefore support the contention that special education staff are a significant barrier to the inclusion of children with disabilities. The attitude of general education staff toward children with disabilities was the strongest predictor, out of all the twenty barriers, of IEP experience and general parent satisfaction<sup>22</sup>.

**Table 44**

***Top Ten Barriers to the Success of Children Who Spend Most of Their Time in General Education<sup>1</sup>***

- 1 Lack of school financial resources. (3)
- 2 Classroom size. (1)
- 3 Lack of general education teacher skill in working with children with disabilities. (2)
- 4 Lack of general education teacher skill in dealing with behavioral issues. (4)
- 5 Attitudes of other students toward students with disabilities. (7)
- 6 Your child's education team, including general education staff, not working well together. (13)
- 7 Attitudes of general education school staff toward children with disabilities. (6)
- 8 Rigid or narrowly defined instructional goals used in the general education classroom. (8)
- 9 Rigid or narrowly defined instructional goals for your child. (10)
- 10 Teaching methods used in the general education classroom. (5)

<sup>1</sup>The number in parentheses after each barrier is the rank of the barrier for parents of children who did not spend any time in general education.

In addition to the problems of financial resources and class size, it appears that the attitudes of other children are a significant barrier as well. Once again, this finding is supported by previous results relating to parent satisfaction with peer relationships. As has been found with many other variables, the significance of barriers is related to the severity of a child's disability, his or her age, and the income of the child's family.

The severity of the child's disability was positively and significantly related to every barrier, with the exception of the one relating to cultural or racial bias. Most significant was the relationship to physi-

cal facilities and accessibility, the attitudes of other parents, general educators, and administrators". Of the parents of children with a more pronounced disability, 27% thought other parents to be a significant barrier to their children's inclusion and 36% thought the attitudes of general education staff toward their children were a significant barrier. The same percentages for parents of children who did not have a more pronounced disability were 13% and 26%

The age of a child was mostly highly correlated with grading as a barrier, teaching methods used in the general education classroom, attitudes of general education staff towards children with disabilities, and lack of general education staff skill in working with children with disabilities. Parents of children who were at least twelve were more likely than parents of younger children to indicate that teaching methods used in the general education classroom were a significant barrier (35% to 22%), that the attitudes of general education staff towards children with disabilities were a significant barrier (37% to 23%), that general education staff skills in working with children with disabilities were a significant barrier (47% to 32%), and that the attitudes of general education staff towards parents were a significant barrier (27% to 15%).

The relationship of family income to barriers was statistically significant but small. Interestingly, as family income increased, so did parent ratings of the significance of some barriers. The relationship of minority status to barriers varied for different ethnic groups<sup>7</sup>. In addition to the previously reported results for cultural or racial insensitivity, significant differences were also found in minority responses to several other barriers. With regard to the attitudes of other students, 44% of African American parents and 61% of Asian American parents felt that this was a significant barrier for their children, as compared to 29% of white parents. Differences of a similar magnitude were also found between African Americans and whites on the instructional goals for the child and general education class. Asian American parents were twice as likely as whites to indicate instructional goals as a significant barrier. In all, Asian American parents were more than twice as likely to indicate a barrier as very significant as whites on thirteen of the twenty barriers.

## Comments/Discussion

The results in this section reveal much about the barriers that parents and children face in general education. There is little doubt that the majority of

parents see and experience the attitudes, skills, instructional strategies and goals of general educators as barriers to inclusion. These account for seven of the top ten barriers previously listed. This highlights the need for general educators to be fully involved in and provide leadership for inclusion initiatives in their schools.

The results in this section do not support the often stated opinion that special educators are holding children back from being included in general education and themselves represent a significant barrier. The attitudes of special educators were rated among the lowest of all twenty barriers as significant.

The attitudes of other children towards children with disabilities, peer relationships, and staff attention to these issues, has emerged in this study as a significant issue for parents. This suggests the need for strategies directed towards facilitating and improving these relationships.

As the most frequently identified barrier to successful inclusion, the lack of school financial resources is an avenue for further investigation. The exact nature and impact of this barrier and the specific resources needed must be further examined. The relationship of both severity and child's age to barriers indicates, as has been previously shown, that children with more severe disabilities, and children of middle and high school age, are faced with increasing resistance and barriers to their inclusion.

The percentage of parents belonging to minority groups who felt that cultural or racial insensitivity or bias was a barrier to their children's inclusion were among the highest obtained in this section. The percentage of African American and Asian American parents who felt that this was a significant barrier was alarmingly high and compounds the concerns of earlier findings related to ethnicity. It is likely that the percentages for Latino and Native American parents would have been higher if a more representative sample had been obtained from these groups. The sample size for Latinos was small and there were no community agencies or advocacy groups that were able to facilitate outreach to this community. Many of the Native American respondents were obtained through a parent training and advocacy program of the Indian Education office and may not be representative of the whole population.

The significant differences in the responses of African American and Asian American parents and whites indicates that minority parents perceive and/or experience significantly more barriers to the inclusion of their children than do white parents.

## Section 9 *Parent Concerns*

### Results

This section examines the concerns that parents have about their children with disabilities being included in general education classrooms. Tables 45-47 contain information from ten questions on the survey related to parent concerns. The responses for each concern are broken down by the amount of time the respondent's child spent in a general education classroom during the last school year. As was the case with barriers, the breakdown of these questions by time spent in general education allows a comparison of the concerns or fears of parents whose children are not included in a general education class versus the concerns of parents whose children are already in a general education class. The degree of concern decreased as the time a child was in general education increased.

The amount of the decrease in concern with time spent in general education tended to be more significant than the decrease in perceived barriers that was found in the previous section". Even when the effects of severity of disability and child's age were controlled for, there was little change in the relationship between concern and time in general education\*<sup>9</sup>. This may lead to the conclusion that the decrease in concern is not due to the variables but possibly to the fact that these parents have more direct experience with their children in a general education classroom.

The results in Table 45 indicate that many parents have concerns about their children's learning in a general education classroom. Between 60% and 82% of the parents in all of the three placement groups indicated that they were at least somewhat concerned with each of the three learning-related statements. Of all the concerns examined in this section, the concerns of parents that are reflected in Table 45 decrease less with more time spent in general education than was found with the other concerns shown in Tables 46-48. This was especially true of concern regarding the amount of support and assistance received from school staff and the quality of instruction. While there was a 13-18% decrease in the number of parents concerned with these two issues, close to two-thirds of the parents of children spending most or all of their time in a general education classroom remained concerned about these issues. One-

third of these parents indicated they were very concerned about staff support and quality instruction. Of all those considered, the amount of support and assistance received in the general education classroom was the issue about which parents were the most concerned.

Table 45  
**Parent Concerns about Inclusion Related to Learning by Education Placement (by percent)**

<i>Time in a GE class</i>	None	Some	Most
<i>Amount child will learn in GE</i>			
Not concerned	19	18	40
Somewhat concerned	37	40	36
Very concerned	44	42	24
<i>Amount of staff support received</i>			
Not concerned	17	22	29
Somewhat concerned	28	28	35
Very concerned	54	49	36
<i>Quality of instruction</i>			
Not concerned	22	25	36
Somewhat concerned	30	29	31
Very concerned	48	46	33

Table 46  
**Parent Concerns about Inclusion Related to Acceptance of Child by Education Placement (by percent)**

<i>Time in a GE Class</i>	None	Some	Most
<i>Acceptance by other children</i>			
Not concerned	19	19	35
Somewhat concerned	35	32	33
Very concerned	46	48	32
<i>Acceptance by GE staff</i>			
Not concerned	29	28	45
Somewhat concerned	29	32	30
Very concerned	42	39	26

The results in Table 46 indicate that half of the parents of children spending most of their time in a

general education class are somewhat or very concerned about how their children are accepted by other children and general education staff (56%-66%). This represents about a 20% drop from the number of concerned parents of children in special education part-time. It is therefore reasonable to assume that the concerns of some parents about how their children will be accepted are alleviated once their children are in a general education classroom<sup>10</sup>. However, at least one-quarter of the parents remained very concerned about these issues.

Table 47 reflects parents' concerns on a variety of issues related to the well-being of their children. These concerns were less significant for parents than those related to learning and how their children will be accepted. The percentage of parents concerned about all five of the well-being statements decreased by 20-38% when their children are in a general education classroom. Some of this difference is due to severity of a child's disability, particularly for health-related concerns. However, an examination of the relationships still indicates that much of the decrease may be due to parent experience.

Concerns regarding friendships developed in a special education classroom, the child's preference for staying in special education, and transition was least for parents of children in general education. The number of parents who were "very concerned" about these issues decreased 55-75%. Less than 12% of those in a general education class most of the time were very concerned about these three issues.

A significant number of parents of children in general education most of the time were concerned about their children's health and safety (42%), and the emotional difficulty their children may have in the class (54%). These numbers are likely to be higher for parents of children with more severe disabilities.

The rank order of the five concerns for each placement group was very close, based on the number of parents indicating that they were "very concerned" for their children. One exception was concern about the emotional difficulty that a child may have in a general education classroom. The number of parents who were very concerned about this issue fell more than 50% in the group whose children spent most of their time in a general education classroom. It appears that significantly less children have emotional difficulty in a general education class than is feared by parents who have not yet experienced having their children in such an environment.

The similarity in the rank order of concerns of parents in the different placement groups indicates that parents do anticipate the relative significance of

things that will continue to be sources of concern even after a child is in a general education class. However, the decrease in the levels of concern indicate that some, but not all, of this concern is alleviated by positive experience. A majority of the parents whose children were in general education most of the time still retained concerns related to learning and the acceptance of their children.

Table 47

**Parents' Concerns about Inclusion Related to Child's Well-being by Education Placement (by percent)**

<i>Time in a GE class</i>	None	Some	Most
<b>Child's health and safety</b>			
Not concerned	38	37	58
Somewhat concerned	25	26	20
Very concerned	37	36	22
<b>Loss of friendships in SE</b>			
Not concerned	49	54	70
Somewhat concerned	31	32	20
Very concerned	20	14	9
<b>Child's preference for SE</b>			
Not concerned	40	40	66
Somewhat concerned	33	41	23
Very concerned	27	20	12
<b>Difficulty of transition to SE</b>			
Not concerned	30	31	69
Somewhat concerned	29	38	21
Very concerned	40	31	10
<b>Emotional difficulty in GE Environment</b>			
Not concerned	22	22	46
Somewhat concerned	30	36	34
Very concerned	48	42	20

The top five concerns, based on ratings of parents of children in general education most of the time, are contained in Table 48. These include all the concerns related to learning and acceptance of the child by other students and general education staff. Between 56% and 71% of the parents in this group indicated that they were at least "somewhat concerned" about these issues. Between 24% and 36% reported that they were "very concerned" about these issues. The most frequent and critical concern of the parents in this group was the amount of support and assistance their children received in the general education classroom.

**Table 48**  
**Top Five Concerns of Parents of Children Who**  
**Spend Most of Their Time in General Education<sup>1</sup>**

- 1 Amount of support and assistance received from school staff. (1)
- 2 Quality of instruction received. (2)
- 3 Degree of acceptance by other children. (4)
- 4 Degree of acceptance by general school staff. (6)
- 5 Amount child will learn in a typical class with children of his or her age. (5)

<sup>1</sup>The number in parentheses after each barrier is the rank of the barrier for parents of children who did not spend any time in general education.

The average concern of parents on all ten statements contained in Tables 45—47 was found to be related to the severity of the child's disability, parents' ethnicity, the child's age, and whether family income was below \$15,000.

Severity of the child's disability was most strongly associated with concerns about acceptance, health and safety, and transition<sup>52</sup>. The percentage of parents of children with more pronounced disabilities who were "very concerned" was 40-100% greater than that of parents of children with less pronounced disabilities on these four measures. The largest difference was with regard to transition. Of the parents of children with more pronounced disabilities, 34% were very concerned about the difficulty of transition to a general education setting. Of those parents with children with less pronounced disabilities, only 17% were very concerned about transition.

Ethnicity was associated with the five concerns about a child's well-being in Table 47. The percentage of parents of color who were "very concerned" about these five measures of their children's well-being was between 54 and 136% greater than the percentage of white parents on these five measures. The largest difference between parents of color and whites was with regard to the child's preference for the special education environment. Of the parents of color, 33% were "very concerned" about this preference, as opposed to only 14% of the white parents. As was the case with barriers, the differential response rates among ethnic groups tended to mask relationships for certain groups when minority status alone was considered. African American parents were anywhere from 50-200% more likely than whites to indicate that they were "very concerned" on nine of the ten concerns. Asian American parents were from 60-300% more likely than whites to indicate they were "very concerned" on all ten concerns.

having a family income below \$15,000 was most ly related to concern about the amount a child willing to learn in a general education classroom. Of parents at or below this income level, 42% said they were very concerned about this as opposed to 29% of parents with incomes over \$15,000.

A child's age was most strongly related to concern about the amount of support and assistance received from school staff<sup>55</sup>. The percentage of parents who were very concerned about support was 46% at the preschool level, 35% for children ages five to twelve, 49% for twelve- to fourteen-year-olds, 50% for fourteen- to eighteen-year-olds, and 66% for children over eighteen.

### Comments/Discussion

The results in this section are closely related to the previous ones on barriers. The top five concerns reported in Table 48 are similar in content to the top barriers identified in Table 44. Even though less specific, they tend to focus on similar themes of support, instruction, and acceptance of their children. They are perhaps different in that there is more direct emphasis on the emotional or psychological aspects of inclusion (e.g., acceptance, support, friendships, etc.). It may be that this emotional content is responsible for the levels of concern among parents on the concern variables.

It appears that the positive experiences of children in general education result in lower levels of concerns for parents whose children are without general education experience. This is particularly true of issues related to a child's emotional or psychological state in making a transition to general education. However, reduced levels of concern and emotional issues does not decrease levels of concern regarding support, instruction, learning, and acceptance. The results of this section further sharpen the focus on the quality, method, and content of instruction, and the attitudes of teachers and peers.

As was the case with barriers, parents of children with more severe disabilities have greater concern for how their children will fare in a general education class. The majority of all parents are very concerned about the support and assistance their children will receive in middle and high school. This finding compounds previous ones showing more barriers and less parent satisfaction at higher grade levels. A picture of increased segregation, lack of staff skills and responsiveness has emerged for these upper grade levels.

It is interesting to note that minority status is most positively related to the concerns that were generally rated lower by all parents - namely those related

to the child's well-being. One possible explanation would be that these concerns are more easily alleviated by positive communication and relationships with staff, something that earlier results suggest that minority parents do not experience. The findings that African American and Asian American parents are significantly more concerned than white parents

on nearly every measure of concern suggests that these parents (and probably Latino and Native American parents of similar socio-economic status) have a different experience with school than their white counterparts. Another explanation could be the specific cultural expectations of education and the general expectations of social institutions.

## Section 10 | *Parent Preference for Inclusion in General Education*

### Results

Respondents answered questions about preferences they had for their children's education setting and delivery of services. Over 90% of all the parents in the sample preferred that their children spend at least some time in a general education classroom. The number of parents who wanted their children included increased from 81% to over 90% when parents had some experience with their children in a general education classroom. Parents whose children spent more time in general education felt stronger about their desire to have their children included. Similarly, groups of parents whose children spent more time in general education felt stronger about their desire to have their children in a class with students of the same age.

The majority of parents wanted their children to spend most of their time in a general education classroom. About one-third preferred that their children spend most of their time in a special education setting. The least popular options were to have a child spend most of their time in a community placement or segregated special education school.

The responses to the last question in Table 49 indicate that the majority of parents with children in special education part or most of the time want special education placement most of the time. However, an even higher percentage of parents of children in general education most of the time want to keep their children in that environment. It also appears that parents of children in special education want them to spend more time in general education. Of those parents whose children were in special education full-time, 25% wanted their children to spend most of their time in general education. Of those parents whose children were in general education some of the time, 39% wanted to increase placement in general education.

Parent preferences are related both to child characteristics, such as age and severity of disability, and parent characteristics such as ethnicity, gender, and income. The parent preferences for a general education environment in Table 49 all decreased as a child's severity of disability and age increased. This drop was greatest for the preference to have a child

in a general education class most of the time as opposed to some of the time. The number of parents who preferred that their children spend most of their time in a general education class decreased from 70% for parents of children with less pronounced disabilities to 43% for parents of children with more pronounced disabilities. The number of parents who strongly agreed that their children should be included in some general education classes decreased from 55% to 46%. Similarly, the number of parents who strongly agreed that their children should be in a class with other students of the same age decreased from 69% for children with less pronounced disabilities to 48% for children with more pronounced disabilities.

**Table 49**  
**Parent Placement Preferences by**  
**Current Education Placement (by percent)**

<i>Time in a GE class</i>	None	Some	Most
<b>Parent wants child in some GE classes</b>			
Not enough info	5	1	5
Strongly disagree	3	1	1
Disagree	10	4	1
Agree	46	46	32
Strongly agree	35	48	61
<b>Parent wants child to be in a class with peers</b>			
Not enough info	1	1	1
Strongly disagree	2	1	1
Disagree	4	3	1
Agree	41	34	24
Strongly agree	52	61	73
<b>Parent wants child to spend most of time in a:</b>			
SE school	11	4	1
SE class	61	53	10
GE class	25	39	87
Comm placement	4	4	2

The number of parents who preferred that their children spend most of their time in a general education class decreased from 74% for parents of children between the ages of five and eleven to 55% for

parents of children between the ages of fourteen and eighteen. The number of parents who strongly agreed that their children should be included in some general education classes decreased from 58% to 45% for the older group of children. Similarly, the number of parents who strongly agreed that their children should be in a class with other students of the same age decreased from 72% for the younger group of children to 57% for children between the ages of fourteen and eighteen.

The relationship of parent preferences with family income and ethnicity was strongest relative to where parents preferred their children spend most of their time. The number of parents who preferred that their children spend most of their time in a general education class was 74% for the highest income group and 54% for the lowest income group. Of the white parents in the study, 68% preferred that their children spend most of their time in a general education class. Between 24 and 53% of the different minority groups of parents preferred the same. Both a parent's age and gender were also slightly related to preferences. Men and older parents tended to have a lower level of preference for having their children in a general education class most of the time. Twin Cities residents were also slightly less likely to prefer that their children be in a general education class most of the time. However, these differences are likely related to income, ethnicity, and other factors.

Results in previous sections reported that different groups (minority, low income, etc.) of parents have different experiences in school. African American and Asian American parents, in particular, experienced more barriers and had more concerns than other parents. These different experiences are likely to affect a parent's preferences of where and how their children should be served. The different experiences of parents are best reflected in their concerns and in the barriers that they have reported encountering. Examining the relationships between these barriers, concerns, experiences and preferences may help us understand how parents arrive at their preferences. The extent to which parents indicated that some barriers were significant for their children was related to their preference for having their children in a general education class. Some barriers and concerns had a stronger negative relationship with parent preferences than others. In other words, if parents indicated that something was a significant barrier, they were less likely to prefer that their children be in a general education class. The identification of these barriers would thus help identify the reasons why some parents may choose to keep their children in special education.

For parents of children in special education all of the time, it would appear that a preference for having a child spend most of his or her time in a general education class is less likely if parents think (a) that the general education teacher lacks the skills to work with their children or to deal with behavioral issues, (b) thinks that the teaching methods used in the classroom are a barrier, or (c) feels that the attitudes of other students are a barrier. The identification of physical facilities or accessibility as a barrier was also negatively-related with whether a parent preferred to have their children in a general education class at least part-time.

Parents of color in the same group, especially African Americans and Asian Americans tended to have different patterns of relationship between barriers and preferences. For African American and Asian American parents staff attitudes, including racial insensitivity, was much more strongly and negatively related to their preferences for having their children in a general education class than it was for whites<sup>\*8</sup>. The same was also true of other barriers.

For parents of children in special education all of the time, concerns about their children's well-being (see Table 47) tended to have a negative impact on their preferences for having their children in a general education class, in addition to concerns about the amount that their children would learn and the quality of instruction. The same relationships were four to five times stronger for parents of color.

Parents of children in special education all of the time who agreed that staff demonstrated a belief in their children's ability to learn and gave attention to setting social and behavioral goals were more likely to prefer that their children be included in a general education class. For parents of children in general education at least some of the time, their preference for having their children in general education all of the time was less likely if they identified the attitudes of other students, instructional goals and teaching methods used in the general education classroom, teacher skills, or financial resources as barriers. Concerns about the amount their children would learn, and the general well-being of their children, were also associated with lower preferences for being in a general education class most of the time<sup>\*9</sup>. When the classroom teacher was supportive and flexible, kept the parent informed of the child's progress, and the child participated in class, parents were more likely to prefer that their children spend most of their time in a general education class. The same was true when parents felt that their feelings and input were respected and school staff demonstrated a belief in their children's ability to learn.

Of all the respondents to the survey, 23% (370) indicated that they preferred that their children receive his or her education in a different manner than in the last school year. A review of the results in Table 50 indicate that respondents in special education were more likely to desire a change. Between one and two-thirds of those solely in special education environments desired a change. The next largest group desiring a change were those in a mix of environments, with the parents of children in special and general education, and in a community placement having the highest desire for change (36%). Only 14% of parents of children solely in general education desired a change.

**Table 50**  
**Parent Desire for a Change of Placement by Current Education Placement (by percent)**

Placement in 92-93 school year	Parent prefers change in placement	
	No	Yes
Residential SE school	33	67
SE school	58	42
SE classroom	69	31
SE class & CP	89	11
GE & SE classes	78	22
SE & GE classes & CP	64	36
GE classroom	86	14
GE class & CP	71	29

Table 51 indicates that about half of the parents desiring a change and whose children were in special education most of the time want them to remain in special education most of the time. However, as in the case of those whose children spent most of their time in a special education school, their parents desire for them to be in a more integrated building, but still in a special education class most of the time. Table 51 illustrates a trend for about half of the parents of children spending most of their time in special education, and desiring a change, preferring that their children spend most of their time outside of special education.

In terms of the whole sample of respondents, about 11% of those parents whose children spent most of their time in a special education classroom, and up to 20% of those parents whose children spent most of their time in a special education school, desired to have their children spend most of their time in a general education class. Of those parents whose children spent most of their time in a general education classroom, and desiring a change, almost one-third wanted their children to return to a special

education setting for most of the time. In terms of the whole sample of respondents, this represents less than 5% of those parents whose children spent most of their time in a general education classroom.

Half of the parents of children who spent most of their time in a community placement, and desired a change, preferred that their children spend most of his or her time in a general education class. This group represents about 17% of all parents whose children spent most of their time in a community placement

In summary, there appears to be larger percentages (by a factor of at least two) of parents of children who spend most of their time in a special education setting who desire to change to general education most of the time, than is true of parents wanting to take their children from general education to special education. Many more parents in special education want their children in a more integrated setting, even if they don't prefer that they spend most of their time in general education. Parents of children who spend most of their time in a community placement, and desire a change, are the least likely to want their children to remain in the same environment most of the time. In a related finding, close to half of the parents of children who attend a private school, magnet, or a district school other than their neighborhood schools, prefer that their children attend the same school that his or her siblings or neighbors of the same age go to.

**Table 51<sup>1</sup>**  
**Setting Where Parent Desires Child to Spend the Most Time by Setting Where Most Time Was Spent (by percent)**

	Setting parents prefer for child			
	SE Sch.	SE Class	GE Class	CP
<i>Most frequent 92-93 setting</i>				
SE school	0	50	50	0
SE class	10	39	44	7
GE class	4	25	66	5
Comm placement	0	17	50	33

<sup>1</sup>This table only includes parents who desired a change in their children's placement

Table 51 indicates that parents who desire a change may still want their children to spend most of their time in the same type of environment. It is probable that they then desire a change in the mix of settings the child is in. Table 52 provides more detail of the particular setting or mix of settings a

parent (who desired a change) preferred.

Virtually all of the parents with children in a residential school, who desired a change, wanted their children included in a general education class at least part-time. Nearly three-quarters of the parents of children in a special education school wanted their children in a general education class at least part-time. About one-quarter of the parents with children in special education schools wanted their children totally included in a general education class. Parents of children in a special education class, who desired a change, were similar in their preferences, 82% wanted their children in general education at least part-time, 22% full-time. Of those parents whose children were in mixed environments of special and general education about one-third wanted to return to solely special education settings, with from one-third to a little over one-half of the two groups electing either a general education class, or a mix of general education and community placement. About two-thirds of the parents of children in general education classes, who desired a change, preferred to return to a mix of general and special education settings. This represents about 7% of all the parents of children solely in general education classes.

Whether parents desired a change in their children's placement was related to the severity of the children's disabilities. Of those parents who desired a change of placement, 27% had a child with a more pronounced disability. Of those who did not desire a change, only 15% had a child with a more pronounced disability. The parents of children who have a more pronounced disability tended to have indicated a greater number of barriers as being significant for their children, had more concerns about their children being in a general education classroom, and were significantly less satisfied with their children's education.

Parents of children who were in one of the first four special education placements in Table 52, and desired a change in their children's placement, tended to indicate that feelings and input were not respected by staff, that staff didn't believe in the child's ability to learn, and that the school did not give enough attention to setting behavioral goals and helping their children develop relationships with others<sup>40</sup>.

Parents of children who were in general education at least part-time, and who desired a change, cited many barriers as significant, most notably the attitudes of general education staff towards children with disabilities and their parents, lack of general education teacher skill in working with students with disabilities, rigid or narrowly defined instructional

goals in the general education classroom, and teaching methods<sup>41</sup>. They were also concerned about support and assistance in the general education classroom and the quality of instruction received. This group of parents experienced a significantly lower level of satisfaction than other parents on virtually all of the general measures of satisfaction as well as those specific to satisfaction in a general education classroom<sup>42</sup>. It appears these parents were unhappy due to a failure of general educators to provide adequate support and instruction for their children.

**Table 52<sup>1</sup>**  
**Placement Preferred by Parent by Current Education Placement (by percent)**

	<i>Placement preferred by parent</i>							
	1	2	3	4	5	6	7	8
Placement in 92-93 school yr								
1 Res. SE school	0	0	0	0	75	0	25	0
2 SE school	0	0	19	7	33	11	26	4
3 SE classroom	0	4	0	14	39	20	22	2
4 SE classroom	25	0	50	0	0	0	0	25
5 GE & SE classes	0	14	20	3	0	23	37	3
6 SE/GE classroom	7	0	13	13	13	0	7	47
7 GE classroom	3	0	11	8	57	11	0	11
8 GE class & CP	0	0	33	0	33	33	0	0

<sup>1</sup>This table only includes parents who desired a change in their children's placement.

If respondents indicated that they preferred that their children be in a different environment than the one they were in during the last school year, they were asked to indicate what was preventing that change from taking place. These results are contained in Table 53. Other reasons that prevented parents from changing their children's placement are listed in Appendix H.

Nearly one-quarter of these parents' children had already changed their educational setting, presumably to their satisfaction. None of the four reasons were chosen by a majority of parents. However, it is interesting to note that the first three reasons, accounting for 38% of the parents desiring a change, were reasons reflecting that these parents, to a large extent put the locus of control for their children's placement in the hands of school staff. The 13% who were concerned about quality of instruction and support were likely to be playing a more active role in where their children were placed. These results indicate a need for a number of parents to be aware of the options and to be engaged in the decision making process for their children.

**Table 53**  
**What is Preventing Parent from Changing Placement? (by percent)**

Did not know they had any choice in the matter	9
Were told that there were no other options in the district	13
School staff believe that child is in best setting	16
Concern about quality of support and services in new setting	13
Another reason not listed	27
Nothing, change has already occurred	23

The need for more involvement in the decision making process appeared particularly true for minority and low income parents. The percentages of African American, Asian American, and Latino parents who indicated that they didn't know they had any choice in the matter were 17%, 50%, and 33%, respectively. Only 9% of the white parents indicated that they didn't have any choice in the matter. Similarly, 14% of those in the lowest income group indicated that they had no choice, as opposed to only 4% of those in the highest income group. Communication with staff is the primary way in which parents become involved in decision making regarding their children's placement. Respondents were asked if school staff had talked to them about having their children included in general education classes and activities. Overall, 76% of the parents indicated that staff had talked to them about their children's inclusion. However, staff were more likely to talk to parents of children with less pronounced disabilities than parents of children with more pronounced disabilities (84% to 71%). They were also more likely to talk with white parents (83%) than with Asian American parents (50%), Latino parents (64%), or African American parents (71%).

A child's age was also related to how many parents were told that there were no other options for their children. High school age children had the highest rate of parents (16%) being told that they had no other options in the district. Parents of children with more pronounced disabilities were more than twice as likely (20% to 9%) as parents of children with less pronounced disabilities to be concerned about the quality of support in a new setting.

Of all the parents responding to the survey, 53% felt that their children will always need to receive some instruction or services outside of the general education classroom. Parents of children with more pronounced disabilities were much more likely to feel this was necessary than parents of children with

less pronounced disabilities (70% to 49%). Of those parents whose children were in a general education class all of the time, 32% felt that their children would always need to receive some instruction or services outside of the general education classroom.

## Comments/Discussion

As a whole, 94% of the respondents preferred their children spend at least some time in a general education classroom. The preference of parents varied significantly, however. While most parents want their children to be included, they vary in the extent, or amount of time, they want their children to be in a general education classroom. While most parents wanted their children in a general education class part-time, less than half wanted their children in a general education class most of the time. Most parents believe all of their children's needs cannot be met in the general education classroom and their children will always need to receive some instruction or services outside the general education classroom.

Parents of children with more pronounced disabilities were much less likely to prefer that their children be in general education most of the time, and staff were less likely to talk to them about inclusion. The lower numbers of parents of children with more pronounced disabilities who preferred general education placement, and the lower rates for parents of high school children, are both likely to be responses related to parent perceptions of school receptivity of both more severely disabled and older students. This conclusion is supported by the significant relationships between parent preferences and the barriers they have experienced.

When parents either anticipated or experienced teacher attitudes, skills, teaching methods, and instructional goals to be barriers, they were less likely to prefer the inclusion of their children. Conversely, when teachers were flexible and supportive, respected parents' feelings and input, demonstrated a belief in the child's ability to learn, and the child participated in class, parents were more likely to prefer inclusion.

This section documented a fairly strong trend among parents toward increased inclusion for their children. While there are definitely parents who prefer that their children remain in special education most of the time, there are many more who want more inclusion for their children. Although there is nothing to suggest that all parents may eventually want their children in general education all of the time, the results in this section strongly suggest that a removal of barriers in general education would

have a very significant impact on the numbers of parents desiring inclusion for their children. These barriers (attitudes, skills, instructional goals, teaching methods, etc.) are creating most of the resistance of parents to inclusion. They are also creating a "backflow" of up to 7% of the parents of children in general education classes wanting to take their children back into special education. In effect, these barriers are preventing many children from being included and, at the same time, forcing the parents of many of those who are included to want to return them to special education settings.

If all parents of children with disabilities feel the effects of these barriers and are influenced by them in their decision making, low income and parents of color are even more strongly affected. The relationship between many barriers and parent preferences

were much stronger for African American and Asian American parents. This is likely related to the finding that staff less often talk to parents of color about inclusion than they do to white parents and that parents of color and low income parents were less likely to be aware that they had any choice in their children's placement. In addition to highlighting the effects of barriers in general education, and the importance of removing the barriers, the results in this section also pointed to a need for greater parent awareness and involvement, and the removal of racial, cultural, and/or economic barriers in schools. While the findings in this report give more than ample evidence to firmly establish the existence of these barriers, research using culturally sensitive methodologies will need to be undertaken to fully explore the experiences and needs of parents of color.

# Section 11 | *Satisfaction with Inclusion in General Education*

## Results

This section addresses the experience and satisfaction of parents whose children have been placed, at least part-time, in a general education classroom. It offers a closer evaluation of the quality of the educational experience resulting from this placement and the degree to which this placement has resulted in the genuine inclusion of the child. In a previous section of this report it was found that parents of children in general education are slightly more satisfied with the progress of their children and with how their children are treated by their peers. This section addresses parent satisfaction with instructional modifications, flexibility, support, their children's and their own participation in the educational system.

The analyses in this section include only those respondents whose children spent at least some of their time in a general education class. The results in Table 54 demonstrate a high level of parent agreement that their children benefited from being in a general education. A small number of parents indicated that they didn't have enough information to answer this and other questions in this section. Consistent with other findings in this report, these parents tended to be disproportionately non-white, single, and poor.

**Table 54**  
***Benefit from Being in a General Education Classroom***

Overall, child benefited from inclusion:

<b>Not enough info</b>	<b>20</b>	<b>2%</b>
<b>Strongly disagree</b>	<b>17</b>	<b>1%</b>
<b>Disagree</b>	<b>58</b>	<b>5%</b>
<b>Agree</b>	<b>477</b>	<b>42%</b>
<b>Strongly agree</b>	<b>568</b>	<b>50%</b>
<b>Total</b>	<b>1140</b>	<b>100%</b>

The results in Table 55 indicate rates of parent satisfaction with general education instruction and support are up to 27% lower than satisfaction with the overall benefit of general education. This indicates that while parents as a whole overwhelmingly

agree that their children benefited from being in a general education class, there are some specific aspects of inclusion where there was significantly lower satisfaction. The measure with the lowest rate of satisfaction (34%) refers to modifications to instruction and course material to meet their children's needs.

**Table 55**  
***Satisfaction with General Education Instruction and Support (by percent)***

GE instruction was modified to meet child's needs

Not enough info	5
Strongly disagree	9
Disagree	20
Agree	48
Strongly agree	17

GE teacher was supportive and flexible

Not enough info	2
Strongly disagree	6
Disagree	14
Agree	50
Strongly agree	28

Support staff were available

Not enough info	4
Strongly disagree	5
Disagree	14
Agree	48
Strongly agree	29

The results in Table 56 indicate that there was 90% agreement among parents that their children joined in class activities and interacted with others. A lower, but still fairly high percentage (80%), indicated they were kept informed of their children's progress. Agreement that a child benefited from being in a general education classroom was highly related to the other measures in Tables 55 and 56. Benefit was most highly correlated with a child's participation in class, followed by a supportive and flexible teacher, then being kept informed of a child's progress<sup>45</sup>. In total 95% of the parents who agreed with these state-

ments also agreed that their children benefited from being in a general education class, as opposed to a total of 79% of those who disagreed with these three statements.

All of the measures in Tables 54–56 were also related to some measures of general satisfaction (Tables 29 & 30) discussed in a previous section. Agreement that school staff demonstrated a belief in the child's ability to learn and were optimistic in setting learning goals, and a parent's sense that their feelings and input were respected and valued by school staff were both highly related to the benefits in a general education classroom as well as every other measure in the above tables<sup>44</sup>. In total 96% of the parents who agreed with these statements also agreed that their children benefited from being in a general education class, as opposed to a total of 75% of those who disagreed with the three statements.

**Table 56**  
**Child and Parent Participation in General Education**  
**(by percent)**

Child participated in class activities

Not enough info	3
Strongly disagree	1
Disagree	5
Agree	58
Strongly agree	32

Parent was kept informed of progress

Not enough info	1
Strongly disagree	6
Disagree	13
Agree	53
Strongly agree	27

Agreement that the child has been treated well by other children was the strongest predictor of child participation in class activities, and was also highly related to general classroom benefits<sup>45</sup>. The perception that the school gave enough attention to setting social and behavioral goals for the child was also related to the above measures of satisfaction in a general education class<sup>48</sup>.

Awareness on the part of a child's teachers and other staff regarding the content and goals in the child's IEP/IFSP was highly related to agreement that a child benefited from being in a general education class as well as agreement with other measures of satisfaction in this section<sup>41</sup>. Of the respondents who reported that their children's teachers were aware of plan content and goals, and who had a posi-

tive IEP experience, 96% also agreed that their children benefited from being in a general education class. Of those respondents whose child's teachers were not aware of plan content and goals, or who had a negative IEP experience, no more than 81% felt their children benefited from being in a general education class.

As has been found throughout this study certain demographic variables are related to the findings in this section, including a child's age and severity of disability, and family income. These variables had varying degrees of relationship with each of the statements considered in this section and will be commented on in the following discussion of each statement. A child's age was the one variable which had a consistently significant relationship with all but one (instruction modifications) of the satisfaction criteria in this section<sup>48</sup>. A child's age was most strongly related with the support and flexibility of the general classroom teacher, how well the parent was kept informed of a child's progress, and the extent to which a child joined in class activities. Of parents of children between the ages of five and twelve, 89% of parents agreed that the general classroom teacher was supportive and flexible in meeting their children's needs, 87% agreed that they were kept informed of their children's progress, and 94% agreed that their children joined in class activities and interacted with others. Parents of children between the ages of fourteen and eighteen, 63% agreed that the general classroom teacher was supportive and flexible in meeting their children's needs, 70% agreed that they were kept informed of their children's progress, and 84% agreed that their children joined in class activities and interacted with others. Agreement that their children benefited from being in a general education class fell 18% for the older group of children.

Both the barriers and concerns considered in the previous sections tend to be negatively related to agreement with the statements considered in this section. The more significant the barriers experienced or concerns held, the less agreement there was with the statement that a child benefited from being in a general education class. The barriers most negatively related to benefit from being in a general education class were lack of general education teacher skills, rigid or narrowly defined instructional goals, attitudes toward children and parents, and teaching methods used in the general education classroom<sup>49</sup>. Of those parents indicating that teaching methods used in the general education classroom were not a barrier, 98% agreed that their children benefited from being in a general education class. Of those

parents indicating that teaching methods used in the general education classroom were a significant barrier, 82% agreed that their children benefited from being in a general education class.

The concerns most negatively related to parent agreement that their children benefited from being in a general education class were the amount of support and assistance received from school staff, the quality of instruction, emotional difficulty their children may have, the amount their children will learn in a typical class, difficulty in transition, and the degree of acceptance by school staff<sup>50</sup>. Of those parents who indicated that they were not concerned about staff support, 100% agreed that their children benefited from being in a general education class. Of those parents who indicated that they were very concerned about school support, 87% agreed that their children benefited from being in a general education class. The variables, specific concerns, or barriers related to each of the statements in Tables 55 and 56 may shed some light on the experiences critical to ensuring parent satisfaction with their children's experience in the general education classroom.

In addition to the variables mentioned above, several other variables were significantly related to parent agreement that instruction and course material was modified to meet their children's needs. One was the severity of the child's disability, particularly a cognitive disability. The percentage of parents agreeing that modifications occurred to meet their children's needs increased from 73% for children with mild cognitive disabilities to 85% for children with severe cognitive disabilities. This indicates that modifications are more likely for children with more severe disabilities. However, 15% of the parents of children with severe cognitive disabilities, 22% of the parents of children with moderate cognitive disabilities, and 27% of the parents of children with mild cognitive disabilities did not believe that any modifications in instruction or materials had occurred for their children. Of note as well is the low level of agreement (64%) for parents of children with a mental illness or serious emotional disturbance.

Whether a parent agreed that instruction and course material was modified to meet his or her child's needs was related to the significance that the parent attached to a number of barriers that the parent might have experienced. The barrier that was most strongly correlated with this statement was a lack of general education teacher skill in working with children with disabilities<sup>51</sup>. The more parents perceived this as a barrier, the more unlikely they were to agree that instruction was modified for their children. The percentage of parents who agreed that

instruction was modified to meet their children's needs was 79% for those parents indicating that teacher skill was not a barrier and 60% for those parents who experienced teacher skills as a significant barrier. Other barriers that were related to lower levels of agreement that instruction was modified to meet a child's needs were attitudes of general education staff toward both children and parents, lack of staff collaboration, teaching methods, and instructional goals. Concerns about the amount of support and assistance received from school staff, and the quality of instruction received, were also related to whether instruction and course material was modified for a child.

Parent agreement that the general education teacher was supportive and flexible in meeting the needs of their children tended to be much lower when parents experienced certain types of barriers. The barriers most significantly related to teacher support were the attitudes of teachers towards children with disabilities and parents, teacher skills, teaching methods, lack of collaboration, and instructional goals in the general education classroom. Parent agreement that teachers were supportive and flexible dropped more than one-third to about 58% when attitudes were seen as a significant barrier. Similarly, parent agreement dropped from 90% to 67% when parents were very concerned about the degree of acceptance of their children by general education school staff.

Parent agreement that support staff were available for their children tended to increase with the severity of a child's disability, as was the case with modifications to instruction. However, support staff are apparently more obtainable than modifications to instruction. Parents of children with mild cognitive disabilities agreed 85% that support staff were available for their children. Parents of children with severe cognitive disabilities agreed 98% that support staff were available for their children. Where modifications to instruction were concerned, 85% of the parents of children with severe disabilities agreed that the modifications occurred. As was found earlier, the level of agreement by parents of children with a mental illness or serious emotional disturbance that support was available was only 69%.

As has been the case with other statements in this section, the barriers most significantly related to classroom support were the attitudes of teachers towards children with disabilities and parents, teacher skills, teaching methods, lack of collaboration, and instructional goals in the general education classroom". Parent agreement that classroom support was available decreased from 26% and 29% to two-

thirds when parents felt that the attitudes of general education staff toward children with disabilities, or teacher skills in working with their children, or teaching methods used with their children became significant barriers. Similarly, when parents indicated that they were very concerned about the quality of instruction, agreement that support was available for their children was only 73%.

Parent agreement that their children joined in class activities and interacted with others was highly related to parent agreement that their children was treated well by other children in school. Parent agreement that their children participated in class dropped from 96% to 79% when parents felt that their children were not treated well by their peers. Participation also decreased slightly with the existence of a more pronounced disability from 94% to 89%. Eighty-four percent of parents of children with chronic mental or emotional disorders reported that the child participated in class. Participation also decreased slightly for children with family incomes below \$15,000 (86%) compared to those with incomes over \$15,000 (92%). Participation was related to the same barriers as previously noted in this section; the two most significant were teaching methods used in the classroom and the attitudes of other students. Parent agreement that their children participated in class dropped from 98% for those parents who didn't think the attitudes of other students was a barrier, to 88% for those who thought it was a significant barrier. Of those who were very concerned about emotional difficulty their children might have in a general education classroom, 87% indicated that their children participated in class, as opposed to 98% of those parents who were not concerned about this.

Parent agreement that they were kept informed about how their children was doing in the general education classroom also tended to be lower when parents experienced certain types of barriers. The barriers most significantly related to this statement were teacher skills, the attitudes of teachers towards children with disabilities and parents, teaching methods, lack of collaboration, and instructional goals in the general education classroom<sup>5\*</sup>. The number of parents who felt that they were kept informed fell nearly one-third from above 90% when they identified general educator attitudes, lack of collaboration, or lack of teacher skill in working with children with disabilities as significant barriers for their children. The effect was similar when parents were very concerned about the amount of support and assistance received from staff.

Finally, a statistical analysis was performed to find

what parent demographic variables, child characteristics, barriers, or concerns of parents would best predict disagreement that a child benefited from being in a general education classroom. The best predictors, in order of decreasing strength, were disagreement that the general education classroom teacher was supportive and flexible in meeting the needs of the child, identification of teaching methods used in the general education classroom as a significant barrier, disagreement that parent feelings and input were respected and valued by school staff, concern over emotional difficulty the child had in the classroom, family income below \$15,000, and the age of the child<sup>57</sup>.

### Comments/Discussion

The results of this section demonstrate that the vast majority of parents feel that their children benefited from being in a general education classroom. Even when parents reported significant barriers, concerns, or dissatisfaction with some aspect of their children's school experience, the level of parent agreement that their children benefited from being in a general education classroom stayed above 70%. While this represents a significant amount of variation (70-100%) in parent satisfaction, it also leads to the conclusion that the benefit from being in a general education classroom is durable, even when significant barriers are present

Most of the variation in overall benefit is due to staff or school factors, not child characteristics. The many experiences or factors related to general education classroom benefit were considered in different ways throughout this section. The following are those experiences or factors that emerged, in different analyses, as key to a child's benefiting from being in a general education class<sup>58</sup>:

- A teacher who is supportive and flexible in meeting the needs of a child.
- A parent's feeling that his or her feelings and input are respected and valued by staff.
- Staff who demonstrate a belief in the child's ability to learn and optimism in setting goals.
- Effective teaching methods in the general education classroom.
- General education teachers skilled in working with children with disabilities.
- Flexible or appropriate instructional goals in the general education classroom.
- Awareness by a child's teachers/staff about the content and goals in the child's education plan.

- Staff attention to setting social and behavior goals for a child which ensures that a child is treated well by peers and participates in class activities.

As stated previously, parent reports of "overall benefit" were high. In part, this represents a desire on the part of these parents to have their children remain in the general education classroom. However, it is clear from the results in this section that there is also a significant level of dissatisfaction with particular aspects of inclusion. Particularly, those aspects having to do with general education teacher attitudes, skills, teaching methods, and instructional goals. These factors, as barriers to inclusion, were responsible for creating very divergent experiences for children and parents as demonstrated in the substantial variability on the statements in Tables 55 and 56. The percentage of parents agreeing with these statements varied up to 40% depending on their experience relative to these factors.

As has been found throughout this report, a

child's age was a significant factor in the nature of their experience in the general education classroom. Results generally indicate that the experience of elementary age children is significantly more positive than that of middle or high school age children. While the nature of a child's disability was related to certain aspects of a child's experience, the influence was generally not as strong as the factors discussed above. However, children with EBD labels were consistently least satisfied on all measures.

Finally, it should be noted that the absence of a relationship between minority status and family income and satisfaction in a general education class may be at least partially due to the lower numbers of low income families and parents of color who have children in general education. The sample used for the analyses in this section (only respondents whose children spent some time in a general education class) had less than half as many parents with incomes below \$15,000 and about 25% fewer parents of color than the whole sample, including all respondents.

## Section 12 | *Parent Support*

### Results

This section contains the responses of parents to fourteen types of support that would help them support their children in whatever setting they preferred. For each type of support, parents indicated if they already had the support, and if not, to what degree it was needed. The list was comprehensive, covering personal, school, professional, and material supports. Other supports listed by parents are found in Appendix I. Previous sections have indicated the importance of support to different aspects of parent satisfaction. This section indicates that this support, which is crucial to parent satisfaction, is not enjoyed by the majority of parents, even though many have indicated its importance and necessity.

On thirteen of the fourteen measures, between 36% and 51 % of the respondents indicated that they did not have the support and felt it was important or absolutely necessary to obtain. This represents a substantial level of need for support among parents. This need is especially critical in light of the strong relationship between support and parent satisfaction. As the number of supports a parent indicated they had increased, so did the positiveness of their experience of the IEP process, their satisfaction with their children's education, and their satisfaction with the benefit their children received in general education<sup>59</sup>. Parents were also more likely to prefer their children to be included in general education as the number of supports children had increased. As the number of supports that parents indicated as being important or absolutely necessary to obtain increased, so did the likelihood that they would have a more negative experience, less satisfaction, and less preference for having their children included in a general education class<sup>60</sup>. The number and degree of supports needed by parents also increased with reports of barriers to their children being included, and concerns about their children being in general education".

Table 57 contains the ratings on the fourteen support statements, rank ordered according to the number of parents indicating that it was essential or absolutely necessary to have the particular type of support. The percentages for each statement do not add to 100% because the responses "Would not be helpful" or "Would be somewhat helpful" were omit-

ted to conserve table space. For example, if the responses for any statement add to 80%, that means that not more than 20% indicated that the support would be either not helpful or only somewhat helpful.

The responses in Table 57 indicate that the support of school staff is needed and considered absolutely essential by nearly half of the parents. This finding is in keeping with previous findings related to relationships with and support from staff. With the exception of the support of a spouse or significant other, more than one-third of the respondents indicated that it would be at least important for them to get each type of support

As might be expected, the number and types of support needed varied with both parent and child characteristics. While the number of supports that a parent already had increased with the severity of their children's disability, so did the number and degree of supports they needed. The lower a parent's income the fewer supports they had, and the more supports it was important or essential for them to obtain. Minority and single parents were also less likely to have support<sup>62</sup>. However, the difference for single parents was due to differences in family income. There was no significant correlation between a child's age and the overall number of supports a parent had or required. However, as a child's age increased it was less likely that a parent would have the support of staff and more likely that a parent would have the support of an advocate or other person outside the school system.

Table 58 contains a comparison between the supports needed by parents of children with less or more pronounced disabilities. The three differences in essential needs that were most significant are training on rights as a parent and the legal rights of a child (27% to 37%), information on how to handle a child's behavior (21% to 29%), and the need for financial support (18% to 32%). It should be noted that the measure of "severity" in this table was based on the existence of either a more severe communication, cognitive, or medical disability. The existence of multiple severe disabilities results in more differences between the two groups. When a measure of severity that is more sensitive to multiple disabilities is used, parent needs for support also increase relative to the support of other parents, training on the IEP process, and help of an advocate.

**Table 57**  
**Parent Supports Needed (by percent)**

1 Support of school staff		8 Financial support	
Already have this support	45	Already have this support	26
Important but not necessary	5	Important but not necessary	15
Essential or necessary	43	Essential or necessary	21
2 Training on supporting child		9 Training on IEP process	
Already have this support	29	Already have this support	41
Important but not necessary	18	Important but not necessary	16
Essential or necessary	33	Essential or necessary	21
3 Training on parent and student rights		10 Flexibility in scheduling meetings	
Already have this support	38	Already have this support	39
Important but not necessary	12	Important but not necessary	16
Essential or necessary	30	Essential or necessary	20
4 More meetings with school staff		11 Participate in school decision making	
Already have this support	35	Already have this support	34
Important but not necessary	18	Important but not necessary	18
Essential or necessary	27	Essential or necessary	19
5 Information about behavior management		12 Help of an advocate or other support person	
Already have this support	30	Already have this support	22
Important but not necessary	14	Important but not necessary	19
Essential or necessary	24	Essential or necessary	17
6 Training on communicating with school staff		13 Support of other parents	
Already have this support	37	Already have this support	26
Important but not necessary	16	Important but not necessary	29
Essential or necessary	23	Essential or necessary	11
7 Information about child's disability		14 Support of spouse or significant other	
Already have this support	41	Already have this support	68
Important but not necessary	14	Important but not necessary	10
Essential or necessary	23	Essential or necessary	11

The percentages for each statement do not total 100 because be somewhat helpful."

parents reported that the support "Would not be helpful" or "Would

Table 59 contains a comparison of the responses of different ethnic groups. Parents of color tended to have less supports and more needs for different types of support than white parents. This was most evident with respect to the support of school staff, where whites enjoyed this support more than twice as often as African American or Asian American parents, and 70% more often than Latino parents. Differences between minorities and whites were also seen on the opportunity to meet more often with staff, information about behavior management and a child's disability, financial support, training on the IEP process, participation in school planning and

decision making, the need for an advocate, and support of a spouse or significant other. Native American parents had supports more often than whites on eleven out of the fourteen measures. Once again, this may be due to the particular sample of Native parents, or the statewide support programs that are in place for Native American parents. Latinos tended to have the lowest percentages of parents who have support, followed by Asian Americans and African Americans. Asian Americans had the highest percentages of parents who have an essential need for support. It is interesting to note that when parents of color had the support of an advocate, their positive

Table 58  
 Parent Supports Needed by Degree of Disability (by percent)

	Pronouncement of disability			Less	More
	Less	More			
<b>1 Support of school staff</b>			<b>8 Financial support</b>		
<b>Already have this support</b>	46	40	<b>Already have this support</b>	24	33
<b>Important but not necessary</b>	5	6	<b>Important but not necessary</b>	14	14
<b>Essential or necessary</b>	42	46	<b>Essential or necessary</b>	18	32
<b>2 Training on supporting child</b>			<b>9 Training on IEP process</b>		
<b>Already have this support</b>	29	26	<b>Already have this support</b>	40	44
<b>Important but not necessary</b>	17	20	<b>Important but not necessary</b>	15	17
<b>Essential or necessary</b>	31	36	<b>Essential or necessary</b>	20	20
<b>3 Training on parent and student rights</b>			<b>10 Flexibility in scheduling meetings</b>		
<b>Already have this support</b>	39	35	<b>Already have this support</b>	39	35
<b>Important but not necessary</b>	13	12	<b>Important but not necessary</b>	16	17
<b>Essential or necessary</b>	27	37	<b>Essential or necessary</b>	19	23
<b>4 More meetings with school staff</b>			<b>11 Participate in school decision making</b>		
<b>Already have this support</b>	34	38	<b>Already have this support</b>	34	34
<b>Important but not necessary</b>	19	19	<b>Important but not necessary</b>	17	19
<b>Essential or necessary</b>	25	27	<b>Essential or necessary</b>	17	24
<b>5 Information about behavior management</b>			<b>12 Help of an advocate or other support person</b>		
<b>Already have this support</b>	29	33	<b>Already have this support</b>	21	32
<b>Important but not necessary</b>	15	8	<b>Important but not necessary</b>	20	17
<b>Essential or necessary</b>	21	29	<b>Essential or necessary</b>	15	21
<b>6 Training on communicating with school staff</b>			<b>13 Support of other parents</b>		
<b>Already have this support</b>	38	36	<b>Already have this support</b>	26	30
<b>Important but not necessary</b>	16	19	<b>Important but not necessary</b>	29	29
<b>Essential or necessary</b>	22	25	<b>Essential or necessary</b>	9	13
<b>7 Information about child's disability</b>			<b>14 Support of spouse or significant other</b>		
<b>Already have this support</b>	40	46	<b>Already have this support</b>	69	68
<b>Important but not necessary</b>	14	12	<b>Important but not necessary</b>	10	11
<b>Essential or necessary</b>	22	20	<b>Essential or necessary</b>	9	11

"The percentages for each statement do not total 100 because some parents reported that the support "Would not be helpful" or "Would be somewhat helpful."

experience of the IEP process, overall satisfaction, agreement that their children benefited from being in general education, and desire to have their children included in general education, increased to 100% on all measures for nearly every minority group. In fact, their satisfaction and preference for general education almost always exceeded that of whites when the support of an advocate or support person was present. The presence of an advocate or support person had little or no effect on the satisfaction or preference of white parents for inclusion.

Table 60 contains a comparison of the responses of parents with different income levels. Overall, lower income parents had fewer supports and were more likely to indicate that a support was essential or absolutely necessary. The percentage of low income parents indicating a need as essential was at least 25% higher than the percentage of the highest income parents with regard to training on parent and student rights, information on behavior management, training on how to communicate with staff, information about a child's disability, financial support, train-

**Table 59**  
**Parent Supports Needed by Ethnicity of Parent (by percent)**

	Af	As	La	NA	Wh		Af	As	La	NA	Wh
1 Support of school staff						8 Financial support					
Already have this support	19	22	27	48	46	Already have this support	14	6	27	30	26
Important, not necessary	14	6	18	8	5	Important, not necessary	3	22	27	13	15
Essential/necessary	43	67	27	33	44	Essential/necessary	46	39	9	27	20
2 Training on supporting child						9 Training on IEP process					
Already have this support	24	28	9	35	28	Already have this support	16	28	18	38	42
Important, not necessary	19	11	9	19	18	Important, not necessary	19	6	9	21	15
Essential/necessary	32	50	45	28	33	Essential/necessary	35	50	36	17	20
3 Training on parent and student rights						10 Flexibility in scheduling meetings					
Already have this support	24	39	9	40	38	<b>Already</b> have this support	27	11	45	40	40
Important, not necessary	11	11	9	10	12	Important, not necessary	11	22	27	18	16
Essential/necessary	32	39	55	27	30	Essential/necessary	27	44	9	19	20
4 More meetings with school staff						11 Participate in school decision making					
Already have this support	27	11	18	41	36	Already have this support	24	6	9	38	34
Important, not necessary	16	28	36	18	18	Important, not necessary	3	44	27	19	18
Essential/necessary	24	44	9	23	27	Essential/necessary	27	22	18	15	19
5 Information about behavior management						12 Help of an advocate or support person					
Already have this support	27	6	0	33	30	Already have this support	11	17	18	26	23
Important, not necessary	19	17	18	14	14	Important, not necessary	14	11	18	20	20
Essential/necessary	16	39	36	29	23	Essential/necessary	41	39	27	18	16
6 Training on communicating with staff						13 Support of other parents					
Already have this support	32	28	18	39	38	Already have this support	16	17	9	27	26
Important, not necessary	19	11	27	15	16	Important, not necessary	27	17	18	28	30
Essential/necessary	16	44	45	25	23	Essential/necessary	8	33	18	10	11
7 Information about child's disability						14 Support of spouse or significant other					
Already have this support	22	17	9	40	42	Already have this support	51	44	45	58	71
Important, not necessary	14	17	36	16	13	Important, not necessary	5	6	18	7	10
Essential/necessary	32	50	36	24	23	Essential/necessary	11	39	0	19	10

Note: Af = African American, As = Asian American, La = Latino, NA = Native American, Wh = White. The percentages for each statement do not add to 100 because some parents reported that the support "Would not be helpful" or "Would be somewhat helpful."

ing on the IEP process, and support of a spouse or significant other. The presence of an advocate for families with incomes below \$15,000 also was significantly related to experience in the IEP process, general satisfaction, benefit from being in general education, and preferences for having a child in a general education classroom. Positive experience in the IEP process increased from 77—91 %, general satisfaction from 68-81 %, and preference for inclusion in a general education class from 85-96%.

There was a negative relationship between the amount of time spent in general education and the

number of important or essential supports a parent needed. However, this relationship was almost entirely due to differences in severity of disability. Less children with severe disabilities tended to be in general education.

Of all respondents, 52% agreed that parent training was readily available. There was no differences in the response rates to this question by area of residence. Respondents in rural areas or small towns were about as likely to agree that training was as readily available to them as residents of the Twin Cities. Parents from higher income families were

**Table 60**  
**Parent Supports Needed by Family Income (by percent)**

	<15k	1£ 5k	>45k		<15k	15-45k	>45k
<b>1 Support of school staff</b>				<b>8 Financial support</b>			
Already have this support	35	46	48	Already have this support	25	26	25
Important, not necessary	10	6	3	Important, not necessary	10	17	13
Essential or necessary	44	42	44	Essential or necessary	43	21	14
<b>2 Training on supporting child</b>				<b>9 Training on IEP process</b>			
Already have this support	25	28	31	Already have this support	31	39	47
Important, not necessary	14	19	18	Important, not necessary	18	17	14
Essential or necessary	39	32	32	Essential or necessary	26	20	19
<b>3 Training on parent and student rights</b>				<b>10 Flexibility in scheduling meetings</b>			
Already have this support	30	36	42	Already have this support	38	38	42
Important, not necessary	15	13	11	Important, not necessary	16	16	16
Essential or necessary	37	30	27	Essential or necessary	22	21	19
<b>4 More meetings with school staff</b>				<b>11 Participate in school decision making</b>			
Already have this support	32	36	37	Already have this support	33	32	38
Important, not necessary	17	18	19	Important, not necessary	17	19	18
Essential or necessary	30	25	28	Essential or necessary	25	18	18
<b>5 Information about behavior management</b>				<b>12 Help of an advocate or support person</b>			
Already have this support	27	30	32	Already have this support	20	21	24
Important, not necessary	13	15	13	Important, not necessary	19	19	21
Essential or necessary	32	22	23	Essential or necessary	21	16	16
<b>6 Training on communicating with staff</b>				<b>13 Support of other parents</b>			
Already have this support	33	36	42	Already have this support	17	26	29
Important, not necessary	17	17	15	Important, not necessary	30	28	31
Essential or necessary	28	23	21	Essential or necessary	14	11	9
<b>7 Information about child's disability</b>				<b>14 Support of spouse or significant other</b>			
Already have this support	33	40	46	Already have this support	45	67	81
Important, not necessary	11	16	12	Important, not necessary	17	11	6
Essential or necessary	31	22	21	Essential or necessary	12	12	8

"The percentages for each statement do not add to 100 because some parents reported that the support "Would not be helpful" or "Would be somewhat helpful." Note: < & greater than, > = less than, K \* thousand.

slightly more likely to agree that training was available than lower income parents. Native American and Latino parents agreed most that training was readily available to them (64% and 73%), while African American parents agreed least (44%).

It is clear from the results in this section that the existence of support has a positive impact on various aspects of parent experience. The support of school staff, training on the IEP process, training on how to communicate with staff, training on parent and student rights, the opportunity to meet more often with school staff, and flexibility in scheduling meetings,

all were related to positive experience of the IEP process", and parent satisfaction<sup>M</sup>.

## Comments/Discussion

This section amply demonstrates the importance of various types of support to parent satisfaction and preferences. It also demonstrates that large numbers of parents do not have this critical support. The symptoms of this lack of support are indicated in the relationship of most measures of satisfaction to the presence or perceived need for different types of

support Another symptom of this lack of support is the finding that 58% of the respondents either have or want an advocate who is not a school employee to help them support their children. In effect, even though this sample is heavily influenced by residents of school districts that are relatively progressive, most respondents still feel the need to turn to advocacy from outside the school community to support their children's education. The importance of the support of school staff, as indicated by nearly half of the respondents, relates to previous findings regarding the effect of staff attitudes, skills, and teaching methods.

The general education classroom teacher is the single most important factor for many parents and their children. The effects of severity of a child's disability, age, ethnicity, and family income also relate to previous findings. It compounds the more signifi-

cant concerns, barriers, and resistance that many parents face with less support to overcome those same barriers.

While the dependence on advocacy is a concern, the dramatically higher levels of satisfaction among minority and low income parents who have this support points to the effectiveness of this strategy and the organizations that provide this advocacy and support While several of the supports may be outside of the normal functions of a school district, most are well within the sphere of influence of most schools and are thus areas where improvement can be achieved. These findings indicate the benefit that may be derived by providing parents with these various types of support and simultaneously focusing on the general education teacher in creating a more supportive school environment

## Notes

- <sup>1</sup> The terms "minority" or "parent of color" are both used to denote African American, Latino, Asian American, or Native American parents. It should be noted, however, that use of the term "minority" may not be appropriate in reference to the Twin Cities where students of color actually make up the majority of all students.
- <sup>2</sup> Throughout this report respondents are frequently referred to as "parents" even though it is recognized that the respondent may be other than a biological parent.  
Chi-Square = 7.65, 1df, N = 1578,  $p < .01$ .
- <sup>4</sup> Chi-Square = 17.49, 4df, N = 1547,  $p < .01$ .
- <sup>5</sup> The multiple correlation coefficient for the above prediction of EBD was  $R = .16$ ,  $p < .0001$ .
- <sup>6</sup> The multiple correlation coefficient obtained for predicting whether a child spent any time in general education is  $R = .48$ ,  $p < .0001$ .
- <sup>7</sup> The multiple correlation coefficient obtained for the equation in Table 19 is  $R = .63$ ,  $p < .0001$ .
- <sup>8</sup> The multiple correlation obtained for this equation was  $R = .24$ ,  $p < .0001$ .
- <sup>9</sup> The multiple correlation obtained for this equation was  $R = .29$ ,  $p < .0001$ .
- <sup>10</sup> The equation containing these variables had a multiple correlation of  $R = .21$ ,  $p < .0001$ .
- <sup>11</sup> The effects of these two variables in predicting parent experience produce an  $R = .19$ ,  $p < .0001$ .
- <sup>12</sup> The equation yielded an  $R = .66$ ,  $p < .0001$ . Nearly half ( $R^2 = .44$ ) of the variance among parent ratings of their experience with this process can be explained by the variables in this equation.
- <sup>13</sup> These two variables produce an  $R = .44$ ,  $p < .0001$  when predicting parent involvement.
- <sup>14</sup>  $R = .45$  vs.  $R = .20$ .
- <sup>15</sup> All of the differences on how many parents reported a positive IEP/IFSP experience were found to be statistically significant ( $p < .05$ ) using a Mann-Whitney test.
- <sup>16</sup> The Spearman correlation between IEP experience and general satisfaction is  $.48$ ,  $p < .001$ .
- <sup>17</sup> The Spearman correlation for these two relationships were  $.55$  and  $.50$  respectively,  $p < .001$ .
- <sup>18</sup> The Spearman correlation ranged from  $.32$  (child treated well by peers) to  $.58$  (staff believed in child's ability to learn),  $p < .001$ .
- <sup>19</sup> The equation yielded an  $R = .34$ ,  $p < .0001$ .
- <sup>20</sup> If a parent responded to survey question 3 with a "3" or "4", or question 4 with a "4" or "5" or question 5 with a "4" or "5", their children was designated as having a "more pronounced" disability. This assignment is not meant to label those so designated as severe, but only to evaluate the experience of children who have more as opposed to less pronounced needs relative to their disability. Another measure of severity used was the numerical average of the ratings on questions 3-5.
- <sup>21</sup> The correlation between the mean of the scores on all twenty barriers and the amount of time spent in a general education class was  $-.12$ ,  $p < .01$ .
- <sup>22</sup> The respective Pearson correlations were  $-.28$  and  $-.21$ ,  $p < .01$ .
- <sup>23</sup> The multiple correlation obtained for predicting the average rating on all twenty barriers was  $R = .24$ ,  $p < .0001$ .
- <sup>24</sup> The Pearson correlation for these variables ranged from  $.19$  to  $.31$ ,  $p < .01$ .
- <sup>25</sup> The correlation obtained on different measures of severity indicate that the differences in these percentages would be more pronounced when children with multiple severe disabilities are considered.
- <sup>26</sup> The Pearson correlation ranged from  $.13$  to  $.15$ ,  $p < .01$ .
- <sup>27</sup> These differential response rates among ethnic groups masked the significant relationships existing for some groups when just minority status was considered, which is probably why minority status did not appear as a predictor in the equation referenced in note 20 above.
- <sup>28</sup> The Spearman correlation between the average score on all ten questions related to concerns and the amount of time spent in a general education classroom was  $-.30$ ,  $p < .001$ , more than double that of the correlation obtained for barriers.
- <sup>29</sup> The second order partial correlation between average concern and time in a general education classroom is  $-.26$ , controlling for child's age and severity of disability.
- <sup>30</sup> The influence of severity accounts for a small amount of the decrease as well. Children in general education most of the time tend to have less severe disabilities. Parent concern on these two measures is positively related to severity (Spearman correlation =  $.23$ ,  $.27$ ).
- <sup>31</sup> The multiple correlation for predicting the average of all ten concerns was  $R = .28$ ,  $p < .0001$ .

- <sup>32</sup> The Spearman correlation ranged from .21 to .27,  $p < .001$ .
- <sup>33</sup> The Spearman correlation ranged from .10 to .14,  $p < .001$ .
- <sup>34</sup> The Spearman correlation was .11,  $p < .001$ .
- <sup>35</sup> The Spearman correlation was .14,  $p < .001$ .
- <sup>36</sup> The Spearman correlation between severity and placement in general education most of the time is -.22,  $p < .001$ , the same correlation with a child's age was -.10,  $p < .01$ .
- <sup>37</sup> The Spearman correlation ranged from -.13 to -.15,  $p < .01$ .
- <sup>38</sup> The Spearman correlation ranged from -.43 to -.62,  $p < .05$ .
- <sup>39</sup> The Spearman correlation ranged from -.23 to -.33,  $p < .001$ .
- <sup>40</sup> The Spearman correlation ranged from -.19 to -.33,  $p < .001$ .
- <sup>41</sup> The Spearman correlation ranged from -.20 to -.23,  $p < .001$ .
- <sup>42</sup> The Spearman correlation with these satisfaction measures ranged from -.21 to -.37,  $p < .001$ .
- <sup>43</sup> The Spearman correlations were .55, .52, and .52, respectively,  $p < .001$ .
- <sup>44</sup> The Spearman correlations with overall benefit were both .42,  $p < .001$ .
- <sup>45</sup> The Spearman correlations were .43 and .35 respectively,  $p < .001$ .
- <sup>46</sup> The Spearman correlation with overall benefit was .37,  $p < .001$ .
- <sup>47</sup> The Spearman correlation with overall benefit was .35,  $p < .001$ .
- <sup>48</sup> The Spearman correlation ranged from -.18 to -.32,  $p < .001$ .
- <sup>49</sup> The Spearman correlation ranged from -.12 to -.16,  $p < .001$ .
- <sup>50</sup> The Spearman correlation ranged from -.13 to -.20,  $p < .001$ .
- <sup>51</sup> The Spearman correlation was -.13,  $p < .001$ .
- <sup>52</sup> The Spearman correlations were -.15 and -.12,  $p < .001$ .
- <sup>53</sup> The Spearman correlation for these barriers with teacher support ranged from -.22 to -.30.
- <sup>54</sup> The Spearman correlation for these barriers with the availability of classroom support ranged from -.16 to -.19.
- <sup>55</sup> The Spearman correlation was .43,  $p < .001$ .
- <sup>56</sup> The Spearman correlation for these barriers with ranged from -.21 to -.28.
- <sup>57</sup> The multiple correlation for this equation is  $R = .39$ ,  $p < .0001$ .
- <sup>58</sup> Items are not listed in any particular order.
- <sup>59</sup> The Spearman correlation ranged from .21 to .26,  $p < .001$ .
- <sup>60</sup> The Spearman correlation ranged from -.19 to -.26,  $p < .001$ .
- <sup>61</sup> The Spearman correlation ranged from .35 to .37,  $p < .001$ .
- <sup>62</sup> The Spearman correlation for the number of supports with poverty, single parent, or status as an African American or Asian American parent were all -.10,  $p < .001$ .
- <sup>63</sup> The Spearman correlation ranged from .18 to .38,  $p < .001$ .
- <sup>64</sup> The Spearman correlation ranged from .22 to .42,  $p < .001$ .

## Summary

This report presents the results of the Family Needs Assessment survey conducted in the fall of 1993 by the Together We're Better project, a collaborative effort of the Minnesota Department of Education and the Institute on Community Integration (UAP) at the University of Minnesota. The Family Needs Assessment (FNA) survey was conducted to identify the training and support needs of families of children with disabilities. The assessment specifically sought to address the following questions:

- How do families prefer that their children with disabilities receive their education and what variables influence these preferences?
- What is the degree of experience, involvement, and satisfaction of families with their children's education?
- What are families' concerns regarding perceived barriers to the inclusion of their children in general education activities?
- What types of support does a family need to advocate for their child's education?
- What collaborative strategies can be developed to meet family needs.

The FNA survey was developed, distributed, and the results disseminated by a collaborative team of organizations, including:

- Family Advisory Group members (see Appendix A)
- Survey Task Force members (see Appendix B)
- Together We're Better staff (see Appendix C)
- Pacer (collaborator)
- Arc Minnesota (collaborator)
- The Governor's Council on Developmental Disabilities (collaborator)
- The Minnesota Deaf-Blind Technical Assistance Project (collaborator)
- Learning Disabilities Minnesota (collaborator)
- Minnesota Department of Education

## Methodology

The survey, found in Appendix D, consists of ninety-four questions, the majority of which follow a fill-in-

the-blank format. Respondents were instructed to complete the survey with respect to one child's educational program ending in June 1993. The survey was piloted with twenty parents, incorporating their feedback into the final revisions. Parents reported that completing the survey took an average of twenty to twenty-five minutes during the piloting. A cover letter by Together We're Better provided phone numbers for respondents who desired assistance in form completion. Stamped self-addressed envelopes were provided with each survey for returning the completed survey. Respondents were anonymous on the survey and were offered the chance to participate in a drawing for \$100.00 worth of disability-related education resources if they returned the survey. Parents had four to six weeks in which to respond. Postcards were mailed within a week of survey distribution as a reminder of survey completion. Approximately 6500 surveys were distributed to parents through three channels: parent/advocacy groups, school districts, and miscellaneous organizations or individuals.

The five collaborating organizations listed above distributed 1500 surveys, 23% of the total. Approximately 70% of these were mailed to the parents with the remaining being distributed at organizational meetings. Each organization included their letter of support with the survey packet

Six Minnesota school districts distributed 4400 surveys, 68% of the total. The six school districts were selected because of their involvement with Together We're Better program goals listed in the Introduction to this document

The remaining 9%, 550 surveys, were distributed by individuals to parents through organization affiliation, special program of project affiliation, community service activities, health organizations and one integrated preschool. There is no evidence that distribution by mailing or in-person had an effect on rates of respondent completion.

The priority of building strong collaborative partnerships with agencies, organizations, schools, parents, and Together We're Better affected the method of sampling. Assessing the needs of families who had a connection with a training or support organization was chosen over a random sampling of all school districts throughout the state. This choice was made to facilitate intense and systematic follow-up of the

survey results to the respondents through specific training or support organizations. Special effort was made to ensure adequate representation of low income families and families of color.

Of the 6,500 surveys distributed, 25% (1,630 surveys) were completed and returned. Of the 1,630 respondents, nearly half lived in the Twin Cities metropolitan area, close to the percentage of students in the state who live in the metropolitan area and receive special education services. The sample contained parents of students with each of the disability labels used in Minnesota, and the proportions with each label within the sample were relatively close to the proportions statewide. However, one way in which the study sample differed from the state population was that many parents were from school districts that had demonstrated leadership and progress in the development of inclusive school communities, had received training on inclusion-related advocacy, or had been involved with parent groups supporting inclusion. As a result of these supports, the rate of inclusion for children in this study may be higher than would be typical across the state.

## Results

This summary condenses the FNA survey results into the major findings. These major findings are categorized within four areas: Educational Placement, Parent Satisfaction, Inclusion of Students in General Education, and Parent Support.

### Educational Placement

*Where are students with disabilities being educated?* Projecting from this survey, of all the children receiving special education in Minnesota, probably:

- Less than 25% are being served solely in general education classrooms.
- More than 50% are being served in a combination of special and general education.
- At least 20% are totally segregated in special education environments.

*Where do parents want their children to be educated?*

- Ninety-four percent want their child to spend at least some time in a general education setting.
- The majority want their child to spend most of their time in a general education setting.
- One third want their child to spend most of their time in a special education setting.

*Please note:* Parents whose children spent more time

in general education felt stronger about having their child included in general education.

*What influences whether a student spends most of his or her time in general education settings?*

- Parent preference: If the parent wants their child in general education, that is where they tend to be educated.
- Severity of a child's disability: The more severe the disability, the less likely the child will be educated in general education.
- Age: Children tend to spend more time in general education during the elementary years and much less time in general education at the preschool, middle school, or high school levels.

### Parent Satisfaction

*What needs to happen to ensure parent satisfaction with their individual educational planning process (IEP)/individual family service plan (IFSP) experience and with their child's progress?* Parents said:

- Believe that my child can learn and be optimistic in setting goals.
- Respect and value my input and feelings.
- Don't forget to develop social and behavioral goals.
- Help all children value and treat one another well.
- Train staff to understand the content and goals of the IEP planning process.

*What parents tend to be least satisfied with their child's progress?* Parents said:

- Parents with a high school age child.
- Parents whose child has a severe disability.
- Parents whose child has an emotional/behavioral disability (EBD).
- Parents of color.
- Parents with low incomes.
- Parents who are single.

*Please note:* Parents of color and families with low incomes were not only less satisfied with their child's progress, they also received less information and support, and their children were disproportionately placed in special education, particularly in the category of emotional behavioral disabilities. Additionally, when parents of color had the support of an advocate, their positive experience with the IEP process, overall satisfaction, agreement that their child benefited from being in general education, and de-

sire to have their child in general education increased to 100% on all measures for most ethnic groups. The support of an advocate had a similar effect with low income families.

## **Inclusion of Students in General Education**

*What worries parents about having their child educated in general education settings?*

- Will my child get the support he or she needs?
- Will they receive good instruction?
- Will other children accept my child?
- Will general educators accept my child?
- Will my child learn?

*What did parents identify as barriers to successful school inclusion?*

- Lack of money in schools.
- Large class sizes.
- Lack of skill by general educators in working with students with disabilities.
- Lack of skill by general educators in dealing with behavioral issues.
- Attitudes of other students toward students with disabilities.
- Members of a team not working well together.
- Attitudes of general educators toward students with disabilities.
- Rigid or narrowly defined instructional goals in general education.
- Rigid or narrowly defined instructional goals for their child.
- Teaching methods used in general education.
- Grading practices were identified as a barrier at the secondary level.
- African American, Asian, and Latino parents felt that cultural or racial insensitivity was a barrier to their child's inclusion.

*Please note:* Parent concerns decreased when students spent more time in general education. As an example, related to how their child will be accepted by other children and general educators, those whose children spend most of their time in general education are 20% less concerned about this than parents whose children are in special education full time.

*Having perceived these barriers, do parents still believe their child benefits from being in general education settings?*

- The majority (ranged from 70-100% satisfaction) said yes, leading to the conclusion that the benefits are important and durable, despite the significant barriers.

*What were experiences or factors that were key to a child benefiting from being in general education? (Notice that this list summarizes many of the factors discussed earlier related to parent satisfaction with the IEP/IFSP process and their child's progress in school, as well as the inverse of the barriers listed above.)*

- A classroom teacher who is supportive and flexible in meeting a child's needs.
- Staff respecting and valuing parent's input and feelings.
- Staff believing a child can learn and being optimistic in setting goals.
- General educators skilled in working with children with disabilities.
- Flexible or appropriate instructional goals in the general education classroom.
- Having a child's team be aware of the content of his or her individual education plan (IEP).
- Attention to setting social and behavioral goals.
- Helping all children to value and treat one another well.
- Supporting participation in class activities.

## **Parent Support**

*What kind of support do parents say they need?*

- The support of school staff.
- Training (on how to support their child, their rights, their child's rights, and how to communicate with staff).
- More opportunities to meet with school staff about their child's education.
- Written information about how to handle their child's behavior.

## **Follow-up Plan**

Survey results have been disseminated to organization collaborators and respondents who requested information. Focus group training has been provided for the organizations collaborating on this project, including parent organizations, school districts, and state education agencies. The collaborating organizations are conducting focus groups with parents and staff in their organizations in an attempt

to select priorities from the identified needs and then develop strategies to meet the needs within their organization. In 1995, staff from the Together We're Better program will meet with representatives from the collaborating organizations to share organizational priorities and action plans and to discuss as a group any major needs identified in the survey re-

sults that are not being addressed by any organization. This discussion may lead to joint action plans across collaborating organizations, as well as provide the Minnesota Department of Education with information regarding unmet needs of parents based upon the survey data and the consensus of these collaborating organizations.

## Appendix A | *Family Advisory Group Members*

Carol Achteroff  
Parent  
Luverne, MN

Charlie Applequist  
Adult with a disability/advocate  
Rochester, MN

Peter Arimond  
Adult with a disability  
Minneapolis, MN

Ann Esparza  
Parent  
Mendota Heights, MN

Ella Gross  
Director, community agency  
Minneapolis, MN

Jettie Ann Hill  
Foster parent  
Minneapolis, MN

Lori Jackson  
Family member, agency director  
Minneapolis, MN

Jean Lauer  
Parent/Arc family advocate  
Maple Grove, MN

PatLytwyn  
Agency director  
Marshall, MN

Heidi Markwood  
Student with a disability  
Minneapolis, MN

Irving Martin  
Adult with a disability/advocate  
**St Paul**, MN

Wendy Peterson  
Student with a disability  
Anoka, MN

Clifford Poetz  
Adult with a disability/advocate  
Minneapolis, MN

Maureen Pranghoffer  
Adult with a disability  
Golden Valley, MN

Kris Schoeller  
Parent/PACER staff  
Minneapolis, MN

Bonnie Thompson  
Parent  
Owatonna, MN

Barbara Schultz  
Parent/foster parent  
**St. Paul**, MN

## **Appendix B | *Survey Task Force Members***

Edward J. Colon  
Together We're Better Project

Karen Grykiewicz  
Arc

David Hancox  
MN Governor's Planning Council on  
Developmental Disabilities

Eric Kloos  
MN Department of Education

Marijo McBride  
Together We're Better Project

Kris Schoeller  
PACER

## **Appendix C | *Together We're Better Project Staff***

Edward J. Colon  
Project Coordinator  
ICI, University of Minnesota

Wayne Erickson  
Project Co-Director  
Minnesota Department of Education

Marijo McBride  
Family Services Coordinator  
ICI, University of Minnesota

Mary McDevitt  
Project Coordinator  
Minnesota Department of Education

Laura Medwetz  
Project Coordinator  
ICI, University of Minnesota

John Sauer  
Project Coordinator  
ICI, University of Minnesota

Lynn Walz  
Project Coordinator  
ICI, University of Minnesota

Terri Vandercook  
Project Co-Director  
ICI, University of Minnesota

Jennifer York  
Personnel Development Coordinator  
ICI, University of Minnesota



# Appendix D | *Family Needs Assessment Survey*

## Instructions

- All questions refer to your child with a disability. If you have more than one child with a disability, answer all survey questions only about one child .
- Answer all questions about school with respect to the last school year that ended in June, 1993.
- Answer all questions by writing the number indicating your response in the space in front of each question.
- Please write neatly, using a black or blue pen.
- Do not choose more than one answer, or use numbers that are not listed as a response.
- Please do not leave any questions blank.

Form #

- \_\_\_ 1 What is the age of your child? If you have more than one child with a disability, answer this and all survey questions with respect to just one child.
- \_\_\_ 2 Which of the following best describes your child's primary disability? *Choose only one.*
- 1 Speech/Language Impairment
  - 2 Emotional Disorder/Behaviorally Challenged
  - 3 Physical Impairment
  - 4 Hearing Impairment
  - 5 Visual Impairment
  - 6 Deaf-Blindness
  - 7 Other health impairment or developmental disability, but no intellectual disability
  - 8 Autism/Pervasive Developmental Disabilities
  - 9 Specific Learning Disability
  - 10 Traumatic Brain Injury
  - 11 Mild to moderate intellectual impairment
  - 12 Severe to profound intellectual impairment
  - 13 Other, please specify
- \_\_\_ 3 Which of the following best describes your child's method of communication?
- 1 Communicates needs and wants orally.
  - 2 Communicates needs and wants through picture cards, hand signs, computer, or another language system.
  - 3 Communicates needs and wants through gestures, sounds, or body language.
  - 4 Communicates his or her wants or needs primarily by crying.
- \_\_\_ 4 Does your child have a mental disability?
- 1 Don't know, or am not sure.
  - 2 No
  - 3 Yes, he or she has a mild mental disability - functioning is fairly close to that of his or her same age peers, requiring only occasional or limited support.
  - 4 Yes, he or she has a moderate mental disability — functioning may be up to several years behind that of same age peers.
  - 5 Yes, he or she has a severe mental disability - functioning is severely limited. May have difficulty comprehending or performing tasks of even a simple nature.
- \_\_\_ 5 Which of the following best describes your child's most demanding medical needs?
- 1 Your child does not have medical needs that his or her school would have to attend to.
  - 2 Your child requires assistive technology that is used to increase, maintain or improve his or her functioning, such as a wheel chair or other transportation aid, seating and positioning aids, prosthetics, communication aids, etc.
  - 3 Your child has an ongoing health condition that may require a minimum weekly visit by a nurse, or monitoring conducted by someone during the school day. Examples of such conditions are bowel/bladder training, oral hygiene or feeding monitoring, shunt monitoring, ostomy care, injections, seizure procedures, or development of emergency procedures.
  - 4 Your child is considered medically fragile and/or technology dependent This may include mechanical ventilators, intravenous administration of food or drugs, tracheotomy tube care, suctioning, oxygen support, tube feeding, other medical devices

*Inclusive Education*

- that compensate for vital bodily functions, or anything that requires daily or near daily nursing care.
- 5 Your child has a mental illness or serious emotional disturbance and requires the use of long term antipsychotic or antidepressant medications, or has known life threatening risk factors such as suicide attempts or acts of violence.
- 6 Other, please specify
- 6 Does your child attend the same school that his or her siblings or neighbors of the same age would normally go to?
- 1 No, my child attends another district school.
- 2 No, my child attends a private or magnet school.
- 3 Yes
- 7 If you answered *No* to question 6, would you prefer that your child attend the same school as his or her siblings or neighbors? If you answered *Yes* to 6, skip this question.
- 1 No
- 2 Yes
- 8 Which of the following best describes where your child received his or her education during the last school year?
- 1 Residential (live-in) school for students with disabilities.
- 2 Special education school only for students with disabilities.
- 3 Special education classroom, within a regular school.
- 4 A mix of special education classroom and community placement (work, job, or other skill training).
- 5 A mix of general education classroom and special education classroom (or resource room).
- 6 A mix of special and general education classrooms, and community placement.
- 7 General education classroom.
- 8 A mix of general education classroom and community placement.
- 9 In which of the following settings did your child spend most of his or her time last year?
- 1 Special education school.
- 2 Special education class(es) within a regular school.
- 3 General education class(es).
- 4 Community placement.
- \_\_\_10 How much time did your child spend in class with other students his or her same age last year?
- 1 None, was always in a class with younger children.
- 2 Spent some time in class with students of the same age.
- 3 Spent most of his or her time in class with students of the same age.
- 4 Spent all of his or her time in class with students of the same age.
- \_\_\_11 Did your child have an Individual Education Plan (IEP) or an Individual Family Service Plan (IFSP)?
- 1 Don't know, or have not heard of an IEP/IFSP
- 2 No
- 3 Yes
- \_\_\_12 Did you actively join in and contribute to the development of your child's Individual Education Plan (IEP/IFSP)?
- 1 Don't know, or have not heard of an IEP/IFSP
- 2 No
- 3 Yes
- \_\_\_13 Did your child join in or contribute in any way to the development of his or her IEP/IFSP?
- 1 Don't know, or have not heard of an IEP/IFSP
- 2 No
- 3 Yes
- \_\_\_14 Were all of your child's teachers, and other staff working with your child, aware of the content and goals in his or her IEP/IFSP?
- 1 Don't know, or have not heard of an IEP/IFSP
- 2 No
- 3 Yes
- \_\_\_15 What has your experience been like in the

development of your child's IEP/IFSP?

- 1 Extremely negative
- 2 Somewhat negative
- 3 Somewhat positive
- 4 Extremely positive

16 If you answered 1 or 2 to question 15, what was the most significant reason that made the IEP/IFSP process negative for you? If you answered 3 or 4 to question 15, skip this question.

- 1 You were not listened to or your input wasn't valued.
- 2 School staff focused more on negatives rather than the strengths and capabilities of my child.
- 3 The IEP/IFSP process did not really address the most important issues relating to my child.
- 4 IEP/IFSP goals were not acted upon or implemented.
- 5 Other, please specify

Respond to questions 17–32 by choosing one of the following responses:

- 1 Don't have enough information.
- 2 Strongly disagree
- 3 Disagree
- 4 Agree
- 5 Strongly agree

- \_\_\_17 You were generally satisfied with the progress your child made in school last year.
- \_\_\_18 You feel that your feelings and input were respected and valued by school staff.
- \_\_\_19 School staff demonstrated a belief in your child's ability to learn and were optimistic in setting learning goals for your child.
- \_\_\_20 The school gave enough attention to setting social and behavior goals for your child.
- \_\_\_21 School staff paid enough attention to helping your child develop relationships with other children of his or her own age.
- \_\_\_22 Your child has generally been treated well by other children in school.
- \_\_\_23 Parent training to help you support the education of your child is readily available.
- \_\_\_24 School staff have talked to you about having

your child included in general education classes or activities and have explained how that might work for your child.

- \_\_\_25 You would like your child to be included in some general education classes, with support as needed.
- \_\_\_26 You think it is important for your child to be in a class with other students of the same age.

If your child spent any time in a general education classroom in the past school year, respond to questions 27–32. If not, skip to question 33 .

- \_\_\_27 The instruction and course material was modified for your child to meet his or her needs.
- \_\_\_28 The general classroom teacher (s) was supportive and flexible in meeting the needs of your child.
- \_\_\_29 Support staff were available, when needed, to help your child in class.
- \_\_\_30 Your child joined in class activities and interacted with others.
- \_\_\_31 You were kept informed about how your child was doing in the general education classroom.
- \_\_\_32 Overall, your child benefited from being in a general education classroom.
- \_\_\_33 Would you prefer that your child receives his or her education in a different manner than he or she did in the last school year? If No, proceed to question 36.
- 1 No
  - 2 Yes

- \_\_\_34 If you answered Yes to 33, in which of the following settings would you prefer your child receive his or her education?
- 1 Residential (live-in) school for students with disabilities.
  - 2 Special education school only for students with disabilities.
  - 3 Special education classroom, within a regular school.
  - 4 A mix of special education classroom and community placement (work, job, or other skill training).
  - 5 A mix of general education classroom and special education classroom (or resource

- room).
- 6 A mix of special and general education classrooms, and community placement.
- 7 General education classroom.
- 8 A mix of general education classroom and community placement
- \_\_\_35 If you answered Yes to 33, what is preventing your child from receiving his or her education in a different manner?
- 1 You didn't know you had any choice in the matter.
- 2 You were told that there were no other options available in your school district
- 3 School staff believe that your child is best served in his or her current setting even though other options are available.
- 4 You are concerned about the quality of support and services your child would receive in a different setting.
- 5 Other, please specify
- 6 Nothing, a change has already taken place this school year.
- \_\_\_36 In which of the following settings do you prefer that your child spend most of his or her time?
- 1 Special education school.
- 2 Special education class (es) within a regular school.
- 3 General education class(es).
- 4 Community placement.
- \_\_\_37 Do you think that your child will always need to receive some instruction or services outside of the general education classroom?
- 1 Don't Know
- 2 No
- 3 Yes
- For questions 38—47, indicate the amount of concern you have about your child being included in a classroom with other children without disabilities:
- 1 Not at all concerned
- 2 Somewhat concerned
- 3 Very concerned
- \_\_\_38 The amount your child will learn in a typical class with children of his or her age.
- \_\_\_39 The amount of support and assistance received from school staff.
- \_\_\_40 The degree of acceptance by other children.
- \_\_\_41 The degree of acceptance by general school staff.
- \_\_\_42 Your child's health and safety.
- \_\_\_43 The quality of instruction received.
- \_\_\_44 The loss of friendships developed in the special classroom.
- \_\_\_45 Your child's own preference for the special education environment
- \_\_\_46 The difficulty of transition for your child to a general classroom setting.
- \_\_\_47 Emotional difficulty your child may have in a general classroom.
- Which of the following have been or do you think would be barriers to your child being successful in a general education classroom?
- 1 Do not have enough information
- 2 Not a barrier
- 3 A minor barrier
- 4 A significant barrier
- \_\_\_48 Attitudes of other parents toward children with disabilities.
- \_\_\_49 Attitudes of special education school staff toward children with disabilities.
- \_\_\_50 Attitudes of general education school staff toward children with disabilities.
- \_\_\_51 Attitudes of special education school staff toward parents of children with disabilities.
- \_\_\_52 Attitudes of general education school staff toward parents of children with disabilities.
- \_\_\_53 Attitudes of administrators or school board members.
- \_\_\_54 Attitudes of other students toward students with disabilities.
- \_\_\_55 Cultural or racial insensitivity or bias.
- \_\_\_56 Your child's education team, including general education staff, not working well together.
- \_\_\_57 Lack of general education teacher skill in working with children with disabilities.
- \_\_\_58 Lack of general education teacher skill in dealing with behavioral issues.

- \_\_\_59 Lack of school financial resources.
- \_\_\_60 Rigid or narrowly denned instructional goals for your child.
- \_\_\_61 Rigid or narrowly defined instructional goals used in the general education classroom.
- \_\_\_62 School organization, rules, or regulations.
- \_\_\_63 Teaching methods used specifically with your child.
- \_\_\_64 Teaching methods used in the general education classroom.
- \_\_\_65 Grading system.
- \_\_\_66 Classroom size.
- \_\_\_67 Physical facilities or accessibility.
- 68 Other, please specify

Which of the following would now help you support your child in whatever education setting that you prefer for him or her?

- 1 Would not be helpful.
- 2 It would be somewhat helpful if you could get this support
- 3 It is important, but not absolutely necessary for you to get this support
- 4 It is essential or absolutely necessary that you get this support
- 5 You already have this support
- \_\_\_69 Support of spouse, extended family, friends or significant other.
- \_\_\_70 Support of other parents of children with disabilities.
- \_\_\_71 Support of school staff.
- \_\_\_72 Training on supporting the education and development of your child.
- \_\_\_73 Training on the IEP/IFSP process.
- \_\_\_74 Training on how to communicate with school staff.
- \_\_\_75 Training on your rights as a parent and the legal rights of your child.
- \_\_\_76 Help of a parent advocate, support person, or public employee who is not a school employee.
- \_\_\_77 Opportunity to meet more often with school

- staff to discuss your child's education.
- \_\_\_78 Written information about your child's disability.
- \_\_\_79 Written information about how to handle your child's behavior.
- \_\_\_80 More flexibility in scheduling meetings with school staff outside of normal school hours.
- \_\_\_81 Chance to join in overall school planning and decision making.
- \_\_\_82 Financial support or assistance.
- 83 Other, please specify

The following questions will help us understand how experience or needs differ among various groups of people. For example, how do the needs of parents in rural areas differ from those in the Twin Cities metropolitan area? In this way, we can identify the unique needs of each and attempt to formulate strategies to serve those groups.

- \_\_\_84 Area of residence
  - 1 Twin Cities metropolitan area and suburbs
  - 2 Other cities with populations of 25,000 or more.
  - 3 City or town with a population between 2,500 and 24,999.
  - 4 Town with a population under 2,499.
  - 5 Rural area
- \_\_\_85 Gender
  - 1 Female
  - 2 Male
- 86 Your age: \_\_\_\_\_
- \_\_\_87 Ethnicity
  - 1 African-American
  - 2 Asian American
  - 3 Latino
  - 4 Native American
  - 5 Caucasian
- \_\_\_88 Family income (excluding Public Assistance)?
  - 1 0 to \$14,999
  - 2 \$15,000 to \$29,999
  - 3 \$30,000 to \$45,000
  - 4 \$45,000 to \$59,999
  - 5 \$60,000 and above

- \_\_\_89 Marital status
- 1 Single
  - 2 Separated or divorced
  - 3 Have a domestic partner
  - 4 Married

- \_\_\_90 Are you the foster parent of a child with disabilities?
- 1 No
  - 2 Yes

- \_\_\_91 Do you hold a membership in or regularly receive materials from any disability related advocacy groups for parents?
- 1 No
  - 2 Yes

- \_\_\_92 Are you actively involved (committees, task forces, special training, etc.) in any disability-related advocacy groups?
- 1 No
  - 2 Yes

- \_\_\_93 Are you actively involved in any school district committees?
- 1 No
  - 2 Yes

- \_\_\_94 Have you ever been, or are you currently active in a family support group?
- 1 No
  - 2 Yes

Are there any additional comments you would like to make about the education of your child or this survey?

— *Thank you!*

## Appendix E | *Other Medical Needs*

Question 5: "Which of the following best describes your child's *most demanding medical needs*?"

- Asthma
- Allergies
- Bronchial asthma
- Immunological problems
- Xeroderma pigmentosa — school puts film on windows to block out UV light and special tubes on fluorescent lights to filter out UV light emitted from them. My son applies sunscreen to his face by leaving school to come home.
- Heart & bacteria infections
- Recurrent ear infections - has tubes
- Bladder infections
- Involved with sensory integration therapy
- Complex physiological behaviors require assistive tech and daily intervention
- Easily fatigued, limited physical stamina
- Osteoporosis — bones break easily
- Bone age delayment
- Orbit implant changed once a month
- Occasionally soils self
- Rheumatoid arthritis
- Frequent illnesses
- Very susceptible to cold temperatures
- Chronic upper respiratory condition, occasionally monitored and medicated by school nurse
- Diabetes

# Appendix F | *Reasons for Negative Planning Experiences*

Question 16: "If you answered 1 or 2 to question 15 [What has your experience been like in the development of your child's IEP/IFSP?], what was the most significant reason that made the IEP/IFSP process negative for you? If you answered 3 or 4 to question 15, skip this question."

## **Communication**

- Poor communication with regular education teachers.
  - The school didn't take time to fully explain reasons for goals or what significance all the "%" stated held. Generally, in any conference held teachers didn't explain terminology, significance of any testing or why it was done unless we asked (they acted as if we had the degrees in their areas of teaching expertise).
  - I found it frustrating. The staff didn't talk to me directly nor include me in their discussions. They didn't listen to any of my inputs.
  - Not everyone is also advised at upper level.
  - The school was confrontational.
  - I could not get the school staff to evaluate him for an EBD Assessment until March 31. I was given an IEP May 6 and asked to sign it. When I read it, it didn't seem to fit my child but they would not listen to me.
  - It took many meetings to settle on a more adequate IEP because most people at school were unresponsive and uncooperative. The school staff didn't want a homebound plan even though my child only made it to twelve days of school last year, and the original hope of partial inclusion didn't work, because of medical problems.
  - There is a lack of communication between regular education teachers and special education "able" class teachers as we see it. Nobody there wanted to take the responsibility for what happened (those among the adults that should have). My daughter was the real loser. No school staff person wanted to deal with "in what way specifically the end result could have been avoided" by their attention to her specific case. She lost credits as a result of that - which could have helped her in a career someday. Unfortunately it was shoved under the rug for the lack of a better, quicker way to handle the whole situation for the classroom (general) teacher.
- I had to go to conciliation conference to resolve disagreement.
  - The rating scale was strange and hard to measure. We didn't have a lot of input There were many, many forms. It should be checked or rewritten sooner and parents should be informed of how needs are being addressed to be consistent at home and school.
  - A complete assessment was not done, which led to an inadequate and inappropriate IEP that was not adhered to or implemented because no one could figure out whose responsibility communication is. Repeated written requests for another IEP conference have gone ignored since last May. So now we also have compliance issues.
  - The building administrator was not there. A long term substitute attended who would not provide continuity. The discussion used educational jargon that meant little or nothing to me despite the fact I have doctoral degree in another field.

## **Plan Content and Goals**

- The group was too nonspecific on goals.
- I found the IEP process (for several years) to be very vague and the goals set forth very "generic" and nonspecific to individuals, much as if it was just something to "get through."
- It appeared that the school wanted to control how it was written.
- I had to rewrite the goals and there were bad teachers.
- The focus was too positive, instead of helping the need.
- Most goals weren't measurable, nor were they based on staff instruction. Some goals were accomplished through normal maturation.
- The IEP was pre-made at the time of the confer-

ence with just token input from myself.

- My requested goals weren't included in the IEP.
- While the IEP covered speech concerns, the language development was not addressed and therefore she seems to be farther behind at this point. The speech help has been invaluable and has worked very well for my child. I'm responding to these questions with the frustration of her reading which is currently being assessed.
- Goals were set way too high and had to be lowered because they were unrealistic to begin with.
- The school staff focused totally on strengths and capabilities. We believe this is important but we also need to talk about problem areas.
- The staff was untrained. They didn't evaluate my child and set appropriate goals for her. There was poor communication between staff and to parents.
- I feel the teachers do the IEP because they have to (mandated) and don't tailor it to the individual child but just make generalized goals. There isn't enough detail planning.
- The goals and objectives were mostly pre-planned before the IEP staffing took place.

### **Attitudes**

- My son's thoughts and feelings weren't always valued by staff.
- Numbers 1, 2, and 4 all equally - while the school listened, they were still determined to do things their way without even trying my suggestions.
- My first IEP was very negative. It wasn't until I had an advocate present that attitudes changed.
- Teachers resent parent involvement or "interference" and continually complain about large classrooms and too much work to deal with individual student needs.
- Disregard for student, doctors and parents.
- Communication was very lacking and they weren't willing to learn about son's ADHD. I was told to leave it up to the professionals because they know what they were doing - like I don't.
- There was negative input by a member of the team.
- My child faces discrimination when moving to the next grade level. The regular education teachers don't want her in their class and it's always clear to me that they don't understand her right to be

in a regular education classroom.

- All of the above were complicated by old ideas these kids should be someplace special. Staff suffered from burnout and was committed to the job but with little to no opportunity to change attitude. It's a smaller community with few options. It's a struggle for staff to understand and accept needs of child and they act mechanical.
- I felt my child was not looked at as a whole person, but rather that they tried to make him fit their needs, not his whole person needs.
- The principal was rude.
- Some of the people you deal with tend to think parents are idiots.
- The question from staff is, "what do we do with him? Our school isn't set up for people like your child, we are mainly an academic school and we normally don't have students of his nature here."
- The general staff isn't really willing to do anything different for my child than a non-disabled child.
- Prior to attending private school the focus of the school staff never seemed to be on what my child's needs were but instead on what was available at the school. The slant was also on why he wasn't fitting in instead of on what works for him... what does he do well... constructive brainstorming.
- An absolute refusal of staff to believe or try to see if my son was bored vs. unable to do assigned tasks. This has changed with the change from pre-school to elementary setting.
- She had no interest in keeping up with it.
- Not all of her teachers were involved with the IEP. It seemed like her regular teachers didn't give a rip about her. Her special education teachers were great.
- The school staff were trying to make our child fit the program rather than make the program fit the child.
- Some teachers didn't want to change anything in their teaching style or classroom for just one student, so they ignored the IEP suggestions that would help my son stay focused and on task.
- The school didn't act or help until he was going to fail, then it was, "oh we have to do something now," and he barely passed.

### **Lack of Knowledge of Child or Disability**

- They are really not aware of all the needs of a deaf

child and dwell mostly on the negative.

- My daughter has a back problem, not a mental problem.
- Regular education teachers don't believe he has a disability. They feel he is getting "special treatment" and things are being "handed to him on a silver platter", i.e., having exams read orally to him, spelling not graded in regular work, etc., and making him feel guilty for asking for special help.
- Total ignorance regarding disorder.
- I don't believe staff understood child's disability.
- Teachers are generally interested in child's best interest but need more adaptation from a special education person. I like integration but there needs to be better training, ideas for teachers and the assistants need to be trained better. I would like a person specially trained in my child's disability to review the IEP and offer suggestions.
- The teachers need to be more up-to-date with children with learning disabilities in the schools today, instead of pushing them aside and treating them like dummies and children who are unable to be taught
- It was the wrong test to be giving my son.
- The mainstream teachers were uneducated about learning disabled and were rude to us at conferences.
- Special education teachers have no real competence in development or implementation of programming for learners profoundly affected by multiple disabilities. They have no problem solving skills, no ability to see the world from such a learner's perspective, no ability to see the needs of families of such children and no ability to recognize the learner has a whole life that they are addressing, not just a school day.
- It took us several years to get the school to admit our child had a learning disability because they felt he wasn't failing and had no comprehensive problems. After extensive testing, private tutoring, and tutoring at school, the school finally agreed to provide special education to our daughter since she was finally tested at two to three years below her age group in reading levels. It has been our experience that you have to fail in school before you can receive special education time.
- My daughter was not diagnosed, although we had the entire psychological battery of tests given to her in school and took her to two other mental health professionals. No one saw through her dif-

ficulties to the good that was there. (Her father and I didn't either.)

- The process is like going through an act. I have found in past years that during conferences, most teachers were unaware of the IEP and disability. It seems there is little follow through on this.
- My child needed services long before she qualified. I knew it, I had documentation from private developmental MD but the district wouldn't do a thing until she met state guidelines. By the time of IEP, I was already very frustrated. I had been fighting too long already
- Too much emphasis is placed on emotional behavior disabilities instead of severe learning disabilities, and therefore a student is placed with the wrong group (because EBD can give more help?). This error then creates more behavior problems.

## Plan Implementation

- IEP was not specific or measurable. My son was on indirect services and his progress was not charted and followed-up. Temporary and supplementary staff weren't informed of my son's disability. Specific "tools" weren't written into IEP to help my son meet goals.
- Learning disabled teacher was not assertive enough to insist on regular education teachers following the IEP modifications.
- I don't feel there was adequate evaluation and follow-through.
- The regular classroom teachers weren't made aware of the goals and therefore had expectations from my child that he could not meet
- The IEP was overlooked and not started until halfway through the year.
- My son's IEP was not followed up on until he was too far behind to catch up and as a result he was almost held back.
- Input was not met because of the response, "can't or didn't have enough staff or money to do it." The IEP process was not acted upon in many issues where goals were implemented.
- Teachers in my son's regular classes didn't act upon issues they said they would.
- The process was fine once it was in place. However, even though we identified a problem with our child's speech at the first conference, he didn't actually begin working with the speech pathologist until February. By then half the school year was over.

- It was very difficult to get 504 initiated.
- Coals were always set but never fulfilled. Regular education teachers and the class placement person half the time didn't know my son had an IEP or was special ed. I had to be vocal for services, but to no avail. Spring of '92 the IEP facilitator made out the assessment and signed it. The head of special education didn't like the assessment because it gave my son more services so made some changes and submitted it to me under the facilitator's signature. I knew what had happened because I had a copy of the original IEP. I was very angry and called for a meeting with the school and the district. That didn't help either. IEP's are useless as far as I'm concerned.
- Process is too long, not acted upon immediately.
- I often feel that what is written on an IEP isn't necessarily what is being done. It's often confusing to me and my son would have no idea what it's saying. Most of all the IEP should be shared with all of my son's teachers, and I often find out they have no clue as to what disability my son has. They only know he receives special services.
- The teachers that needed to work with him weren't at the IEP and it was not implemented or worked on in a timely position to help him in school right away.
- No follow-through of teachers. They moved him without telling us or changing the IEP.
- We write up a plan on the 504 but it doesn't have to be adhered to like an IEP. Our team did participate in this plan. We now have a very good case manager who understands our concerns for this child.
- Teachers weren't informed of some IEP teaching aids that were to be done for the last three years. Therefore, halfway through each year of the last three years, when I finally became aware of situation I had to bring the matter up and make teach-

ers aware of teaching aids not being used. I feel this put my son behind.

- An IEP isn't everything. Many kids with an IEP don't meet the goals. These kids can complete an entire year and learn nothing and are passed to the next grade.

## **Other**

- All of the above (10 responses).
- Because inclusive was based on an "earn" issue - if student had good behavior and listened to task at hand he was allowed "inclusive time" in regular classes.
- The district advocates for itself and not for my child with regard to providing physical/occupational therapy services, and has the audacity to think and say they are acting in her best interest
- My son didn't qualify for special education placement so we had to settle for a 504 plan. His educational assessment test scores were considered border line scores, so he wasn't placed with any special education programs. This I find unfair and rather negative.
- Post secondary programs in education and vocational education for mild-moderate intellectual impairment aren't available. Habilitation training is nonexistent - no agency will take responsibility for transportation training.
- It's a hard thing for parents to do because it's a constant reminder as to how slow or far behind your child is. It's also very intimidating, with all those professionals and you. So this year I plan to have more people on my side of the fence.
- My child was not allowed to continue in extracurricular chorus.
- We always feel like we have to fight for the services our child deserves according to assessments, doctor's orders, specialist, etc.

## Appendix G | *Other Barriers Identified by Respondents*

Question 68: "Which if the following have been or do you think would be barriers to your child being successful in a general education classroom?"

### **Adult Attitudes**

- Due to his lack of communication (verbal or written) skills, people will assume that he can not learn or that he has a severe mental disability.
- Lack of teacher sensitivity to our child's emotional needs.
- Rigid or narrowly defined gender roles being applied to my daughter by both general and special education staff.
- Where I live, parents and other people don't understand my little girl's disability .
- A double standard by general education staff that hurt my son getting the support he needed, i.e., penmanship and spelling was not a problem because he is disabled so special education staff would say things were fine. The following year his younger brother would be criticized and be doing three times as well. It's like the reverse of "too negative" and one of our biggest problems.
- We need more professional people to be honest about their prejudice which shows only in the classroom.
- People catering to her every want and need. Not enough time for her to do things on her own (maybe too much to do).
- Staff (teacher and administration) not responding in a positive way when student expresses that he is having trouble or experienced a problem.
- I don't want my child in a classroom with an interpreter who will be the only person in the classroom who she can communicate with.
- Many of these were rated as a one because staff and other individuals need to deal with their own issues of bias etc. This number doesn't mean staff is all okay - it struggles.
- Harassment
- Attitudes of gray haired teachers to change.
- Not realistic at all from my experience.
- My fear of a significant barrier is general teachers not giving the same attention to a child with learning disabilities, basically, just letting the child get by and counting on the resource people.
- Teachers non-acceptance of ADHS in this age child (18).
- The belief by special education and general education and administrative staff that they understand learning disabled and ADD when they don't, and characterize the child with learning disabilities the as lazy and manipulative and therefore the parents as enablers.
- Staff belief that inclusion is a fad which they can wait out.
- My attitude that academic classes for general education aren't the best use of my son's time.
- Other parents and children not understanding symptoms of ADHD.
- Attitudes - for special education staff, regular education staff, & administration the belief is "we" really can't do this (i.e., teach every child) but they all say they can.
- Teachers just passing a child without the child learning.
- The possibility of a general education teacher not liking special education students.
- Because my son is very bright his behavior is looked at as intentional and he has a "reputation."

### **Child Characteristics**

- He is hearing impaired so large classes usually have too much noise.
- I feel my child will need monitoring so he doesn't backslide — the progress was great but I am somewhat concerned. My son has dyslexia.
- Our son simply could not function in a general education classroom, nor do we feel it would be fair to the normally functioning students. It would simply be too disruptive and impossible to implement his IEP in that setting. He simply doesn't function anywhere near that level. Totally inappropriate.
- It would not be an appropriate placement for this child.

- My child's physical limitations.
- Child's attention span isn't good. He also turns you off.
- Open classrooms noise and activity makes it difficult for an ADHD child to concentrate.
- My son works best in a small sized classroom, one-on-one is when he succeeds. He has a hard time taking notes and isn't organized in a large setting.
- Behavior issues and my son's interactions with others.
- As he ages he will need special education for physical education and that I believe could create enormous difficulties.
- In a classroom size of ten or more children, chances are that our son will get charged and his learning will be severely delayed due to over-stimulation.
- My daughter is completely mainstreamed this year and for her it's an excellent placement
- Our son would not be able to handle or fit into general education.
- Inability to directly communicate with classmates using sign language.

### **School Policies and Practices**

- The public school district our child was in has been extremely unhelpful in dealing with children having ADHD.
- Having to fight for ADAPT service because of qualifying regulation in the district that students must have significant needs in two areas in order to receive service.
- We've been fortunate that the general education teacher, principle, psychologist and speech therapist all work together and listen to us as parents.
- Physical education classes should only be available to the student as an option, not mandatory or stated as a state law. That is too rigid. There are too many other classes that are more beneficial to my son's education without having to be pressured by a rigid state law. There's too many rules and regulations that we are told to follow. Let us decide what's beneficial, not the state.
- Teachers for general education classes and special education classes having time and taking time to keep parents updated on a regular basis (once a week maybe for special education students) on the goals met or on what to work on at home.

Currently, updates are about four times a year, unless I call.

- The slow process and waiting time taken to do testing and evaluate students in need of special education. Ours took nearly half of the school year before they were completed and special education began.
- No availability of alternative class settings other than main streaming available to choose from (child's wishes not taken into consideration). The child is mainstreamed but with younger children.
- IEP meetings in the summer.
- The tests given aren't specific enough to get an answer to "how to."
- At this time regular education teachers have the option to say no to having our kids in their classes.
- A lack of inclusion as promised in the IEP.
- Lack of teaming with regular/special education.
- The amount of time it took to get my child into speech was a significant barrier.
- Regularly scheduled communication between school and parents has always been a barrier for us.
- No assignments were followed up with parent in certain classes.
- Rigid or narrowly defined limits for who receives help is based not on students in need but on finances.
- Lack of general education classroom teachers to be present at conferences they are designated to attend. Also, the failure of general student counselors to follow up on a students progress and condition after a student has been hospitalized for many months. I am being very specific. Lack of communication was directly responsible for landing our child back in the hospital again after less than three weeks. It was communication between school and therapist with no input given by parents. As mentioned before several general education classroom teachers decided to ignore our child's special needs. If the teacher had informed anyone about her lack of performance in his class in time, steps would have been taken to change that. Nobody seemed to care but us over the negative results.
- Using facilitated communication rather than pencil and paper activities that don't really tell us what he knows. Plus this method causes increased frustration and dislike for school.
- Persistent failure to uphold IEP provisions rela-

tive to transportation by the transportation department.

- Lack of cooperation between school district and school.
- The most negative aspect is the mixing of EBD students who are aggressive, abusive and foul-mouthed with moderately handicapped students who don't exhibit those behaviors but who have to come to school facing that atmosphere each day.
- Lack of communication between grades when student is starting a new grade.
- The structure of the special education coop who limits resources to students with needs, specifically one occupational therapist to serve seven school districts. Therefore, the coop recommends only indirect services, resulting in many students with severe disabilities having no occupational therapy services because teachers won't refer them and parents don't know to ask.
- Insufficient communication between parents, special education (liaison person) staff and classroom teachers regarding homework and class work demands.
- The inflexibility of scheduling is a barrier. When a learning disabled child needs to transfer into a different class because they cannot succeed in the class they are in, the classes aren't available or no class changes are allowed.
- If a teacher isn't allowed to admit a personality clash with a student and send the student to another teacher for both the child's and teacher's benefit
- Have had to fight for even special education programs that the law currently requires.
- The classes are mixed in age (grades four, five and six) and are too large. The mixture of grade levels are too demanding upon the teachers.
- Lack of choice (student choice) and flexibility in schedule.
- Lack of involvement of administration.
- Our greatest asset has been our own ability to learn about our child's disability, to learn about our legal rights and to participate very actively in our child's education. In no way did the school assist us in this endeavor, in fact, certain parties greatly respect us and others are very upset at our assertiveness. This could be a major barrier for others.
- Lack of communication between special educa-

tion, general education, administrators and parents.

- The absence of uniform rules, ways of doing things and educational beliefs among the six different teachers my son has.
- The ability for general education teacher and special education staff to work together with parents.

## **Instruction and Curriculum Issues**

- Not enough positive learning - learning new and real interesting things: learning about taking care of one's self in our world today with a bad economy, about all the different people in the world and how it affects them, and about how we all help each other. Also, learning how to protect themselves from harm and to have a good positive image.
- Teaching methods have to be incorporated into IEP/LP for academic success (e.g. fine motor/paper & pencil work requires intensive help).
- My son has a reading problem. It's a real struggle for him. He can read but doesn't like it. When it comes to taking tests I think he's overwhelmed by all the words and gives up before he gets started.
- A learning plan to fit my child.
- Accommodation, modifications, and a variety of teaching approaches.
- I am more concerned about enrichment activities at the "upper" end of academics. So much time is spent modifying and adapting that the high achievers are often left to fend for themselves.
- Finding the best methods/process that our daughter learns through.
- Flexibility in general education curriculum for all students.
- Special education teachers adjusting to consulting role and actually having methods to successfully integrate a multiple needs child within the general education classroom.
- Lack of necessary adaptations to class work and tests.
- General teaching staff not wanting to take time to make modifications.
- Inappropriate expectations - rather than challenging his limited ability they gave him busy work.
- Not enough time in a day for special education classes and they aren't not long enough.
- Outcome-based education in special education

classrooms don't work. My son failed because of this and is now going to night school to graduate. He probably could have passed with a C but it was A or B or no credit

- Unwillingness to individualize instructional methods.
- In our neighborhood school there isn't enough special education time with the special education teacher available, and at times academics in the classroom (general education) aren't appropriate.
- Testing isn't adapted for a child with fine motor difficulty, i.e., grading on neatness.
- I traditionally have a hard time getting spelling and math (as examples) modified for my son to be successful. He is expected to have the full load as the general education and he can't do it. He then will turn off totally.
- The ability to comprehend material given in a general education classroom is too difficult
- Testing process isn't designed for handicapped children and makes them appear not with it
- Lack of teacher's time, caring, knowledge and ability to build flexibility and alternatives in their teaching style and requirements in order to meet the needs of a student who doesn't fit the "mold".
- Inability and/or unwillingness of general education teachers to effectively adapt curriculum. Also, no flexibility. "Best practice" training resources, such as the "Syracuse curriculum" are needed.
- Uneducated general education classroom teachers with regard to flexible teaching styles, various learning styles, adaptation of learning materials, and team teaching with team teachers.
- Support staff wanting to follow general class curriculums, and thereby not working toward specific IEP goals.
- The availability to the general classroom teacher of instruction and material on modifying curriculum to meet the needs of the child with a disability.
- Testing methods.

### **Resources: staff time and training; equipment and facilities**

- Staff support - inclusion without trained support can create a failed model. We were very successful last year and with a new grade and "staff" special education it has been a horrible change.
- Need to pass school levy - better money spent for

schools.

- We feel (or have felt in past years) a sense of frustration from some of the general education teachers and staff. We feel is due to lack of training and/or experience with deaf children. We realize integration is fairly new in terms of experience, but our child is totally mainstreamed and has had little to do with the specialized staff. We feel there should be more training of general education teachers and more support for them from special education teachers.
- Not enough individual attention.
- Lack of space to adequately provide for physical/occupational therapy, speech and other special education services.
- The acoustic features of the classroom, gym, etc. The availability of amplification devices in all school settings.
- Funding for field trips (lift bus) is an issue, as the parents also pays. It really singles out your child in a potentially negative way. Also, there is no opportunity for team and/or competitive sports.
- I fear ADH disorder may be a factor in my son's disability, however, he hasn't been diagnosed as such. Dyslexia has also been considered, however, it was not diagnosed. I feel there may be a problem with general education teachers having the time and talent to deal with this.
- The child not having the right tools soon enough to have a positive experience, i.e., books on tape, lap-tops, note takers, etc.
- The school not getting a lift bus for field trips.
- Classrooms are too large.
- We have chosen to educate our children at a small private elementary school. Our child who has a disability is the only child in the school with significant physical disabilities. The school can't afford to hire its own nurses or classroom assistants. The public school system refuses to pay for or provide any physical therapy, occupational therapy, speech or classroom assistance "off site". They want to bus him for services. We won't so he gets less, but it still seems to be a benefit for him to be in this setting.
- Lack of support staff with the knowledge of my son's abilities.
- The use of seating (chairs) available when a body is in pain.
- More teachers working with children with disabilities.

- Lack of communication between parents and school system on a regular basis because of increased classroom size, understaffed school, etc.
- The money is a problem — giving those with special needs the extra help needed and extra minutes each week in a public school. Then add those being bused from a private school and it means less money spent on those attending public school.
- Lack of individual attention and help.
- Too many children crowded into a classroom. It's difficult for walker or wheelchair access
- The large size of general education classrooms.
- Transportation - my child takes the regular bus but has to cross a busy street
- The money needed to make schools totally accessible.
- Not having enough support help in general education classes, i.e., a paraprofessional to assist with homework assignments and note-taking.
- Financial resource limitations haven't been a problem for us because we know that reason can't be used, but we know it's impacting others less able to advocate.
- The number of students in general education classroom is way too high for one teacher.
- Conference time.
- I see a barrier in the regular classroom teacher finding time for individual help, or special education teacher having enough time to move from one classroom to another to help each student
- The lack of practical experience of special education staff in inclusion.

## **Other**

- I see these as potential barriers, however, we have been very fortunate and pleased with the cooperation and open attitudes encountered in our child's current school. yet we definitely fear all of the above with each stage of a transition to a new school/teacher, etc.
- My daughter needs help in making friends. Because of her disability she isn't always accepted.
- A nurse accompanies her to school so the school doesn't provide an assistant for her. The nurse acts as an educational assistant and takes care of her medical needs.
- My child went to summer school and the children

here took her new coat. It wasn't the first time children took things from her because of her disability.

- Lack of adult supervision (safety).
- Awareness of what to do if my child has a seizure on the playground, in the lunchroom, or when being transported to and from school.
- These questions presume that general education placement is in itself a barrier. Integration to general education was never an issue. The child in question is the only child with physical disabilities in school and there still have been no barriers to placement
- Our school is far superior to much of the inclusion efforts happening around Minnesota.
- Special consideration to children that need medicine everyday.
- While I believe teachers generally want and agree with inclusion, often times the "how to" is missing. Fears and/or teacher concerns must first be identified in order to set the child with disabilities up for success, not failure, with inclusion.
- The teacher my daughter had for the first six weeks in general education last year was a significant barrier in all areas. We pulled our daughter from this general education teacher and went and enrolled her in a private school in order to get a new general education teacher.
- The health needs of children that need medication every day in school.
- Teachers (general education only) having no information on ADHD and/or not recognizing this as a disorder.
- Social acceptance.
- Disruption of child's classroom instruction by other learning disabled kids in class who tease and otherwise distract those who suffer from ADD.
- Education on lung diseases and how to deal with the child with compassion and what to do medically. A general understanding of all school staff.
- Poor communication between general class staff and a student with limited learning styles.
- No other special education students with my son in his regular education class. He is the only one and gets too much notice.
- Exposure to diseases that keep him out of school or hospitalized.
- My child has fallen behind his peers academically and may never catch up.

- Unions.
- My children were unsuccessful in general education placements.
- I am concerned with surrounding activity in regular classroom.
- The child's safety if there isn't one-on-one supervision.
- Specific general education teachers lack of knowledge, understanding and flexibility as related to my child's total needs (learning disabled, ADHD, TS).
- Testing not adapted for child with fine motor difficulty — grading on neatness
- Appropriateness/skill of personal care attendant
- I would like to see all teachers be given training in dealing with attention disorders.
- My child has only a minor learning disability and in holding her in kindergarten one year we may have negated a need for additional out of class help.
- More knowledge for parents on alternatives to current system. We don't always know what to ask for.
- The teachers and staff at school have been great.
- The staff 's understanding of the communication used by a child with a disability.
- Somewhat concerned with labeling child a "special education" child, but very sure that the benefits of his special education will get him off to a great start
- These are all "would be" barriers but we can honestly say our school has dealt with all of these issues. We are very involved in our son's education.
- My son doesn't have a grossly visible physical handicap but is receiving adaptive PE and because of his lack of abilities tends to be left out during recess periods and is sometimes picked on by other children because he appears clumsy. There could be more done to promote peer understanding and acceptance of children with minor handicaps.
- Our school has been very good in dealing with my child's disability.
- Parental anxiety.
- Our experience has been positive. With proper support staff, all barriers can be worked through. It has helped to include regular education teacher in IEP and it has been the biggest asset to have our son "belong" to a class and follow his peers from year to year.
- Related services.
- The major obstacle to my child "feeling" successful was his being aware of ability grouping and knowing that he was in the "lowest group" in all classes. In general, I don't believe any of the above have been barriers to my child's success, largely due to a tremendous job by support staff.
- Our experience so far has been excellent at the grade school level. However, we have great concern as we approach the junior and senior high levels of education.

# Appendix H | *Things Preventing Parents from Changing a Child's Education Setting*

Question 35: "If you answered *Yes* to 33, what is preventing your child from receiving his or her education in a different manner?"

## **Parent Issues**

- Special education doesn't agree with what I want
- We chose to send her to daycare three mornings with a nurse for interaction with peers.
- I have transferred my son on a non-resident agreement to a different district
- I like her back in school with children with disabilities.
- I would prefer she stay in our district or one that is closer. I would like for her to be with other blind children where the curriculum and teachers are geared toward the blind.
- I waited for availability at Minneapolis Children.
- I think he is getting the best help possible.
- I believe in outreach or community services and apprenticeship for the disabled.
- Currently the best place for him is at a school for learning disabled students. Next year he will probably be ready to go to a regular school.
- The class sizes are too large with too much unsupervised areas. My child needs more one-on-one.
- I am concerned about the quality of education my child is receiving at the junior high, period.
- We are completely satisfied with her education plan for her first year in kindergarten.
- I removed my son from one school to another.
- My child needs one-to-one to learn best. He has some special education in small groups of three to eight students per teacher in a special education classroom which is good, but other "special education" classes are large, similar to general education taught by general education teachers. That's not good. I would like all his education to be tutored.
- I feel that kids in special education classes fall through the cracks because their self-esteem and

other factors are affected. I have seen this happen more times than not

## **Child Issues**

- The deaf school is too far away to bus each day - child too fragile to relocate easily.
- Due to family stress, my child was unable to deal with testing until school was almost over.
- My son needs a structured school.
- He is gifted and clearly bored with school and detail work. He needs advanced education for his grade level. Behavior modification is improving.
- A medical diagnosis of my child's disability is needed in order to make a change.
- His learning ability must first be tested - how should he learn - what are his strengths.
- My son's behaviors of being defensive and overreacting to corrections, being disrespectful and restless prevent him from remaining in mainstream.
- My son was asked to leave (the private school) because of behavior problems due to his learning disability and placed back in public school.

## **Staff/School Issues**

- I don't know of any schools that are one-on-one.
- Staff is too "baby-sitting" oriented and not sufficiently motivated to education/training outcomes.
- We were told if he remained in first grade for reading and math he would lose support and services from his aides because he would be A+ grade level and not behind.
- There are parents who have a lot of influence in the community who have convinced the district that it falls under too restrictive based on the needs of their much higher functioning children.
- They don't take measure to find out why he is having problems in some areas.
- The quality of support staff.
- Due to the lack of communication it's really hard

to judge what he knows.

- Not all of his teachers made an effort to communicate with parents or to adjust curriculum to my son's disability.
- The staff will not learn about son's disabilities and don't follow his IEP, at times don't even read it.
- Generally he is doing well but the class size is too large to allow much individual attention.
- The school district hides behind least restrictive environment, refusing to set up special education classrooms.
- There is a problem getting the needed support due to time constraints and staff constraints.
- The school didn't follow through to IEP until I got forceful help through Minnesota Disabilities. Only with their help did he graduate in 1991.
- I prefer more school contact to be aware of my child's activity and progress.
- The staff isn't knowledgeable about ADHD and not willing to bend.
- I would like to see more management aides in the district
- They heard our requests but haven't responded.
- I was told that being in the three to six percentile was not enough to rule extra help and I think the rules need to be changed.
- I was told the school district was only to give him minimal services.
- The district doesn't provide community experience as soon as other districts in Minnesota.
- My son doesn't qualify for special education services. He is only one-and-a-half years behind rather than the two mandated for special education.
- They say he isn't severe enough—no maximum potential.
- While he spends no time in special classes he does spend time in separate settings for computer-used gastrostomy feed-ins, check in time, check out, etc. This is, I believe, just sloppy and uncreative teaching and fear of asserting 916 student needs on to regular education staff and students.
- School funds are lacking. There isn't enough staff or resources.
- Greater creativity for involvement in general education classes; more structured mini-classes in special education classes
- My child has learned enough techniques to be in regular classes but teachers don't understand how to teach to children with problems. I am not sure they are interested in helping as well.
- There aren't enough classes of interest to my child.
- There is no school in our area.
- A general education classroom teacher ignored my child's specific special needs. He refused to communicate directly to the "able" class people or to us about her progress. Everyone but parents knew the failing situation. She transferred out of his class and they all OK'd that She was happy to be out of it. We were surprised it was all cut and dried before we were told anything. And too late also. That's really pretty awful.
- My daughter went undiagnosed and misunderstood by all. No one knew what is now quite obvious and what could have been known by teachers and/or counselors in the 1980s.
- More communication on assignments was needed to see that work was completed.
- No services for gifted learning disabled provided.
- Would like more help on projects that need extensive writing.
- He didn't qualify for special education last year.
- There isn't enough personal modification in the classroom for student.
- Greater adaptations to meet his needs should be made within regular classroom.
- His teacher last year was rigid, formed opinions early and would not change.
- Our school district doesn't attempt to provide the necessary support services, flexibility and options to keep emotional/behaviorally challenging students in their system. Our school district doesn't want these students around. They push them out of the system by not providing adequate services in the first place, thus setting up a failure system.
- My son is pulled out for extra help. I would like to see easier goals set for him in academics so he would find some success. For example, it's been a battle for me to decrease his spelling from 25 words to 15.
- Suggestions that I have made aren't put into action. When I ask for a conference, it's like I'm inconveniencing them.
- Having the specific modified curriculum available, i.e., visual computer aids, VCR tapes.

- I would like to see my child included into more than one class per semester and the school staff feel there's no time as other "priorities" are more important.
- The setting is fine but the content or learning material seemed somewhat inappropriate.
- I think the biggest drawback is that the current special education staff doesn't seem well enough trained to know how and what services to give, and they don't seem able to enforce general education teachers to co-operate and follow-through on modifications and adaptations.
- Inclusive preschool is only offered in afternoon and my son still naps. We requested morning inclusive class but the school would not offer it.
- The school has limits where and when he can be included
- A change has taken place but if he doesn't conform perfectly he will be removed from his school. We are told this school is too overcrowded to accommodate him.
- General classroom teachers are uneducated regarding adapting materials and interacting with a special education student.
- The setting is OK, it's the technology and support staff that has to be set up so my child can actively participate and learn.
- A change is taking place this year but more support staff and training of staff is needed.
- Basically the school decides options are limited to a menu provided by the school. Last year it was six weeks of a half hour a day learning disability help. This year it's one hour a day of learning disability help.
- My only complaint is the shuttle. I was very pleased with the teacher education program.
- He needs total vocational help which isn't given in the school.
- I would like to see more help available in teaching any child some sporting activities, i.e. T-ball, gymnastics, etc.
- She is in the correct setting but there is too much support and not an ideal schedule.
- There is little or no choice in career training. Modification is limited - there is no planning for future possibilities for disabled population.
- A city-wide preschool doesn't exist Due to small numbers of deaf students class sizes are extremely small. Peer group is very important.

- Since her therapy was not designed for educating her mentally they said they weren't responsible for further education.

### **Other**

- My child didn't receive any special education last year.
- All of the above.
- Other options don't work or aren't available to us at this time.
- Community placement - work, jobs, skill training.
- She's in a regular kindergarten class now and still has some help from a special education teacher at her school.
- Special education funding.
- My daughter was in preschool special education. Now she is in kindergarten and getting the necessary help.
- I am told of lack of availability of appropriate community vocational sites.
- This year new options were made available and implemented.
- A combination of #1 and #4.
- Identifying the problem and whether she will qualify for help.
- We had a choice of staying in a preschool special education one more year or move on to regular kindergarten class.
- I liked the beginning of what happened but I feel more inclusion can and hopefully will take place this year.
- She went to a different school.
- Cultural biases against people with disabilities.
- For now options aren't available to us but we continue to pursue change if possible.
- My child will be attending preschool/kindergarten with a supplemental special education class.
- No other appropriate options existed.
- The metro deaf school was not available yet last year. It just opened this fall.
- When my child was in private school he had to ride a bus to a public school for a 45 minute special education class. He spent almost as much time on the bus. We transferred him to public school so he wouldn't waste so much time.
- I'm not always involved in every assignment so I feel lost or left out

## Appendix I | *Other Supports Identified by Respondents*

"Which of the following would now help you support your child in whatever education setting that you prefer for him or her?"

### Information

- Written information from doctors to school and school to doctors file without such a long waiting time.
- It would have been wonderful if we could have had someone to steer us to the right people or agencies to educate us on basic things (care of aids, insurance available, etc.), along with legal rights and agencies for help with financial things if needed — not to mention the education aspects of what we could expect in the future years. We realize now there were people out there to help us and answer our questions but it took this long for us to find them. We need someone or something to help us at the time of birth or when the disability is discovered. The problems and frustrations could have been very minimal and it would have carried over into the school setting. Thanks for listening.
- I would like to know who to contact to get information and support or help.
- Information to family from school personnel or school social worker on respite care — we have it now but nobody at school knows much on this issue.
- As the child gets older, information on what is reasonable to expect regarding career opportunities.
- Need information regarding credits toward graduation.
- Opportunity to network - talk with other parents in same district or others about problems/solutions.
- The means to easily "enlighten" classroom teachers regarding DHD and learning disabled - perhaps a video like F.A.T. City.
- A list of PCA agencies and schools that train in occupation therapy and physical therapy.
- Information on where to find additional help (tutoring, etc.) for child outside of the school system.

- I have often had to turn to Pacer to help me understand my child's needs and IEP. They have been 100% more helpful than the special education at our school.
- The ability to call Pacer and receive concise answers to my questions instead of feeling like a fool for asking them.
- Although I would like to see other IEPs from children with same disability in other areas, our IEP is the only one I've ever seen. Is a good one - or do I just think it's because it's ten pages long and full of "school talk"?
- I got help through Pacer at a critical time. This should continue to be available to all parents in the school system.

### Staff-Related Issues

- I recommend staff receive inservice on communicating respectfully with parents and on the grief and loss response of parents with any child who has disabilities, by a facilitator outside the district system.
- Frequent meetings are to no avail when agreement is difficult, promises are broken and progress is weak.
- An informed professional teaching staff. I don't think I should have to battle for everything.
- The staff recognizes that even though they are professionals in their fields the parents are also professionals regarding their child, and have very good input to offer about their child.
- Teachers keep me informed on a weekly basis by phone or mail to assist in behavior/academic support for my child.
- I never know what they are working on at any given time in any class.
- The school and school district are excellent - more home visiting would be nice (I know if I ask they'll do it). I wish it was more an integral part of the program.
- Consideration of child's handicap and not trying to force them to keep up with other children their own age but have them live up to their ability.
- I feel all school staff should have an increased

- knowledge of sensitivity to the rights, needs, and abilities of persons with disabilities and the law (Rehabilitation Act, ADA, etc.).
- Teacher/classroom facilitator meetings with mobility assistants.
  - Special consideration when a child has asthma and awareness of the limitations they have.
  - Training for regular educators and administrators on ADA, section 504 and the legal rights of children/safeguards for children with heightened vulnerability due to disability.
  - Training general education teachers to recognize and support an ADHD child. Few have any information.
  - Inclusion of regular education staff in all meetings. Required inclusion of home school district at all meetings.
  - The employees of school-age child care (SACC) before and after work aren't trained to handle students such as my son. This really hurts our chances to have a normal life.
  - It would be wonderful if the general education teachers used special education teaching methods. Most of these methods could be incorporated in daily lesson plans. It would not hinder the non-learning disabled child but would be a tremendous help to the learning disabled child.
  - Just regularly scheduled or unscheduled communication.
  - Training of the school staff.
  - The school district needs to keep better track of students with disabilities and their progress.
  - Support staff at home -occupational therapy, physical therapy, vision, communication, special education teachers.
  - More frequent reports on pupil progress for both able and regular classroom teachers.
  - Need to know assignments.
  - School personnel need much more training on how to deal with FAS-FAE students and how not to stereotype them.
  - Teacher training that includes more depth in dealing with upper level kids; exposure of teachers to real adults who have been successful in life - ability to see options.
  - Training for teachers, especially middle school/high school teachers, on how to include students with disabilities. It seems they get the "why" training but not the practical "how" training.
  - Training of subject matter teachers on how to modify for my child's specific learning disability.
  - Training of special educators and school staff in sensitivity and special education laws. It would be very helpful if special education coops were re-structured.
  - Teachers, especially general classroom, that acknowledge and comply with my child's self-advocacy requests for special help with work and tests.
  - My child is doing extremely well with speech; she will be going to speech once a week and I'm very pleased with the speech teachers. They do an excellent job with the children.
  - When special education staff suspects a child might have pervasive developmental disorder, it would be helpful to parents to be referred to an appropriate clinic for earliest diagnosis and treatment
  - A better understanding by learning disability staff in meeting my son's needs. How to direct him differently from rest of students - doesn't happen.
  - The time schedule should be longer for parents whose language isn't English.
  - Conference time.
  - We would like someone to assess child's strengths and interests to help him discover possible career choices, taking into consideration his learning difficulties.
  - If all classes become regular education, the school must have paraprofessional support in the classroom.
  - More opportunity for staff to talk/share successful experiences.

### **Academics/Tutoring**

- Just real good academic positive teaching. A positive environment Educating and learning at full potential ability.
- It would help if the school provided outside or after school one-on-one tutoring for my child, as it's very expensive.
- For tutoring expenses it would be nice to have a program to subsidize what it costs me as it's very expensive, but it isn't necessary as we are making it and can afford some. However, if it was matched she could go as much as she needed.
- Our child is tutored privately, which has cost us dearly.

- It would be helpful if school policy required students to accomplish basic skills at each grade level before advancing. The combination of a learning disabled child with no skills is lethal at a high school level.
- The availability of resource materials or specific curriculum needs - testing and modification of curriculum materials to show need.
- I would like to know how can I get a tutor to help my child with school work and information on preparing him for college in two years.

### **Financial Resources or Equipment**

- The process to purchase a communication device is too slow (being rejected and now having to appeal). It's a lot of precious wasted time of my daughter (about 8-9 months).
- Money for educational modifications and equipment to better help my child with her schoolwork.
- Adaptive equipment sources and financial aid for those things that insurance or medical assistance won't pay for, i.e., computer software, adaptive equipment for computer and other adaptive equipment used for learning skills.
- Financial support systems are in place, but limited to specific areas which aren't always a benefit to child or family.
- I will be unemployed in 1994 - financial support may be necessary.
- Assistive technology available so that he can do facilitated communication immediately because he needs it, and not wait for assessments that will delay implementation.
- Support to have playgrounds and recreational needs met so my child can join in without it being a barrier to him.
- Transportation.
- Re-education of school districts to understand they need to spend whatever it takes for disabled children.

### **Parent Training**

- Weekly specific information on what and how services/academic needs are delivered. Not only what he is learning but how and how can it be reinforced at home - parents want to help.
- I have a master's in special education so I don't feel I would need training sessions, etc. I feel com-

fortable with the information I already have on these processes.

- Parent training by schools doesn't exist. Parents don't have an equal value or voice in IEP and ISP meetings.
- Though I am involved in my child's education I would like to read about the type of learning disability she has.
- Because of increased classroom size and lack of school funds schools want to put special education children more in regular classrooms, doing away with resource rooms and using regular teachers who aren't qualified to deal with special education children and their needs. Parents need to be better educated about their children's needs and how they can help their children themselves.
- My son gets really angry and stubborn at home but does wonderfully in the classroom. I would like some suggestion on helpful ways to control this.
- More discussion on priorities, ideas, direction and useful materials for our child so that we can follow-up and incorporate projects and play times into our home.

### **Advocacy**

- My husband and I are very verbal and have gained the support and respect from teachers and the principal.
- I insist or request inclusion in my Head Start classroom. In May my children will leave believing we are all different and we all have something to work on - patience, listening, etc.
- I have been in touch with parent advocates - Pacer is too busy all the time and MACLD had two meetings set up and didn't show up at either one.
- Having a child attend another district in which you're not a resident, prohibits you from voting on certain issues and school bond referendums at the school your child is attending.
- We are educated, articulate and have always been able to get the support our daughter needs.

### **Emotional**

- Three to six year special education teachers preferred the most restrictive option for my son. I need to know that they will work toward the success of his inclusive placement since it's clear that

they aren't sure it's for his "best" They need to accept change toward inclusion, and methods to make that work are also much needed.

- Being dyslexic our daughter's disability is relatively mild. However, it was very emotionally draining for us to find support at school due to the necessity for them to follow strict state and federal guidelines, and difficult to locate groups such as Pacer and LDM. The school offered no support and we had to beg and search for every bit of support our daughter was entitled to, most of which we found through evening school speakers and programs listed in the newspapers. It has been an extreme financial/emotional family burden.
- Family support allows children to be included first in their families.
- The lack of understanding (knowledge) and bias toward people with ADHD needs correcting (on the part of general education staff and society at large).
- Cultural sensitivity.
- I think joining a support group without having to pay would be nice.

## Other

- Our child is now in a private school for children with learning disabilities. This is his second year and we've all had very positive experiences. I wish Minnesota public schools could use our school as an educational model for students with ADHD.
- I feel it's absolutely necessary that the Chapter I program be changed back to a pull-out program. Our chapter teachers have been turned into nothing more than teachers aids. I see more and more fourth and fifth grade students that are in the learning disabilities centers when what they really need is the chapter teachers on a smaller group level, and more individualized help.
- I feel that communication is very important and that all of us should be looking at all avenues of methods and supports to achieve this goal.
- More time.
- We haven't yet found out the cause of our child's partial body seizures.
- IEPs in summer.
- Better acceptance and use of out-of-school sources.
- We don't deal with any behavior problems.

- She needs some help - she has some problems understanding.
- Support isn't an issue.
- On site supports at a non-public setting.
- Am in need of a good respite provider.
- Special schools that are more helpful and smaller classes.
- One-on-one support for my child outside of home - community integration.
- I had to specifically ask for and go pick up a copy of my child's IEP.
- Help in developing plan for post high school.
- A questionnaire sent out to my child's doctor for an update. We have recently found my husband's birth family has a medical history that significantly alters the way her doctor now views her medical case. The school won't know that unless we parents tell them. Perhaps there should be a need for medical updates.
- The special needs are unique with my son but through the years of seeing the regression that has happened the school is a believer. Therefore, the school has done things in the past and plans to in the future that weren't done before.
- It's a catch 22 - the staff is willing to talk and have meetings but classroom carry-over frequently doesn't match. My student is an irritant and he acts out the part
- The elementary school welcomes parent support but it's difficult for parents to become involved with the high school.
- Mental health wrap around service delivery with choice of provider that works for one - not the rigid limited inexperienced controlled provider plan.
- Medical attention for my child.
- The school has been doing a good job. I feel they seem to really care about my son and keep in touch with me about what is going on with him.
- Friendships in school haven't carried over to out-of-school time. We need support in getting a fuller social life for our son.
- General related service.
- It would be nice to have access to respite care you could call on.
- Continuation of services over summer months.
- Community support - inclusion in recreation and

organizations, (girl scouts, camp fire, etc.) to provide outside school integration with peers.

- Overall I am pleased the way things are going.
- It would be important to keep a journal of everyday accomplishments or failures.
- I feel that I am in a very supportive atmosphere regarding my child and because my child's disabil-

ity is minor/minimal I don't feel panicky or stressed about his situation.

- Assistance in dealing with insurance company to provide services outside their areas.
- There is a difference between not helpful and not needed. The way the responses are written includes a bias that the help or support is needed.