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Effects of parent training resource specialist inservice upon parent participation during IEP development

Sandie Lalack Nutter

University of the Pacific

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EFFECTS OF PARENT TRAINING AND
RESOURCE SPECIALIST INSERVICE UPON
PARENT PARTICIPATION DURING IEP DEVELOPMENT.

A Dissertation Presented to
the Faculty of the Graduate School
University of the Pacific
Stockton, California

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Education

by
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April 1983
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Abstract of Dissertation

PROBLEM: The purpose of this study was to determine the effectiveness of direct and indirect parent training and of Resource Specialist inservice upon parents' participation during the IEP review meeting, parents' knowledge of the IEP process and parents' satisfaction with the IEP and IEP meeting.

PROCEDURE: Parents of 98 children being served in Resource Specialist Programs in one school district were observed during annual IEP review meetings. Parents were randomly assigned to one of six treatment groups. Six Resource Specialists volunteered to receive inservice and five others comprised the control group. Thirty-two parents participated in direct training conducted by the investigator. Data was gathered on the Parent Participation Profile during the meeting and on the Parent Knowledge Inventory and Parent Satisfaction Questionnaire following the meeting. Statistical analysis included analyses of variance and planned comparison of treatment means.

FINDINGS: Findings indicate that direct parent training served to significantly increase parents' participation, knowledge and satisfaction. Indirect parent training was effective in increasing parents' knowledge and satisfaction but not effective in increasing parents' participation. Resource Specialist inservice was only effective in increasing parents' satisfaction.

CONCLUSIONS: Direct parent training was the most effective strategy employed to increase parents' participation, knowledge and satisfaction. This is attributed to advantages inherent in direct contact instruction. The ineffectiveness of Resource Specialist inservice is attributed to Resource Specialists' lack of practice of newly acquired skills.

Generally, parents assume a passive role during IEP development. Parents receiving direct parent training are, however, more actively involved in the writing of IEP goals and objectives. IEP meetings are typically not legally constituted because of the absence of the LEA representative. Parents receiving direct parent training attend IEP meetings more often. These parents are possibly more aware of the necessity of their involvement and feel more comfortable and knowledgeable about the IEP process.

RECOMMENDATIONS: Results suggest a need to include parent training as a major special education program component. Studies are needed to evaluate the effectiveness of indirect parent training and Resource Specialist inservice. The parent facilitator role should be studied to determine the professional most effective in this role. Intervention strategies used in
this research should be studied on other populations of varying handicapping conditions in order to determine differences in parent training needs and in parent participation during the IEP meeting.
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Chapter 1

INTRODUCTION

Educators and Special Educators alike have long known that children whose parents are actively involved in their education perform better in school (Coleman, 1975; Gordon, 1970; Sayler, 1971). Public Law 94-142 -- The Education of All Handicapped Children's Act -- recognizes the importance of parent participation by including the parent as an essential member of the Individual Education Program (IEP) team. The law stipulates that parents join teachers and other professionals associated with the child to form a team which shares the responsibility of planning the child's educational program.

The effectiveness of this parent-professional partnership rests upon cooperative, active participation by all IEP team members. Although most people would commend the intent of PL 94-142 to encourage cooperative educational decision-making between the home and school, little has been done to prepare parents or special educators for their new roles and responsibilities (Turnbull, Strickland, & Goldstein, 1978).

Special educators need to begin assuming a role of parent facilitator, encouraging parents to assert their rights and to participate in decision-making (Turnbull & Leonard, 1980). This role at an IEP meeting might involve: (a) directing questions to the parents, (b) eliciting parent opinions, (c) asking for clarification of statements made by other team members, (d) explaining technical information in jargon-free language, (e) reinforcing parents for their active
interaction, and (f) providing a comfortable, non-threatening environment (Dembinski & Mauser, 1977; Goldstein, 1980; Turnbull, Strickland, & Goldstein, 1978).

In order to represent their child's interests at an IEP meeting, parents must: (a) understand their role as a team member, (b) be familiar with their child's educational needs, (c) know what community and school resources are available, (d) understand their legal rights and responsibilities, and (e) have decision making skills such as assertiveness, group process skills, values clarification, and conflict resolution (Goldstein, Strickland, Turnbull, & Curry, 1980).

Parents who ask questions, volunteer pertinent information and make decisions regarding their child's educational program are more effective IEP team members (Goldstein & Turnbull, 1982).

An increase in the number of parent contributions during the development of the child's IEP can greatly enhance the effectiveness of the IEP and IEP meeting. Furthermore, the effectiveness of the IEP and IEP meeting can be enhanced by increasing the number of parent contributions made during the development of the child's IEP.

Statement of the Problem

PL 94-142 gives parents of handicapped children a shared responsibility in the development and implementation of their child's Individual Education Program (IEP). The law assumes that parents have the knowledge and decision-making skills needed to be effective advocates for their child in an IEP development meeting. Recent research, however, indicates that parents, who are likely to be the only team members who are not professional educators, are ill prepared to meet the
demands of this role (Thibodeau & Kennedy, 1981; Ysseldyke, Algozzine, & Mitchell, 1982). Their lack of knowledge not only hampers their ability to contribute to the IEP meeting but also affects their perceptions of themselves as effective IEP meeting participants (Penny, 1977). In order to become more effective advocates, parents need to be trained for their new role (Turnbull & Leonard, 1980).

The advocacy roles and responsibilities of parents of handicapped children imply that special educators must collaborate with parents. In order to obtain meaningful parent participation in the IEP process, special educators, especially the Resource Specialist, must learn how to help reluctant parents become involved (Turnbull et al., 1978). Only recently have the literature and special education training institutes addressed the need to train Resource Specialists as parent facilitators (Reynolds, 1978; Turnbull & Leonard, 1980). Resource Specialists themselves are asking for training in order to work more effectively with parents during the IEP meeting (Penny, 1977). Recent research indicates that parents are not active participants during the IEP meeting. Little empirical evidence is available, however, to evaluate the effectiveness of training for parents and Resource Specialists upon parent's participation during the IEP meeting.

Purpose of the Study

It is the purpose of this study to determine the effectiveness of direct and indirect parent training and of Resource Specialist inservice upon: (a) parent participation during the IEP development meeting, (b) parent knowledge of the IEP process, and (c) parent
satisfaction with the IEP meeting.

Definition of Terms

Annual Goal: IEP statement(s) required by law that designate projected growth of the student in one year (Federal Register, 1977).

Direct Parent Training: (a) one 2½ hour session taught by the investigator, (b) telephone contact and review conference, and (c) two newsletters focusing upon home activities for academic remediation, preparation for the IEP meeting, IEP process, and group communication skills.

English-Speaking Parent: Parents who speak English as a primary language.

Indirect Parent Training: (a) two packets of written material drawn directly from the direct parent training session and mailed to the parent, (b) telephone contact and review conference, and (c) two newsletters focusing upon home activities for academic remediation and preparation for the IEP meeting.

Individual Education Program (IEP): A written statement for a handicapped child developed in a meeting by a team of individuals. The IEP includes: (a) a statement of the present levels of performance in the "learning areas of instruction," (b) a statement of annual goals, including short-term instructional objectives, (c) a statement of the specific educational services to be provided to the child, and the extent to which the child will be able to participate in regular educational programs, (d) the projected date for initiation and anticipated duration of such services, and (e) appropriate objective criteria and evaluation procedures, and schedules for determining, on
at least an annual basis, whether instructional objectives are being met (Federal Register, 1977, Sec. 121a. 340-344).

**Individual Education Program Team (IEP Team):** A committee of persons to include by law: (a) a representative of the public agency, other than the child's teacher, who is qualified to provide, or supervise the provision of, special education, (b) the child's teacher, (c) one or both of the parents or guardians, (d) the child, where appropriate, and (e) other individuals at the discretion of the parent or agency (Federal Register, 1977, Sec. 121a. 344).

**Individual Education Program Meeting:** For purposes of this study, the "IEP meeting" refers to the review meeting held at least annually for students receiving special education instruction. During this meeting the child's progress and eligibility for special education programs or services are reviewed to determine the effectiveness of the IEP. New instructional and annual goals are identified (Downs-Taylor & Landon, 1981).

**Parent Knowledge:** Score achieved on the Parent Knowledge Inventory (PKI).

**Parent Participation Level (PPL):** The number of contributions made by a parent at the IEP meeting coded on the Parent Participation Profile (PPP).

**Parent Satisfaction:** The extent that parents feel their child's educational needs are being met and the extent that parents feel needed at the IEP meeting as determined on a Likert Scale Questionnaire.

**Resource Specialist:** A credentialed special education teacher holding an advanced Certificate of Competence who is operating a Resource Specialist Program. (California Education Code 56362(b)).
**Resource Specialist Program:** A program under the direction of a Resource Specialist that provides instruction and services to pupils whose needs have been identified in an IEP and who are assigned to regular classroom teachers for the majority of a school day. (California Education Code 56362).

**Resource Specialist Inservice:** Two 2.5-hour sessions taught by the investigator over a period of 5 weeks.

**Response Topic:** Verbal references made by a parent during the IEP meeting to one of 13 IEP topics. Topics were selected by analyzing the requirements of PL 94-142, and considering the educational procedures that would produce the desired goals.

**Response Type:** The type of verbal response made by a parent during the IEP meeting. Verbal responses fall into one of three possible type categories: (a) statement, (b) question, and (c) decision-making.

**Treatment 1:** (T₁) Parents receive direct parent training and Resource Specialists receive inservice.

**Treatment 2:** (T₂) Parents receive indirect parent training and Resource Specialists receive inservice.

**Treatment 3:** (T₃) Parents receive no parent training and Resource Specialists receive inservice.

**Treatment 4:** (T₄) Parents receive direct parent training and Resource Specialists receive no inservice.

**Treatment 5:** (T₅) Parents receive indirect parent training and Resource Specialists receive no inservice.

**Treatment 6:** (T₆) Parents receive no parent training and Resource Specialists receive no inservice.
Research Hypotheses

$H_1$: Parents participating in direct parent training will have significantly higher Parent Participation Levels (PPL) during the IEP meeting than parents participating in indirect parent training.

$H_2$: Parents participating in indirect parent training will have significantly higher PPLs during the IEP meeting than parents not participating in parent training.

$H_3$: Parents participating in direct parent training will have significantly higher PPLs during the IEP meeting than parents not participating in parent training.

$H_4$: Parents participating in direct parent training will demonstrate more knowledge of the contents of the IEP, their rights and responsibilities, and their role as IEP team member (as measured by the Parent Knowledge Inventory (PKI)) than parents participating in indirect parent training.

$H_5$: Parents participating in indirect parent training will demonstrate more knowledge of the contents of the IEP, their rights and responsibilities, and their role as IEP team member (as measured by the PKI) than parents not participating in parent training.

$H_6$: Parents participating in direct parent training will demonstrate more knowledge of the contents of the IEP, their rights and responsibilities, and their role as IEP team member (as measured by the PKI) than parents not participating in parent training.

$H_7$: Parents participating in direct parent training will ask
more questions during the IEP meeting (as measured by the Parent Participation Profile (PPP)) than parents participating in indirect parent training or parents receiving no parent training.

$H_8$: Parents of children whose Resource Specialist received inservice will ask more questions during the IEP meeting (as measured by the PPP) than parents of children whose Resource Specialist did not receive inservice.

$H_9$: Parents participating in direct parent training will make more decisions pertaining to educational program planning (as measured by the PPP) than parents participating in indirect parent training or parents receiving no parent training.

$H_{10}$: Parents of children whose Resource Specialist received inservice will make more decisions pertaining to educational program planning (as measured by the PPP) than parents of children whose Resource Specialist did not receive inservice.

$H_{11}$: Parents participating in direct parent training will offer more information during the IEP meeting (as measured by the PPP) than parents participating in indirect parent training or parents receiving no parent training.

$H_{12}$: Parents of children whose Resource Specialist received inservice will provide more information during the IEP meeting (as measured by the PPP) than parents of children whose Resource Specialist did not receive inservice.

$H_{13}$: Parents participating in direct parent training will be
more satisfied with their child's IEP and IEP meeting than parents participating in indirect parent training or parents receiving no parent training (as measured by the Parent Satisfaction Questionnaire (PSQ)).

H₁₄: The same amount of satisfaction with the IEP and IEP meeting will not be expressed by parents of children whose Resource Specialist received inservice and parents of children whose Resource Specialist did not receive inservice (as measured by the PSQ).

Statistical Treatment

Six 2x3 analyses of variance and planned comparison of treatment means were implemented in order to analyze the effects of the two independent variables, parent training and Resource Specialist inservice upon the dependent variables: Parent Participation Levels, Parent Knowledge, and Parent Satisfaction. Descriptive statistics were used to describe anecdotal information about the IEP meetings.

Limitations of the Study

This study was limited to the English-speaking parents of Newark Unified School District who had children participating in Resource Specialist programs. Thus, the findings of this study may be generalized only to English-speaking populations located within large metropolitan areas which have been classified as middle to lower socio-economic areas.

The results of the study must be limited to the training content selected by the investigator for both parent training and Resource Specialist inservice.
This study had no control over the format of the IEP review meetings. Thus, many uncontrolled variables in the format could have had an effect on the amount of parent participation during the IEP meeting. Factors such as an unusually large number of professionals attending the meeting, predetermined time limit for a meeting, and familiarity of the parent with other team members in the conference may have influenced the amount of parental participation.

This study had only minimal control over the manner in which data were collected at the IEP meetings. Many uncontrolled variables could have been introduced during those meetings where a tape-recorder was used to record parent responses. Factors such as parent and Resource Specialist discomfort about being recorded and team members awareness of being observed may have influenced the amount and type of parent participation during the IEP meeting.

A completely randomized procedure was not employed to select parents for the direct parent training program. Therefore, generalization of direct parent training study results can only be applied to parents volunteering for a parent training program.

Overview

In the first chapter of this dissertation the statement of the problem was presented, the purpose and rationale of the study, the definitions of terms used, hypotheses to be investigated, the statistical treatment, and limitations of the study.

Four additional chapters complete this dissertation: Chapter 2 is a review of the relevant literature; In Chapter 3 the design and procedures of the study are described; Chapter 4 gives a presentation
of the data obtained from this investigation; and Chapter 5 states conclusions based upon the study and offers some recommendations for further study.
Chapter 2

REVIEW OF THE LITERATURE RELATED TO THIS STUDY

This review is organized under four categories: (a) history of parent participation in the education of handicapped children, (b) research addressing effects of parental participation in special education, (c) research addressing parent participation during the IEP meeting, and (d) strategies to improve parental participation during the IEP meeting.

History of Parent Participation in the Education of Handicapped Children

The family, as the fundamental unit of a democratic society, maintains prime rights and obligations regarding the education of the child. The Council of Exceptional Children (CEC) Policies Commission, declares that "the school should establish whatever structures are needed to create a genuine partnership with parents... in designing and implementing educational programs" (Reynolds, 1971, p. 421). The importance of involving parents in the education of children is not a new concept however. Pestalozzi, an early curriculum reformer, made a strong plea for family involvement. He observed that school improvements, especially instructional methods, could "never be accomplished except through the assistance of mothers and other family members" (Pestalozzi, 1898, p. 9). In spite of its importance, educators of the handicapped have resisted involving parents in the education process (Kroth & Scholl, 1978).
Only recently have educators made an effort to include parents in the education of their handicapped child. This effort parallels parents' growing desire to become involved and society's changing perspective of the handicapped individual.

Since the turn of the century, dramatic changes have occurred in the role parents have assumed in the education of their children. Four phases in this change process are identifiable: (a) parent as scapegoat, (b) parent as program organizer, (c) parent as political activist, and finally (d) parent as program participant (Kirk & Gallagher, 1979). These phases are by no means discrete but do serve to illustrate the changes in parents' participation in the education of handicapped children.

Parent as Scapegoat

Throughout the first half of the twentieth century, parents of handicapped children—especially mentally retarded children—were viewed by society as major contributors to their children's problems (Kirk & Gallagher, 1979). Researchers, presenting empirical data supporting the inheritable nature of intelligence, fostered society's belief that parents were the primary cause of most handicapping conditions. Some of the earliest evidence was presented in Goddard's (1913) published study of the Kallikak family and Terman's (1916) work in the Genetic Studies of Genius.

Prior to 1950, social agencies perceived handicapped children's parents as inadequate to train and care for their children. Separating child from parent was viewed as the most effective method of educating the handicapped (Sanford, 1976). Once identified, handicapped children
were typically placed in institutions, where they were hidden away from society as if they did not exist. This period has appropriately been referred to as the "Asylum Era" (Sanford, 1976) and the "Forget and Hide" period (Gordon, 1970). The greatest increase in institutionalization of handicapped children occurred between 1925 and 1950 (Wolfensberger, 1972). During this period, parents assumed a passive role in their child's education. Parent-teacher communication was unidirectional—teacher to parent—with the professional's point-of-view seldom being challenged (Kirk & Gallagher, 1979).

Few instances of parental participation in the education of handicapped children were recorded prior to World War II. A group of mothers in Cuyahoga County, Ohio set up a special class for the education of their mentally retarded children in 1933 because their children had been excluded from the public schools (PCMR, 1977). Parents of children institutionalized in Washington State formed a Benevolent League in 1936 for the main purpose of making the institution a constructive place for their children (PCMR, 1977).

Parent as Program Organizer

The aftermath of two world wars had a profound effect on the public's attitude concerning the handicapped child. Cruickshank and Johnson (1958) point out that as Americans watched their war-injured men become functioning, contributing members of society through retraining and rehabilitation, their tolerance for and acceptance of the handicapped adult expanded. This view began to generalize to other handicapped individuals, including the handicapped child.

Media coverage of the successes of retrained war veterans helped
draw attention to the potential of the handicapped individual. As a result, organizations started forming to further public awareness of the needs and rights of the handicapped. The work of these organizations has had a substantial effect on present day laws relating to the rights of the handicapped (Harding, 1978, pp. 9-10).

As early as the 1930's, parents of handicapped children began organizing themselves into groups. Parent group goals have changed considerably over the years from commiserating, to raising funds, to gathering information, to exerting well-organized pressure for attainment of services entitled to their children (Heward, Dardig, & Rossett, 1979). Professional organizations such as the International Council for Exceptional Children and the American Association for Mental Deficiency did not, however, recognize these parent groups until about 1950 (PCMR, 1977).

About this same time, special education classes started forming in larger cities, triggering the special education movement. Parents and parent organizations mirroring this movement started asking for appropriate instruction for handicapped children (PCMR, 1977). One such organization, formed in 1950, was the National Association of Parents and Friends of Mentally Retarded Children, now the National Association for Retarded Citizens (NARC). This organization recognized the value of strength in numbers and the psychotherapeutic effect of interaction among people with similar problems. In the 1960's, parents of handicapped children formed the Association for Children, with Learning Disabilities, the National Society for Autistic Children and the International Association of Parents of the Deaf. The aims of these parent organizations have been: (a) to promote the general welfare of
the handicapped child at home and at school, (b) to develop better understanding of the problems by the general public, (c) to cooperate with various public and private agencies, (d) to encourage formation of satellite parent groups and to advise and assist in the solution of common problems, and (e) to serve as a clearing house of information regarding services and program development (Goldstein, 1980).

About one-third of the time and energy of parent organizations goes toward informing fellow parents of various services in their locality (Gorham, Desjardins, Page, Pettis, & Scheiber, 1975). More recently, parent groups have gathered technical information on exceptional children. Legislators and policymakers have utilized much of this information to develop public policy for the handicapped (Paul & Porter, 1981).

Parent as Political Activist

The sixties and early seventies witnessed a growth of concern for the handicapped in the United States. Society identified public schools as the most suitable institutions for early detection of children's handicaps and for provision of appropriate educational programs (Goldstein, 1980). As a result, special education classes for the handicapped proliferated during this period. Although direct participation of parents in the educational process was almost non-existent, parents did become involved in activities emphasizing the need and rights of handicapped children to appropriate educational programs and services (Clements & Alexander, 1975). By the mid-seventies, parents of handicapped children and become deeply involved in the educational process, due to political factors, judicial decisions, and legislative mandates.
Political factors influencing parent participation. Some of the most pervasive reasons for current interest in parent involvement in education can be attributed to the woman's liberation movement, consumerism, and the civil rights movement.

Morrison (1978) pointed out that interest in parent involvement has shown a steady increase since the early sixties. Women, unburdening themselves from the role of homemaker, have pursued roles within the school system, increasingly demanding more input into the educational process.

The consumer movement of the seventies also helped to increase parents' involvement in the education of their children. Parents of handicapped children became less willing to accept things not in the best interest of their children and were publicly vocal in their objections to various pupil services and public supported programs (Morrison, 1978).

The civil rights movement of the sixties awakened the public to their constitutional rights and privileges and increased their participation in a variety of programs. Parent demand for participation in and control over the educational decision-making process particularly increased (Morrison, 1978). Clements and Alexander (1975), reviewing the struggle of parents to exercise the rights of their handicapped children, highlight the history that has placed parents in the "posture of having to seek, sometimes militantly or legally, decision-making power in relation to their child's education." They recount the court battles and problems parents have faced when negotiating for more control over their handicapped children's education.
As parents became more actively involved in obtaining the rights of their handicapped children, they also began to develop and organize advocacy activities. Paul and Porter (1981) state that "advocacy was created in the early seventies to help move the government and public institutions over the hump from a verbal commitment to services to handicapped persons, to legal mandates and the allocation of resources to provide these services."

Judicial Decisions. By the early 1970's, parents of handicapped children and advocacy groups turned to the courts to establish a base for public policy regarding the rights of their children (Mopsik & Agard, 1980). Moral and legal questions concerning the education of handicapped children led to a number of landmark court cases which served to change special education for the handicapped significantly. Two court cases initiated by parents of handicapped children led to landmark decisions.

Pennsylvania Association for the Retarded Citizen v. Commonwealth of Pennsylvania was initiated in 1971 by the parent self-help movement in Pennsylvania. It was the first major right to education case of the new decade. The plaintiffs in the PARC case included 14 mentally handicapped school age children representing themselves and all others within the state who were excluded from public education programs (Oberman, 1980). The plaintiffs' case rested on the alleged violation of individual privileges, more specifically the opportunity to enroll in a public school. Pennsylvania, along with many other states, held that children with limited intellectual potential were uneducable and these children along with others who were not profiting from regular public education should be excluded from such.
In the PARC opinion, the Court found that the privilege of attending school on the part of many handicapped children was violated. By nature of the way in which they were excluded (without a hearing or due process) their right to due process was also violated. Under the due process provision, the public schools were held accountable to parents and children. Parents could no longer be bypassed or ignored; their desires had to be considered. This decision set the stage for child and parent involvement in decision-making regarding the child's education placement and status (Morrison, 1978, pp. 177-178). The PARC case provided mentally retarded children the right to have an appropriate and free education. In addition, the child and parent were extended the right to a hearing before any change of original assignment of educational status could be made (O'Donnell, 1977).

Mills v. Board of Education of the District of Columbia was a class action suit decided in August of 1972. Parents and guardians of seven District of Columbia children brought action against the board of education, the department of human resources, and the Mayor for failure to provide all children with a publicly-supported education. The plaintiffs' children ranged in age from 6 to 17 and presented varying types of handicapping conditions. The court found that all children, regardless of exceptional condition or handicap were entitled to a publicly supported education. Furthermore, the court held, children excluded from school without provisions for adequate and immediate alternative educational services were being denied their equal protection rights under the law (Mopsik & Agard, 1980, pp. 40-41).

Several other class action suits, emphasizing the civil rights of handicapped persons, were filed by parent groups during the early
seventies. Maryland Association of Retarded Children v. Maryland (1974), Denver Association of Retarded Children v. School District No. 1 in City and County of Denver (1975), and Rhode Island Society for Autistic Children Inc. v. Board of Regents (1975) were three of the more publicized cases. These court cases helped to establish a new role for parents of the handicapped as powerful advocates striving to make the educational system more responsive to their children's educational needs. Parent involvement had clearly become a matter of public policy in the United States by the mid 1970's (Wiegerek, Hocutt, Posante-Loro, & Bristol, 1980, p. 70).

Legislative action influencing parent participation. As parents of handicapped children were espousing the rights of their children to an education during the late sixties and early seventies, other areas in education were initiating parent participation. Congress was a pivotal factor in the advancement of parent participation through a number of key legislative decisions.

The Economic Opportunity Act of 1964 was the first piece of legislation to reflect a policy of parent involvement. This act created the office of Economic Opportunity and from this office, Project Head Start was developed and administered (Morrison, 1978, p. 12). The Head Start program was conceived as a comprehensive program to provide educational, health, and social services to low income children within a family context (O'Keefe, 1979, p. 43). Head Start, recognizing that it could not hope to change the lives of children without involving the parents, included parent involvement as one of its key program components (Morrison, 1978, pp. 12-13). Not until 1972, did an amendment to the original legislation allow handicapped children to be
included in the Head Start programs, however (Wiegerink, Hocutt, Posante-Loro, & Bristol, 1980, p. 70).

Congress continued to support parent participation with the passage of P.L. 89-10, the Elementary and Secondary Education Act (ESEA) in 1965. Federal monies were provided to help local and state education agencies provide programs and services to educationally deprived children. Parent involvement was funded under some of its five Titles. In 1966, P.L. 89-750, the ESEA Amendments of 1966, created Title VI which established the Bureau of Education for the Handicapped to handle all federal programs for the handicapped, and to provide categorical funds for the support of approved programs at the local district level. Parent involvement was an approved component of Title VI programs (Barbacovi & Clelland, 1978, pp. 2-3).

The passage of P.L. 90-538 in 1969 authorized the Handicapped Children's Early Education Program (HCEEP). This program set up demonstration projects to develop methods of assisting preschool handicapped infants and children overcome their handicapping condition as much as possible. Legislation mandated that all projects include a parent involvement component (Wiegerink, Hocutt, Posante-Loro, & Bristol, 1980, pp. 70-71).

Other public laws have also supported parent involvement. P.L. 93-644, the Community Service Act-Title V, extended into primary grades educational gains made by deprived children in Head Start or similar pre-school programs (commonly known as Follow Through). Educational Amendments of 1974 (P.L. 93-380 as amended by P.L. 94-194) known as the Right to Read program, encouraged institutions, government agencies, and private organizations to improve and expand reading-related activities
for children, youth, and adults (Morrison, 1978, p. 12). Parent involvement was a key factor in the program goals.

State laws and programs have also supported and encouraged parent involvement. California, for example, had an Early Childhood Education program in the seventies for children in kindergarten through third grade. This program has since been retitled the School Improvement Program and provides services to all grade levels. A key feature of both has been parent involvement in the planning, operation, and evaluation of the school programs (Education Code, Section 52014).

By far the most influential piece of legislation was passed in November of 1975 as the Education for all Handicapped Children Act (P.L. 94-142). Parent participation is a guiding principle of this act and is a means of assuring that handicapped children get a free appropriate public education (Turnbull & Turnbull, 1973). The passage of this bill mandated parental participation in the education of their handicapped children.

Parent participation pervades each of the six basic principles of P.L. 94-142: (1) zero reject, (2) nondiscriminatory assessment, (3) individualized education program, (4) least restrictive environment, (5) due process, and (6) citizen participation (Federal Register, 1977).

1. Zero Reject--This principle requires schools to provide all handicapped children with an appropriate education. Parents of handicapped children can participate in determining if the education provided for their child is suited to his age, maturity, handicapping condition, past achievement, and parental expectations. Parents further determine program appropriateness through development of the Individual Education Program (IEP), determination of the least restrictive
environment, and implementation of due process procedures.

2. Non-Discriminatory Assessment--Parents may join the professional staff in interpreting the evaluation results, providing optimum insight on the child's level of functioning. Parents can challenge evaluation results and obtain independent evaluations that must be considered in making placement decisions.

3. Individual Education Program--The law stipulates that parents, teachers, and other professionals associated with the child form a committee to share the responsibility of developing the child's IEP. The IEP represents an agreement between the parents and child and the Local Education Agency (LEA) requiring the LEA to provide certain agreed-upon services (Barbacovi & Clelland, 1978, pp. 60-61; Oberman, 1980, p. 49). The IEP must include the following: (a) a statement of the child's present educational performance, (b) a statement of annual goals and short-term instructional objectives, (c) a statement of the specific special education and related services to be provided to the child, (d) a statement regarding the extent to which the child will participate in regular education, (e) the anticipated starting dates and duration of the services, and (f) objective criteria for determining educational achievement (Federal Register, 1977, 121a. 340-349).

The LEA must insure that parents of the handicapped child are present at the development of the IEP or have been allowed every opportunity to attend and participate. The IEP meeting can take place without parents attending if the LEA is unable to convince the parents that they should attend. If the parents do not attend the conference, the LEA must have recorded attempts of its effort to arrange for a convenient time and place.
4. Least Restrictive Environment--Parents may share in the placement decisions for their child and request needed special services that have not already been provided. Parents may also disagree with placement decisions or provisions of services. Any unresolved disagreements between the parent and local school agency may be brought to a due process hearing.

5. Due Process--Due process procedures are guaranteed to parents in the following areas: access to records, evaluation, notices and due process hearings. Parents are given the right to initiate a hearing if they do not agree with the diagnosis of the child, his/her placement, and/or the educational plan that has been designed for the child. This provision gives the parents "clout" in encouraging public school personnel to provide a free and appropriate education for the child.

6. Citizen Participation in Program Development--LEA's must make provisions for the participation of parents of handicapped children in the development of a program providing full educational opportunity to all handicapped children. The LEA is also required to set up a panel, which must include parent representatives, to establish guidelines for meeting the educational needs of the handicapped population and to comment publically on rules and regulations. To insure that parents are able and will choose to remain involved in all phases of the educational process, the regulations for P.L. 94-142 instruct local school agencies to provide parent counseling and education when needed to inform parents of their rights and roles regarding their child's schooling (Heward, Dardig, & Rossett, 1979, p. 5).
Parent as Program Participant

As America moved into the middle 1970's, parents of handicapped children were no longer involved only in school projects, field trips, and social activities. Instead they were assuming new roles and responsibilities as teachers, advisors, and advocates (Simches, 1975). By assuming these new roles, parents have brought about many important changes in the education of their handicapped children and have helped to build a parent-professional partnership.

Role as Teacher. Goodson and Hess (1975) present the history of parent as teacher as a series of shifts in the responsibility of children's education from the parent to school, to church, and back to the parent again. The shift back to the parent as primary educator is viewed as a way for parents to achieve greater control over educational activities because it emphasizes parent involvement.

Shearer and Shearer (1977) describe the benefits of parents as teachers in their rationale for parent involvement: (a) parents teaching their children at home, (b) parents pinpointing their child's needs, (c) parents generalizing what they learn from the classroom to the home environment, (d) parents transferring positive effects to other children in the family, and (e) parents accelerating their child's learning rate. Intervention programs for handicapped children demonstrated that parents were effective as teachers, sustaining as well as improving student development and academic gains (Karnes & Teska, 1980).

All parents teach their children new skills. But many non-handicapped children seem to learn whether their parents make systematic efforts to teach them or not. This is often not the case with handicapped children. Parents play a critical role in carrying out
instructional programs in the home and at school (Heward, Dardig, & Rossett, 1979, p. 6).

In a review of program alternatives for handicapped children, Karnes & Zehrbach (1977) describe some of the programs that involve parents as teachers of their children. One type is the Home-training program which views the parent as primary change agent and trains them to deliver instructional activities at home. Home-Center programs, on the other hand, coordinate school and home activities by training a parent to deliver a home instructional program that supplements the school program. Center-based programs use parents as classroom aides. They learn to improve their instructional skills at home by learning teaching techniques from the classroom teacher. The rationale and primary focus of these three types of programs are to foster development and academic progress of the handicapped child. In a massive review of early intervention and parent involvement, Bronfenbrenner (1974) concluded that "the family seems to be the most effective and economical system for fostering and sustaining the development of the child" (p. 35).

Parent as advisor. The current practice of involving parents as advisors in the educational process had its beginnings in the late sixties and early seventies as a result of the renewed focus upon the family as an influential factor in a child's life (Morrison, 1978, p. 14). State and federal legislation along with various judicial decisions have reinforced the advisory role of parents of handicapped children.

Parents have become increasingly more involved in assisting educators to make decisions about their handicapped child's education
program. For a long time, decisions about placement and programming were the exclusive domain of professionals, and parents seldom contributed to or disputed the decisions. However, parents are now demanding a voice in the process. They are becoming members of parent advisory committees and serving as advisors to school staff members (Feldman, Byalick, & Rosedale, 1975).

As advisors, parents have an important role to play in the education of their handicapped children. When experts are considering test scores and diagnostic information, parents can suggest curriculum goals, teaching techniques and can add social and personal anecdotes that give a more complete picture of their children. This information helps educators appropriately place children according to their learning style and unique needs (Shearer & Shearer, 1977; Simches, 1975).

Shearer and Shearer (1977) present several successful programs that have actively solicited parental help in planning curriculum goals and behavioral objectives. They stress that the information provided by parents is a valuable resource for individualized curriculum planning.

Role as advocate. Parents are the most natural advocate for their child. Because parents have continued responsibility for their children, they are particularly aware of the children's needs and interests and, therefore, in a good position to intervene as advocates. The advocacy role implies that parents of handicapped children insure the school system provides an appropriate education.

Parents of handicapped children pioneered the parent advocacy movement. Beginning in the late 1940's, parents of mentally retarded children organized locally to make sure social agencies provided
necessary services to their children (Kaney & Berruezo, 1978). By the seventies, major advances occurred in special education with momentum coming from legal cases and federal legislation. Parent advocacy groups formed and began suing school districts to force them to provide appropriate education to their handicapped children. Parent groups also lobbied successfully for increased state funding for special education programs. Partly because of the great variability between state special education programs, parents headed the legislative advocacy movement that brought about passage of P.L. 94-142 in 1975.

Passage of P.L. 94-142 created a redistribution of decision-making power between the professional and the parent (Yoshida & Gottlieb, 1977). Professionals could no longer assume a superior relationship to parents but instead had to treat parents as equal partners in the educational process. In contrast to previous parent roles, P.L. 94-142 mandates an advocacy role characterized by status and the capability to influence educational decisions.

One of the foremost features of P.L. 94-142 is the IEP. A team composed of parents, teachers, and school administrator are required by law to develop an IEP for each child. The assumption is that the child's interests will be protected if the parents participate in this team decision-making process.

Turnbull and Leonard (1980) caution educators that the role of advocate requires both knowledge and decision-making skills. Parents representing their child's interests must have knowledge of their child's educational needs, access to community and school resources, and knowledge of legal principles, rights, and responsibilities. Lack of knowledge in any or all of these areas impedes parent's desire to
contribute to educational decision-making; effectiveness is, therefore, minimized. "Success with influencing educational decisions," they state, "can depend substantially on how parents communicate and what they say."

Parents have been placed in an important role as advocate, being expected to share actively in the educational decision-making process. Turnbull, Strickland, and Goldstein (1978) propose that the future of parent's advocacy role rests upon the training of parents for their new roles and responsibilities. Turnbull and Leonard (1980) add that professionals could serve as parent facilitators during the IEP development meeting thus helping parents assume their advocacy role.

In spite of the legislative mandates and resulting parent advocacy role, most parents of handicapped children still allow educators to assume the major responsibility for educational decision-making (Etheridge & Collins, 1979). As a result, parent participation, although increasing, is still not common. The challenge in the 1980's for both parents and professionals will be to find ways to carry out the legislative mandates for collaborative efforts. We still need to unravel the dilemmas of teamwork.

Research on Parental Participation in Special Education

Today's literature regularly cites the need for parent participation in the educational process (Karnes & Teska, 1980; Kelly, 1973; Klein, 1980; Kroth & Scholl, 1978; Yoshida & Gottlieb, 1977). Over the past 15 years the attitude toward parent involvement in the education of handicapped children has gone from an unofficial taboo to official
endorsement. The literature points to the necessity of providing parents with some understanding of the nature of their children's problems and indicates the importance of sharing educational and treatment methods with parents.

Only recently has the literature called attention to the influence parents may have over their child's academic growth and development and to the value of developing a consistent approach in dealing with a child through cooperation between home and school (Feldman, Byalick, & Rosedale, 1975). The probable cause for omission of parent participation in education rests upon the long held belief that education should be left to the professional and not shared by the parent. Since parents naturally have more influence over their children than professionals, because of time and emotional intensity shared between parent and child, they should play a more active role in their child's education than traditionally left to them (Feldman, Byalick, & Rosedale, 1975).

Research covering the effectiveness of parent involvement in the education of their handicapped child is scarce. The following research study findings relate the effects of parent participation on parent and student attitudes and achievement.

**Student Attitude**

A study comparing improvement of motivation and self-esteem between two groups of students with emotional problems was conducted by Hayes, Cunningham, and Robin (1977). Counseling focusing upon parent-child communication and self-esteem enhancement was provided to the parent of one group. The study concluded that counseling conducted
indirectly by the parents was more effective in improving students' motivation and self-esteem than counseling provided directly to the students.

Teller (1975), studying parental involvement in the education of hearing impaired children, determined that the most significant factor in hearing impaired children's satisfactory integration into a regular classroom setting was parent's positive attitude about their child's placement in the classroom. Parents' positive attitude highly influenced the positive attitude of their child.

Student Achievement

An extensive amount of research demonstrates academic gains for handicapped students can be achieved through parent involvement (D'Zamko & Raiser, 1981). Relatively few studies, however, have focused upon the effects of parent involvement on the achievement of handicapped children.

Reviewing the literature on involvement programs for parents of learning disabled children, Shapero and Forbes (1981) concluded that most types of parent involvement programs utilizing tutoring or counseling reported positive academic results. The most effective programs were those which combined counseling with academic tutoring and/or praise for academic performance.

Several researchers have studied the effects of parents' application of behavior management techniques to learning disabled children. Imber, Imber, and Rothstein (1977) trained parents of three low readers to administer praise notes at home after their children completed reading assignments at school. Definite improvement in the percentage of reading items completed by each of the children was noted as praise
notes were introduced, first in the school and later at home. A replication of this study was undertaken by Hickey, Imber, and Ruggiero (1979). Their findings and those of Imber et al. (1977), supported the conclusion that a marked positive change in student performance can occur when teachers and parents collaborate in a positive, consistent way to improve a child's educational experience. Research findings also implied that a minimal amount of actual teacher contact is necessary to improve student performance when parents are actively involved in the educational activities. All parents in the study said their children displayed new found enthusiasm, a willingness to achieve, and a more positive attitude toward school and home as a result. Researchers did caution that generalization of study findings was only possible where positive parental attention was perceived by the child as reinforcing.

Studies have also investigated the effects of parent tutors on children's academic achievement. In each of the following studies, parents of learning disabled children were trained to use behavior modification techniques during tutoring sessions with their children. Koven and LeBow (1973) and Ryback and Staats (1970) compared pre-test and post-test scores in order to investigate the effects of parent use of token reinforcements on the reading skills of their children. Significant gains in word recognition scores on the Spache Diagnostic Reading Scales were reported by Ryback and Staats. Both reading and spelling scores significantly improved on standardized achievement tests in Koven and LeBow's study.

Other studies have demonstrated that parents who tutor their children and also use behavior modification techniques are able to improve their child's spelling skills, reading rates, and word recognition
scores (Fay, Shapero & Trupin, 1978; Hoskisson, 1974; Skindrud, 1973). Edgerly (1975) found that parents' systematic use of verbal praise in conjunction with family counseling and psychomotor activities significantly improved children's reading achievement and psychomotor skills.

Parental influence on mentally retarded children's academic growth and development has received little attention by researchers even though many investigators have discussed the topic. In an evaluation of a training program for parents of mentally retarded children, Watson and Bassinger (1979) discussed the positive effects of parent involvement on academic gains of mentally retarded children. They concluded from their observations that parents providing academic training to their children helped to increase their children's academic performance to a greater degree than parents not involved in the academic training of their child. Significant improvements in the performance of Piagetian tasks were reported by Henry (1977) as a result of parents' involvement in their child's educational program. In his study, parents of preschool mentally retarded children were taught to assess their children using developmental scales and to apply specific strategies to foster their children's development.

Campbell (1978) compared the effect of two types of treatment involving professionals and parents on the developmental progress of developmentally delayed preschool children. One group of children was seen twice each week by professional educators, once in the treatment center, once in the home. The parents of the other group of children received a written program, lesson plans, and periodic telephone contacts with professional educators, but did not receive regular contact from the professionals. The home-center program and the home-based program were
found equally effective. Garrison (1978) on the other hand found home-based programs were significantly more effective in the development of children's perceptual skills than school-based programs. Parents in this study were trained to conduct perceptual training within the home environment.

Between 1972 and 1975, Head Start implemented the Home Start Demonstration Project. This project trained parents to provide direct services to their children--some of whom were handicapped. As a result of parents' involvement in their child's educational program, children's task orientation and readiness for school increased (Morrison, 1978, pp. 36-38).

Fredericks, Baldwin and Grove (1974) demonstrated that a systematic parent program in conjunction with a school program could almost double the rate of skill acquisition.

**Parent Attitudes**

Feldman, Byalick, and Rosedale (1975) determined that parents were more willing to work through their problems and to share their frustrations and despair as a result of being involved in their child's education. A decrease in parents' denial and/or avoidance of problems was also noted, along with increased trust in and satisfaction with special education facilities, professionals and educators. Parents in the program said they felt more influential and better capable of dealing with their child's education and the problems associated with such.

While working with parents of handicapped children in a weekly group session, Lynch (1976) discovered two attitudinal changes in
parents after 6 months. Parents started speaking more realistically about their handicapped child and began to perceive their role of actively helping their child in the home as an important one. A study of parental involvement in inner-city schools reported that parents working in the classroom held a more positive attitude regarding education (Glass, 1978).

McWhirter (1976) suggested that providing parents with information about learning disabilities would increase parents' factual knowledge and decrease their anxiety, the result being more effective communication with school personnel. He interpreted consistent parent attendance at an educative program as evidence of parents' positive attitude and satisfaction with the program. Mallman and Van Leare (1977) similarly interpreted parent attendance as an indication of satisfaction. They further suggested that parent training programs improve children's school performance. Unfortunately, neither study offers more than subjective opinions to substantiate their program's effect upon positive parent attitude.

Parent Achievement

Studies clearly demonstrate that parents learn many skills when involved in their handicapped child's educational program. They improve parenting skills, are more responsive to their child, and learn how to academically work with them (Battelle Report, 1976; Gordon & Guinagh, 1974). Parents in parent involvement programs perceive themselves as more successful, skillful educators when they improve their skills (MIDCO Educational Associates, 1972; Radin, 1972).

Research has identified important ancillary benefits from parent
involvement. Parents generalize improved ways of working with one child to other family members, resulting in positive effects on the entire family (Gilmore, Miller, & Gray, 1970; Gray & Klaus, 1970).

In a review of Head Start programs, O'Keefe (1979) described the impact of Head Start on handicapped children's families. Studies demonstrated that parent involvement helped improve parenting abilities, increased positive interaction between parent and child, brought about positive gains for all family members, and had an impact on community attitudes.

Research on Parent Participation During the IEP Meeting

Only within the last decade have special educators discussed involving parents in educational program planning (Simches, 1975). P.L. 94-142 addresses this need by mandating parent participation in the meeting held to develop a child's IEP. Parental participation is deemed important because it helps to tailor educational goals to a child's needs and abilities as perceived by both the school system and parents (Goldstein, 1980).

Parent attendance at the IEP development meeting is not required by law. IEPs can be developed in the parent's absence. LEAs, however, are held responsible for encouraging parents to attend their child's IEP meeting and are expected to document their efforts to do so.

An assumption underlying the IEP requirement is that parents and school personnel will cooperatively exchange information to develop an appropriate IEP for the handicapped child. Because the IEP process is
relatively new, few studies have focused attention upon the various aspects of the IEP meeting. Studies reviewed have been grouped accordingly: (a) parent attendance at IEP meetings, (b) barriers to parents' participation during IEP meetings, and (c) observational analysis of IEP meetings. Each will be discussed in turn.

**Parent Attendance**

Parent attendance at IEP meetings is an important factor. Parents who do not attend the IEP meeting have no influence in the planning of their child's educational program. Research indicates that most meetings are attended by at least one parent—usually the mother—with parent attendance declining as children become older.

Scanlon, Arick, and Phelps (1981) used a questionnaire format to analyze IEP participants' attendance patterns. They found that 75% of the handicapped children's mothers and special education teachers attended the IEP meetings, with fathers attending only 21% of them. Administrators participated more often at trainable mentally retarded and educable mentally retarded students' IEP meetings with a rate of 40%. Their attendance for all other handicapping conditions was 20%

Primary handicapping condition and chronological age of a child appeared to significantly affect the membership of the IEP team.

IEP conference dynamics were studied by Goldstein, Strickland, Turnbull, and Curry (1980). Twenty-one meetings for mildly mentally retarded or learning disabled children were observed. Sixty-seven percent of the meetings were attended by one parent, with no meetings being attended by both parents. Resource Specialist teachers attended
100% of the meetings, administrators 21%, and other support staff 14%.
In a similarly designed study, Goldstein (1980) reported attendance by at least one parent at 72% of the 45 IEP meetings she observed. Nine meetings (20%) were attended by the child's father and five meetings (11%) by both parents.

The Second Annual Report to Congress on P.L. 94-142 Implementation (1980) reported that 92% of the parents with children between the ages of 3 and 5 attended their child's IEP meeting. However, the proportion of parents participating in the meetings progressively decreased for children in the 6-12 year old group, 13-15 year old group, and finally 16-21 year old group. All together 49% of the parents attended their child's IEP meeting. Similar attendance rates were reported by Ysseldyke, Algozzine, and Michell (1982) in their analysis of effective IEP meeting characteristics. They observed that 50% of the 34 IEP meetings were attended by a parent. In all cases the mother was the only parent in attendance.

The National Committee for Citizens in Education (1979) conducted the largest study to date on parent involvement in IEP conferences. Their survey of 2300 parents from 438 school districts in 46 states, indicated that parents were in attendance at 83% of the IEP meetings. Researchers cautioned that attendance rates were possibly inflated and biased in favor of "active" parents since questionnaires were partially distributed through organized advocacy groups.

**Barriers to Parent Participation**

Project IEP was the first major research project to focus specifically upon factors inhibiting parent's active participation
during the IEP meeting. Funded in 1976 by the Bureau of Education for the Handicapped, four states participated in data collection—between February and May of 1977. Each state reported separately their findings from the open-ended interviews. Washington state's report (Lewis, 1977) identified specific factors that prevented parent's active participation during the IEP meeting. These factors were: (a) parents' inability to specify goals, objectives, and instructional methods, (b) parents' feeling that educational program planning is best done by professional educators, (c) parents' lack of knowledge about the pupil planning process, which leads to feelings of intimidation and a lack of confidence to effectively question committee recommendations, (d) professionals' use of educational jargon and presentation of test data that are not understood by parents, (e) circumstances such as distance from the school building, work schedules, cost of participation, and personal priorities, and (f) parents' disinterest in their child's education or lack of acceptance of their child's handicapping condition.

Turnbull and Leonard (1980) identified some of the same factors in their literature review of parent involvement in the IEP process. They suggest that parents may feel the task of education is best left to educators. Furthermore, they conclude that parental intimidation and inadequate decision-making skills are significant barriers to parent involvement, with intimidation resulting from a perceived or actual lack of knowledge on substantive issues related to a child's program.

Barriers to parents' participation during IEP development were also discussed in BEH's Second Annual Report to Congress on P.L. 94-142 Implementation. Several BEH funded studies provide information about these barriers. Blaschke (1979) concluded from a national survey that
parents decline to become involved because such activity is perceived as the schools' responsibility. Case study findings presented by Stearns, Greene and David (1979) implied that traditionally parents of handicapped children have not questioned the school's authority to make decisions about services or placement, therefore, have remained satisfied with a passive role. Other research studies reported IEP meetings to be intimidating and confusing to parents when large numbers of school staff were present at IEP meetings (Brightman & Sullivan, 1979). Case study findings from these national surveys suggest that parents become more involved in IEP development when: (a) their socio-economic status is relatively high, (b) they live close to the school, (c) a positive tradition of parent/school relations exists in the district, and (d) their state has enacted a law similar to P.L. 94-142. 

Mopsik and Agard (1980) interviewed parents in a study addressing parent involvement in educational decision-making. About one-half of the parents interviewed stated they preferred to remain passive participants in the decision-making process. Reasons given were: time restraints, difficulties in arranging work schedules, transportation or babysitting problems, and poor understanding of educational jargon and school procedures.

Professionals' attitude toward parent participation is frequently cited in the literature as another major factor determining parent's active role and ultimate effectiveness during the IEP meeting. Turnbull and Leonard (1980) suggested that many professionals view "parents as partially incompetent junior partners who are to be convinced of the righteousness of education."
Yoshida, Fenton, Kaufman, and Maxwell (1978) studied IEP team members' attitudes about the activities parents should participate in during IEP development. Twenty-four activities were presented in questionnaire form to 1,372 persons who had served as IEP team members. Only two activities were selected as appropriate for parent participation by the majority of IEP members presenting information and gathering information relevant to the case. Finalizing decisions was considered an appropriate parent activity by only one-fourth of the members. It was concluded that the parent's role at the IEP meeting may be limited unless professionals make an effort to enlarge it. Professionals need to perceive parents as having a necessary and integral role in the IEP process if they are responsible for encouraging parents to be active decision-makers during IEP development.

Status rankings of 15 IEP team members were studied by Gilliam (1979). One hundred thirty IEP participants were surveyed from 27 IEP meetings. Parents were ranked as the third most important member on the IEP team. Based on actual contributions made during the meeting, they were ranked only ninth. Although parents were perceived as vital team members, it was concluded that the professionals' attitude concerning the value of parents' contributions had the greatest influence upon parents' actual participation at the IEP meeting.

Some educators feel the manner in which professionals choose to communicate with parents discourages parent participation, which prevents parents and professionals from working as a team (Wolf & Troup, 1980). One study assessed school personnel methods used to encourage parent attendance at IEP meetings. Parents' attendance at meetings was increased when less formal notices were used, followed by personal
telephone calls and home visits. Conclusions drawn were that official looking documents using small print and educational jargon intimidated parents, and more personal communication between parent and school personnel resulted in more cooperative planning for the educationally handicapped child (Wolf & Troup, 1980).

Observational Analysis of the IEP Meeting

Naturalistic observation and self reports have been used to analyze various aspects of the IEP meeting. Goldstein, Strickland, Turnbull and Curry (1980) piloted an observational study focusing upon IEP team members' attendance, nature, and frequency of topics discussed, and length of meeting. Fourteen IEP meetings for learning disabled children were observed. The speaker, recipient of information, and topic were recorded at 2 minute intervals (13 topics were defined for the study). After the meeting, each participant was asked to complete a questionnaire regarding their perceptions of and satisfaction with the conference. Although the study was limited in the number of subjects, some interesting data were reported. Nine out of 14 conferences were not legally constituted, with the administrator being the missing participant in each meeting. Resource Specialists talked the most, acquiring 38% of the total number of citations recorded during the study. The second most vocal IEP participant was the parent, contributing 15% of the total number of citations. Similar findings were reported by Gilliam (1979), who concluded that parent contributions added little to the proceedings of the conferences.

Behavior and curriculum were the most frequently discussed topics in the Goldstein et al. study. Eighteen percent of the total
citations recorded were devoted to each of these topic areas. Personal information was the third most discussed topic, comprising 15% of the total number of citations. Analysis of anecdotal information indicated that parents were typically confused by information presented to them in other topic areas and seldom asked clarification questions. It was emphasized that these questions might have resulted in IEP modification. Out of the 14 conferences observed, only in one did parent and educators jointly specify goals and objectives. It is noteworthy that the parent at the conference was a psychologist who was familiar with the purpose and nature of the IEP. The mean length of all conferences was 36-minutes, with a range of 6 to 72 minutes. Correlations between conference length, size of IEP team and number of citations recorded were not found.

Goldstein and her colleagues concluded that "the proceedings of the IEP conferences can generally be characterized as the resource teacher taking the initiative to review the already developed IEP with the parent, who was the primary recipient of comments made at the meeting." Yoshida et al. (1978) added that IEP team members basically view the parents' role during the IEP meeting as one of giving and receiving information but not of making decisions. The National Education Association's (NEA) Study of Education of the Handicapped (1978) reported that a common procedure for making placement decisions is for the resource teacher to confer informally with a classroom teacher concerning a child's placement. The IEP meeting becoming little more than a "performance procedure" (p. 36).

Goldstein (1980) in a follow-up study, observed 45 IEP meetings. She found that 41% of the parent contributions focused upon personal
information about the child and family. Parents discussed student performance second most often with 14% of the total number of parent contributions falling into this topic area.

Applied Management Sciences (1979) reported results from a study focusing upon determination of the least restrictive environment for handicapped students. One hundred thirty four placement team meetings, were observed in 15 LEAs in five states. After observing each meeting, trained observers completed an evaluation summary and rating scale. Several deficiencies in the team decision-making process were identified. Rarely was more than one option considered in determining a child's placement, and most written IEPs were developed after placement of a child in a program at a separate meeting.

Hoff, Fenton, Yoshida, and Kaufman (1978) investigated parent involvement in the decision-making process and parents' understanding of IEP team recommendations for eligibility, placement, review date, and goals articulated in the IEP. Twenty placement meetings were videotaped, and parents were interviewed after each meeting. It was discovered that 50% of the parents were unclear or inaccurate in their version of the decision made during the meeting. Parents understood placement decisions most often, with 50% accuracy being reported. Only 25% of the parents understood the concept of eligibility and specific handicapping condition. Forty-five percent of the parents were not aware that eligibility had been determined at the meeting. Parents could correctly identify only 35% of the goals written into their child's IEP. Seventy-five percent of the parents inaccurately reported that an IEP review date was not discussed at the meeting. In general, parents were not cognizant of the crucial decisions they witnessed at the IEP meeting.
These authors suggest that the lack of parent understanding concerning IEP team decisions casts serious doubt on the degree to which parents are actively involved in decision-making. They emphasize that parents are not aware of the IEP decisions mandated by law or their right to introduce or challenge information at the IEP meeting. Consequently, parents' preparation for the IEP meeting is haphazard.

An observational analysis of 34 IEP meetings was completed by Ysseldyke, Algozzine, and Mitchell (1982). They evaluated the presence of effective team meeting characteristics. Observations were recorded on a 29 item instrument that listed effective team meeting interaction characteristics. Summary data indicated that the meeting's purpose was stated in only 35% of the meetings. A clear effort to relate data to the nature of the problem was observed in 81% of the meetings. Strengths and weaknesses were discussed in 75% of the meetings. Team member roles were not clearly defined during any meeting. Parent input was requested in only 27% of the meetings and usually in verification of an observed problem (e.g., "Do you ever see this behavior at home?"). Questions were directed to parents in 47% of the meetings.

Ysseldyke, Algozzine, and Allen (1982) presented data showing that team members could sit through an IEP meeting without participating and never be encouraged to participate. They also observed that adequate explanation of technical jargon was present in only 27% of the meetings. Conclusions drawn were that meetings tended to be unstructured, nongoal-oriented, and limited in the extent to which individuals participated in decision-making.

Parents who were observed in the Goldstein et al. (1980) and Goldstein (1980) studies reported high levels of satisfaction with the
IEP meetings. These findings are surprising, considering that the parents contributed little to the proceedings in either study. Yoshida, Fenton, Maxwell, and Kaufman (1977) in contrast found that those contributing more during a child placement team meeting were the most satisfied with the meeting. Wiegerink et al. (1980) found that parent satisfaction with preschool programs for handicapped children has always been very high. It would seem that parent satisfaction with special education programs is generally high even though parents show little direct involvement. High levels of parent satisfaction could also be attributed to the inability of measurement tools to detect areas of dissatisfaction.

Strategies to Improve Parent Participation During the IEP Meeting

Many strategies to improve parents' participation during the IEP meeting have been proposed but very little empirical evidence of the effectiveness of these strategies has been reported.

Sending questions to parents prior to the meeting is one method of preparing parents to participate more fully during the IEP meeting (D'Zamko & Raiser, 1981; Goldstein, 1980; Rabbit, 1978; Turnbull et al., 1978). Turnbull concluded that questions would impress upon the parents the importance of their input at the meeting, thus provide an incentive for parent attendance. D'Zamko and Raiser speculated that questions would serve to guide parents' observations of their child, which in turn would prepare parents for active participation during the IEP meeting.

Telephone messages have been successful in involving parents in the educational process (Bittle, 1975). Copeland, Brown, Axelrod, and Hall (1972) found that student truancy could be decreased by intermittent calls to parents, praising them for sending their child to school.
Goldstein (1980) found that parents who were mailed questions prior to the IEP meeting and called by telephone about the meeting participated more often at the IEP meeting than control group parents. Post hoc analysis revealed that a disproportionate number of fathers attended IEP meetings when questions were sent home ahead of time. It was conjectured that fathers attended the meetings because they perceived them as important to their child's education after reviewing the questions. An alternative explanation offered was that mothers receiving questions felt threatened and requested their husband's attendance. Goldstein proposed that the questions helped to clarify IEP meeting purposes. They also helped establish similar perspectives for conference proceedings for all IEP team members. The ease of implementation of this intervention strategy for LEAs was emphasized.

Presence of a parent advocate at the IEP meeting has frequently been cited as a method of increasing meaningful parent involvement in the decision-making process. The parent advocate's role involves eliciting parents' opinions on topics discussed, pursuing questions or statements from participants that need clarification, and generally trying to involve the parent in the meeting (Goldstein, Turnbull, Strickland & Curry, 1980). The school guidance counselor has been identified as the most logical candidate to assume this role at the IEP meeting (McAlear, 1976; Schrank, 1976; Wallbrown & Pritchard, 1976). McAlear sees the counselor as the "consultant and facilitator for ongoing communication and planning involving parent, teacher and child" (p. 104). Schrank adds that counselors' knowledge of child development and expertise in facilitating communication qualifies them as the most likely professionals to serve in the role of parent advocate.
Goldstein and Turnbull (1982) were the first to report empirical data concerning the use of school counselors as parent advocates in the IEP meeting. Counselors were instructed to direct questions to parents, to verbally reinforce parents' contributions, and to summarize the discussion at the end of the meeting. Research findings indicated that more parent contributions were made during those IEP meetings where a school counselor, serving as parent advocate, was in attendance. It was noted that after the counselor directed the first few questions to other IEP team members concerning the student's evaluation and progress, parents also started asking questions or commenting on their observations of their child.

The school psychologist has also been identified as a likely person to serve as parent advocate. Turnbull and Leonard (1980) perceive the school psychologist as assuming the following responsibilities: (1) directing questions to the parents, (2) clarifying questions and disagreements, and (3) explaining technical information and test results in jargon-free language. They state that psychologists "could enhance the appropriateness of the handicapped child's education by supporting and preparing parents to share in the decision-making process and by carrying out a monitoring function...working with parents being viewed as a means to the end of contributing to the well-being of the child" (p. 40).

Powell (1980) and D'Zamko and Raiser (1981) have recommended that parents be directly involved in the IEP monitoring process in order to increase parent participation during the IEP meeting. D'Zamko and Raiser contend that placement of parents in a direct and significant role in their child's education will eliminate parents' superficial
involvement in IEP development. Powell describes how a formal communication system between home and school could serve as a mutually beneficial monitoring program. Objectives listed on the IEP would serve as the content for a report card which would be sent home daily and returned to school. Teachers would indicate on the card daily instructional objectives. Parent marks would indicate what was accomplished at home to work toward the same instructional objectives.

Recently, training programs for parents and professionals have been advocated in the literature as a strategy to increase parent participation during the IEP process. Parents typically have little knowledge about special education, the overall IEP planning process and specific details of their child's handicapping condition. Lack of knowledge hampers parents' ability to contribute during the IEP meeting. It also affects their perceptions of themselves as effective participants in the process (Lewis, 1977). Parents who feel threatened and intimidated will probably assume non-active decision-making roles during IEP development (Turnbull & Leonard, 1980).

Training topics for parents have been identified by professionals who assume that added knowledge in these areas will breed parent interest and participation. It has been recommended that parents acquire knowledge regarding: (1) provisions of P.L. 94-142 and state rules and regulations, (2) their child's handicapping condition, needs, and potential abilities, (3) the IEP process and specific components of the IEP, (4) decision-making skills, and (5) advocacy skills (Goldstein, Turnbull, & Curry, 1980; Kaney & Berruezo, 1978; Karnes & Teska, 1980; Lewis, 1977; Markel & Greenbaum, 1981; Muir, Milan, McLean, & Berger, 1982; Turnbull & Leonard, 1980).
Several organizations have recommended that parents be trained in the area of advocacy skills development. The National Association for Retarded Citizens (NARC), government agencies, and various state and local ARC groups have developed specific programs to teach parents their rights under P.L. 94-142. They also have provided to parents information on how to effectively deal with professionals providing services to their children (Muir, Milan, McLean & Berger, 1982).

Turnbull, Strickland, and Goldstein (1978) suggest conducting a needs assessment with parents prior to providing training. In this way, specific competencies tailored to the needs of the parents can be determined and then incorporated into the training program. This would result in more effective, efficient training. A list of 13 possible training program competencies associated with parent participation in the IEP process was compiled by Turnbull and her colleagues.

Thibodeau and Kennedy (1981) and Karnes and Teska (1980) stress that parents need training in the areas of test score interpretation and technical terminology. They contend that assessment data is a major variable in program decision-making. Limited knowledge in this area diminished parent's ability to participate during IEP development.

In 1980, the Bureau of Education for the Handicapped organized five regional Parent Information Centers staffed by parents and members of parent organizations. The Centers informed parents of their rights and responsibilities under the law, provided advice regarding development of IEPs, and generally sought to increase parents' ability to respond effectively in educational decisions concerning their children. The parents, in effect, were teaching other parents what IEP involvement was all about. In 1981, the Bureau launched parent and school training
programs aimed at ameliorating adversarial relationships between parents and school personnel. Its purpose was to improve the quality of parent participation in special education planning and programming.

Educators, by virtue of their direct interaction with parents at the IEP meeting, have the opportunity to encourage and support parents' active involvement in the development of the IEP. Lewis (1977) cautions that many special educators do not feel they have the skills required to effectively collaborate and communicate with parents in the group planning process. Parent facilitator training for special educators has been offered as a solution to this problem (Lewis, 1977; Turnbull & Leonard, 1981).

Turnbull et al. (1978) identified 14 professional competencies associated with parent participation during IEP development. These competencies were considered necessary for successful facilitation of the IEP meeting. Drawing from this list, Turnbull and Leonard (1981) recommended that parent facilitator training components focus upon development of the following skills: (1) directing questions to parents, (2) clarifying questions and disagreements, (3) explaining test results and information in jargon-free language, and (4) actively reinforcing parents for their contributions. Other professional competencies to be addressed in training programs for advocates are the abilities to create a positive atmosphere, to elicit special concerns from parents, to discuss and negotiate various aspects of the IEP, and to initiate strategies and to involve parents actively in the decision-making process (Canady & Seyfarth, 1979; Dembinski & Mauser, 1977; Losen & Diament, 1978).

A number of research studies have identified the need for special
educators to assume their responsibilities in the education program planning process and to train professionals to involve parents as full partners in this task (Goldstein, 1980; Goldstein, Strickland, Turnbull, & Curry, 1980; Lewis, 1977; Scanlon, Arick, & Phelps, 1981; Yoshida, Fenton, Kaufman, & Maxwell, 1978). In spite of the recognized need to train parents and professionals, there are few training programs or research studies addressing the effectiveness of training upon parent participation in the IEP process.

Summary

The growth and development of parents' involvement in the education of handicapped children as influenced by society's changing view of the handicapped individual, political factors, judicial decisions, and legislative mandates was reviewed in this chapter. Pertinent research addressing the effects of parents' participation on handicapped students' attitudes and achievement, and on the attitudes and achievement of the parents themselves was also addressed. The motivation, self esteem, perceptual skills, reading rates and reading recognition and spelling skills of handicapped children were all shown to increase as a result of their parents' involvement in their education program. Evidence was presented showing the direct positive relationship between parents' active involvement in their child's education and: (a) their positive attitudes toward special education, (b) their need to be involved in their child's education program, and (c) their influence over their child's problems. Studies reviewed clearly demonstrated that parent involvement helped to increase positive interaction between parent and child and the family at large. It also
improved parenting skills.

Research addressing parents' participation during the IEP meeting was examined. Findings provided documentation of parents' passive role in the educational program planning process. Factors inhibiting active parent involvement were discussed. These factors included parents' lack of knowledge about the IEP, the IEP process, their child's educational needs, and technical terminology. Professionals' attitudes toward parent participation were also presented as a factor influencing parents' active role and ultimate effectiveness during the IEP meeting. It was shown that professionals typically perceive parents as passive IEP team members, doing little to encourage parents' involvement beyond an information giving level.

Observations of IEP meetings were reported. It was shown that parents contribute little verbally during the IEP meeting, have limited understanding of the decisions made about their child's IEP, make few decisions concerning the contents of the IEP, and only provide information about their child during the meeting. Parents' general satisfaction with the IEP meeting was also discussed.

Intervention strategies to improve parent's participation during the meetings were reviewed. The need for and advantages of providing parents a parent advocate at the IEP meeting were discussed. Training program objectives for parents and professionals were delineated.

The research and literature reviewed for this study implies that parents of handicapped children are becoming more actively involved in their children's education but generally assume a passive role in the development of the IEP. The literature also suggests that strategies to overcome barriers to active parent participation should be evaluated
with respect to their actual effect upon parent participation. Special attention needs to be given to the strategy of training parents and professionals in their new roles and responsibilities as they relate to P.L. 94-142.
Chapter 3

METHODOLOGY

In this chapter, the methodology for testing the effects of parent training and Resource Specialist inservice upon parent participation during the IEP meetings is described. The design and procedure of the study are specified under eight major headings: Population of the Study, Instruments, Training Procedures, Training Materials, Experimental Design, Statistical Procedures, Null Hypotheses, and Summary.

Population of the Study

Newark, California is a diversified industrial community with a population of 32,000, located at the eastern terminus of the Dumbarton Bridge across the San Francisco Bay. The community is composed of a variety of cultural and ethnic groups ranging primarily from the lower to middle socio-economic status level. Twenty-two percent of the population is Spanish-surnamed. Blacks, American Indians, and Asians constitute another 13 percent of the minority population. Approximately 90 percent of the families living in Newark have an annual income falling below $25,000.

Newark Unified School District has two high schools, one continuation high school, two intermediate schools, and eight elementary schools with an average daily attendance of 6700 students. Two Resource Specialist programs serve each of the high schools and intermediate schools. Seven of the eight elementary schools have one Resource
Specialist program each.

Target Population

This study's target population included all English-speaking parents of students receiving special education instruction through a Resource Specialist program. All parents had been involved in at least one IEP meeting prior to January, 1982.

Sample

The parents of 98 children being served in a Resource Specialist program were chosen as subjects. A parent unit consisted of at least one parent for each child.

Sampling Method

The following methods were used to select Resource Specialists for inservice and to assign parents to one of the six treatment groups:

1. Resource Specialists serving the Newark Unified School District were invited to participate in parent-facilitator inservice. Two high school and four elementary Resource Specialists volunteered for the inservice, constituting the Resource Specialist inservice treatment group. The remaining two high school and three elementary school Resource Specialists comprised the Resource Specialist treatment group. Intermediate level Resource Specialists were excluded from the study to control for validity of results because no intermediate school Resource Specialist volunteered for the inservice.

2. From the classlists of each Resource Specialist receiving inservice, 7 of the students' parents were randomly selected as $T_1$ participants (direct training), 3 as $T_2$ participants (indirect training)
and 3 more as T₃ participants (no training), thus assigning 42 parents to T₁ and 18 parents each to T₂ and T₃. The same procedure was followed for parents of students whose Resource Specialist were not involved in inservice, resulting in random assignment of 35 parents to T₄ and 15 parents each to T₅ and T₆.

3. Twenty three of the 77 parents selected to receive direct parent training agreed to participate. Names of 9 more parents were randomly selected from the remaining names on the Resource Specialists' classlists in order that T₁ and T₄ were each assigned 16 parents.

**Instruments**

Three instruments were used for data collection: (a) Parent Participation Profile, (b) Parent Knowledge Inventory, and (c) Parent Satisfaction Questionnaire.

**Parent Participation Profile (PPP)**

Parents participation during each IEP meeting was recorded on the PPP. This measurement instrument was patterned after the observation form developed by Goldstein et al., 1980) to analyze IEP conference proceedings. The PPP was constructed so that an observer could record every 10 seconds the verbal responses made by a parent (Refer to Appendix A). A stopwatch was used to determine the length of the parent responses. Parent responses of less than 10 seconds were recorded as 10 second responses.

Verbal responses were sub-categorized and tallied according to **topic** (personal/family, behavior, evaluation/performance, related
services, placement, instructional materials, rights/responsibilities, future contacts, objectives/goals, health, future plans, other, non-relevant) and type (statement, question, and decision-making). Definitions were written for each of the 13 response topics and three response types (Appendix B). Topic categories were taken directly from the sub-headings on the IEP. Conference procedures such as form signing and introductions were not coded. Yes and No responses were coded according to the topic of the question posed to the parent and the response type.

Thirty-five IEP meetings were tape-recorded. Reliability of the coding process was measured 14 times for the tape-recorded meetings. The investigator coded and re-coded 14 of the tape recorded meetings resulting in 1.0 reliability for response type and topic. Sixteen IEP meetings could not be tape-recorded, therefore, they were observed directly. Twelve of these meetings were coded by the investigator and four by a trained observer. The trained observer recorded verbatim the parent contributions and also coded the parent responses on the PPP. Inter-rater reliability for response topic ranged from .87 to 1.0 with a mean of .9. Response type had an inter-rater reliability of 1.0.

Parent Knowledge Inventory (PKI)

The PKI measured parents' knowledge of the IEP process, content and purpose of the IEP. The inventory consisted of 10 multiple choice and 10 true/false questions drawn from the instructional component of the parent training program. Scores reflected the number of correct responses made by a parent. True/false questions were worth one point each and multiple choice questions worth from three to five points for a possible score of 49 (Appendix C).
All parents participating in the study were mailed the PKI 1 to 2 weeks following their child's IEP meeting. An explanation of the purpose accompanied the PKI. Parents not returning the completed inventory were mailed a second copy 2 weeks prior to the district's summer recess.

Content validity was ascertained by a panel of three professionals in the field of special education. A test-retest reliability study was conducted by the investigator prior to the use of the inventory. Seventeen parents of students receiving special education in Resource Specialist programs not participating in the study completed the inventory on two separate occasions. A 4-week span lapsed between the two administrations. The test-retest correlations of the factors had a median coefficient of .88

**Parent Satisfaction Questionnaire (PSQ)**

Parent satisfaction with the IEP and IEP meeting were ascertained on a five-point Likert scale questionnaire (Appendix D). The questionnaire is a modification of one used by Goldstein (1980) in a study that measured: (a) parent's perceptions of their participation during the IEP meeting, (b) parent satisfaction with the IEP meeting, and (c) parent training needs.

All parents in the study were mailed the PSQ and PKI 1 to 2 weeks following their child's IEP meeting. Parents failing to respond were mailed a second copy of the questionnaire 2 weeks prior to the district's summer recess.

Fifteen parents of students receiving special education in a Resource Specialist program not participating in the study were asked to complete the questionnaire prior to its use. Upon completion of the
questionnaire, these parents were asked to evaluate each question with respect to clarity. Revisions were made according to parent comments. A revised questionnaire was re-submitted to the parents for final examination and comment. No additional revisions were suggested.

Training Procedures

Parent Training Procedures

Following parent selection for direct and indirect parent training, group letters were mailed to parents in T1, T2, T4, and T5. The need for parent training and a description of the parent training program was summarized. The investigator served as parent trainer for all treatment groups.

Treatment Groups One and Four—Direct Parent Training. Parents involved in direct parent training were mailed a second letter describing training objectives two weeks following the first letter. Parents were asked to return a response card which indicated willingness to be involved in parent training. Six alternative meeting dates and times were listed on the response card. Reminder notes, including a map of the meeting location, meeting date and time were mailed home to parents scheduled for the meeting 3 to 5 days prior to each meeting. Parents were called the day of the meeting to remind them of the time and location of the meeting.

Each parent was provided a training manual and a list of training objectives (Appendix E). Parents not attending their scheduled meeting were notified the next day as to future meeting dates.

Within 2 weeks of each meeting, the investigator contacted by telephone the parents attending the meetings. Questions pertaining to
the training objectives were posed to the parent and they in turn were
given the opportunity to ask questions (Appendix E).

Parents were mailed the first of two newsletters 2 weeks
following the telephone contact. The second newsletter was mailed 2
weeks following receipt of the first. Both newsletters contained
suggestions for home remediation activities and reviewed information
concerning the IEP and IEP meeting (Appendix G).

Treatment Groups Two and Five--Indirect Parent Training. Parents
involved in indirect parent training were mailed a second letter briefly
describing training program procedures and objectives 1 month following
the first letter. Parents were not given the option of declining the
training materials. Two weeks following the second letter the first
training packet was mailed to the parents. The second training packet
was mailed 2 weeks later.

The investigator telephoned the parents 1 to 2 weeks following
receipt of the last training packet. The same questions were posed to
parents in both the direct and indirect parent training. Parents were
also asked to comment on the quality, content, and readability of the
training packets.

Two weeks following the telephone contact, parents were mailed
the first newsletter followed by the second newsletter 2 weeks later.
The same newsletters were used for both direct and indirect parent
training.

Treatment Groups Three and Six--No Parent Training. Parents
received no announcement or information regarding either type of parent
training.
Resource Specialist Inservice Procedures

Resource Specialist inservice consisted of two 2½ hour sessions implemented over a period of 5 weeks. A training manual and list of inservice objectives was provided to each Resource Specialist (Appendix II).

Training Materials

Direct Parent Training

A modified version of the parent training program: Preparing for the IEP Meeting: A Workshop for Parents published by the Council for Exceptional Children was used for the 2½ hour training meeting. Program materials and content were reviewed by two professionals in the field of parent education. Revisions were made according to their recommendations. Content of instructional materials focused upon helping parents to become knowledgeable, productive IEP planning participants. A manual of materials designed to help parents prepare for their child's IEP meeting was distributed to each parent. Each parent was also provided a copy of their child's most recent IEP.

Instructional methods included: mini-lectures, role-playing group discussions, audio-visual materials, and question/answer session.

Indirect Parent Training

Two parent training packets were developed for indirect parent training. Materials were drawn from the content of the direct parent training lecture materials and parent manual. All information presented during direct parent training was addressed in the training packets.
Parents were also provided a copy of their child's most recent IEP in their first training packet.

Resource Specialist Inservice

Condensed versions of two special education skills development programs: Effective Parent-Teacher Interaction and The Team Approach To Educational Decision-Making: Increasing the Effectiveness of IEP Team Skills published by California State Department of Education, Office of Special Education (June, 1979) were used for the two 2½ hour inservice meetings. Training materials were reviewed by two professionals in the field of teacher training. Revisions were made according to recommendations.

Instructional material content focused upon: (a) active listening skills, (b) educational jargon, (c) conferencing skills, (d) strategies to encourage parent attendance at school meetings, and (e) non-verbal communication. Instructional methods employed included: mini-lectures, role-playing, and group discussions.

Experimental Design

The research outline of this study was patterned after Campbell and Stanley's Design 6, described as a Post-test Only Control Group Design (Campbell & Stanley, 1963). This design controls for test-retest contamination by omitting the pretest of the criterion variables. Parent training and Resource Specialist inservice served as the independent variables. Scores on the PPP, PKI, and PSQ constituted the post-test measurements for the dependent variables in statistical analysis.
Model for Analysis

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Statistical Procedures

Data for this study were collected by the investigator during the 1981-82 school year. Each hypothesis stated in Chapter 1 was restated in the null form and tested by analyses of variance. Planned comparison of treatment means were employed where applicable. Two-tailed tests were applied in all cases, and the level of significance for rejecting the null hypotheses was set at .05. Descriptive statistics were computed to describe specific parent contributions and IEP meeting characteristics.

Computer analyses of all data collected for this study were conducted on the Burroughs B-6700 at the University of the Pacific, Stockton, California.

Null Hypotheses

$H_1$: A significant difference between the PPLs of parents participating in direct parent training and parents participating in indirect parent training does not exist.
$H_2$: A significant difference between the PPLs of parents participating in indirect parent training and parents not participating in any parent training does not exist.

$H_3$: A significant difference between the PPLs of parents participating in direct parent training and parents not participating in any parent training does not exist.

$H_4$: The same amount of knowledge pertaining to the contents of the IEP, parent rights and responsibilities, and parent's role as IEP team member will be demonstrated by parents participating in direct and indirect parent training (as measured by the PKI).

$H_5$: The same amount of knowledge pertaining to the contents of the IEP, parent rights and responsibilities, and parent's role as IEP team member will be demonstrated by parents participating in indirect parent training and parents not participating in any parent training (as measured by the PKI).

$H_6$: The same amount of knowledge pertaining to the contents of the IEP, parent rights and responsibilities, and parent's role as IEP team member will be demonstrated by parents participating in direct parent training and parents not participating in any parent training (as measured by the PKI).

$H_7$: The same number of questions will be asked during the IEP meeting by parents participating in direct and indirect parent training and parents receiving no parent training (as measured by the PPP).
$H_8$: The same number of questions will be asked by parents of children whose Resource Specialist received inservice and parents of children whose Resource Specialist did not receive inservice (as measured by the PPP).

$H_9$: The same number of decisions pertaining to educational program planning will be made during the IEP meeting by parents participating in direct and indirect parent training and parents receiving no parent training (as measured by the PPP).

$H_{10}$: The same number of decisions pertaining to educational program planning will be made during the IEP meeting by parents of children whose Resource Specialist received inservice and parents of children whose Resource Specialist did not receive inservice (as measured by the PPP).

$H_{11}$: The same amount of information will be provided during the IEP meeting by parents participating in direct and indirect parent training and parents receiving no parent training (as measured by the PPP).

$H_{12}$: The same amount of information will be provided during the IEP meeting by parents of children whose Resource Specialist received inservice and parents of children whose Resource Specialist did not receive inservice (as measured by the PPP).

$H_{13}$: Parents participating in direct and indirect parent training and parents receiving no parent training will be equally satisfied with their child's IEP and IEP meeting (as measured by the PSQ).
\[ H_{14} \]: The same amount of satisfaction with the IEP and IEP meeting will be expressed by parents of children whose Resource Specialist received inservice and parents of children whose Resource Specialist did not receive inservice (as measured by the PSQ).

**Summary**

In this chapter, the population and sample used to study the effectiveness of parent training and Resource Specialist inservice upon parent participation during the IEP meeting was described. Measurement instruments used to assess: (a) parent participation at the IEP meeting, (b) parents' knowledge of the IEP and IEP process, and (c) parents' satisfaction with their child's IEP and IEP meeting were described. Validity and reliability of measurement tools was provided. Parents and Resource Specialist training procedures were described and the study itself outlined. Finally, the hypotheses to be tested were listed.

Chapter 4 of this report presents an analysis of the statistical data from the experimental study.
Chapter 4

FINDINGS OF THE STUDY

The purpose of this study was to determine the effectiveness of direct parent training, indirect parent training, and Resource Specialist inservice upon: (a) parent participation during the IEP meeting, (b) parent knowledge of the IEP process, and (c) parent satisfaction with the IEP and IEP meeting. The Parent Participation Profile (PPP) was used to determine: (a) parent participation levels (PPL), (b) number of questions parents asked during the IEP meeting, (c) number of decisions parents made pertaining to educational planning during the IEP meeting, and (d) number of statements parents made during the IEP meeting. The Parent Knowledge Inventory (PKI) was used to measure parents' knowledge of the IEP process, contents and purpose of the IEP. The Parent Satisfaction Questionnaire (PSQ) was employed to ascertain parent satisfaction with the IEP and IEP meeting.

The population under study consisted of all English-speaking parents of students receiving special education instruction through a Resource Specialist program in Newark Unified School District who had been involved in at least one IEP meeting prior to January, 1982. A sample of 98 parent units was drawn for study. Six Newark Unified School District Resource Specialists volunteering to participate in inservice comprised the Resource Specialist inservice treatment group. Five Resource Specialists not volunteering to receive inservice comprised the Resource Specialist no-inservice treatment group.
Fifty-two parents were randomly selected from the class lists of Resource Specialists receiving inservice. From this selection, 16 parents were assigned to T1, 18 parents to T2 and 18 parents to T3. An additional 46 parents were randomly selected from the class lists of Resource Specialists not receiving inservice, with 16 parents being assigned to T4, 15 parents to T5 and 15 parents to T6.

Parents in direct parent training treatment groups (T1, T4) participated in a 2½ hour training session, received a telephone contact reviewing training materials and were mailed two newsletters following the training. Parents in the indirect parent training treatment groups (T2, T5) were mailed two packets of written material drawn directly from the contents of the direct parent training program. They also received a telephone contact reviewing training packet materials and two newsletters. Parents in parent training treatment groups three and six (T3, T6) received no parent training, telephone contact, or newsletters.

Following the completion of Resource Specialist inservice and direct and indirect parent training, IEP meetings were scheduled for all treatment group parents. Observations of parent participation in the IEP meetings were recorded on the Parent Participation Profile. The number of IEP meetings observed for each treatment group is presented in Table 1, page 70.

The number of parents completing the Parent Knowledge Inventory (PKI) and Parent Satisfaction Questionnaire (PSQ) for each treatment group is presented in Table 2, page 70.

Fourteen hypotheses were operationally defined and subjected to statistical analysis. The .05 level of significance with a two-tailed
Table 1

Number of IEP Meetings Observed for Each Treatment Group

<table>
<thead>
<tr>
<th>Parent Training</th>
<th>Direct</th>
<th>Indirect</th>
<th>None</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Inservice</td>
<td>10</td>
<td>6</td>
<td>14</td>
<td>30</td>
</tr>
<tr>
<td>Resource Specialist Inservice</td>
<td>None</td>
<td>10</td>
<td>6</td>
<td>21</td>
</tr>
<tr>
<td>Totals</td>
<td>20</td>
<td>12</td>
<td>19</td>
<td></td>
</tr>
</tbody>
</table>

Table 2

Number of Parents Completing the PKI and PSQ for Each Treatment Group

<table>
<thead>
<tr>
<th>Parent Training</th>
<th>Direct</th>
<th>Indirect</th>
<th>None</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inservice</td>
<td>8</td>
<td>6</td>
<td>6*</td>
<td>20</td>
</tr>
<tr>
<td>Resource Specialist Inservice</td>
<td>None</td>
<td>14</td>
<td>9</td>
<td>29</td>
</tr>
<tr>
<td>Totals</td>
<td>22</td>
<td>15</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

*Seven PSQs and six PKIs were returned for T₃.*
test was selected for use for all research hypotheses. Analysis of Variance was used as the basic statistical procedure. The Least Significant Difference Test was employed to analyze multiple mean differences when null hypotheses were rejected. Two-Way Analysis of Variance was to have been employed to determine the interaction effect between parent training and Resource Specialist inservice for Parent Participation Levels and Parent Satisfaction. The unexpected problem of unequal, disproportionate cells, however, resulted in the elimination of this statistical analysis. Visual inspection of cell means for the dependent variables and nature of the slopes of the lines for the cell means indicated little evidence of interaction between the independent variables. Descriptive statistics were computed to describe specific parent contributions and IEP meeting characteristics.

Presentation of the Findings

This chapter presents the set of null hypotheses for each dependent measure, followed by tables analyzing results of the data collected. A discussion of the acceptance or rejection of the null hypotheses concludes the summary of the findings for each measure. Ancillary data analysis and other descriptive statistics are presented, followed by a summary of the overall findings.

Parent Participation Levels

$H_1$: A significant difference between the PPLs of parents participating in direct parent training and parents participating in indirect parent training does not exist.

$H_2$: A significant difference between the PPLs of parents participating in indirect parent training and parents
not participating in any parent training does not exist.

H₃: A significant difference between the PPLs of parents participating in direct parent training and parents not participating in any parent training does not exist.

Tables 3 and 4 present the findings for the PPL scores. Table 3 data, indicate that PPL means for the three parent training treatment groups differ significantly. A multiple comparison of parent training treatment group means reveals significant differences between the PPLs of parents receiving direct parent training and parents receiving either indirect or no parent training.

Table 3
Two-Way Analysis of Variance of PPL Scores
With Parent Training Treatment Groups and Resource Specialist Inservice Serving as Independent Variables

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>*F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Training</td>
<td>4921.86</td>
<td>2</td>
<td>2460.93</td>
<td>16.46</td>
<td>.001</td>
</tr>
<tr>
<td>Inservice</td>
<td>1.25</td>
<td>1</td>
<td>1.25</td>
<td>.01</td>
<td>NS</td>
</tr>
<tr>
<td>Residual</td>
<td>7025.40</td>
<td>47</td>
<td>149.47</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Total</td>
<td>11948.51</td>
<td>50</td>
<td>238.97</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

*An F ≥ 3.23 was required for significance at the .05 level for Parent Training effects
*An F ≥ 4.08 was required for significance at the .05 level for Inservice effects

Results presented in Table 4, demonstrate that parents receiving direct parent training participate significantly more during the IEP meeting, that parents receiving indirect parent training participate less often, and parents receiving no parent training participate the least.
Table 4

Mean PPL Score Comparisons for Parent Training Treatment Groups

<table>
<thead>
<tr>
<th>Treatment Group</th>
<th>Mean</th>
<th>s</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Parent Training</td>
<td>39.20</td>
<td>16.74</td>
<td>20</td>
</tr>
<tr>
<td>Indirect Parent Training</td>
<td>21.58</td>
<td>8.5</td>
<td>12</td>
</tr>
<tr>
<td>No Parent Training</td>
<td>17.84</td>
<td>7.1</td>
<td>19</td>
</tr>
</tbody>
</table>

Group Comparisons

<table>
<thead>
<tr>
<th></th>
<th>Direct</th>
<th>Indirect</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct</td>
<td>--</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirect</td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*d ≤ 8.56 denotes a significant difference between two treatment group means at .05 level

Null hypotheses 1 and 3 are rejected and null hypothesis 2 is retained.

Parent Knowledge

H₄: The same amount of knowledge pertaining to the contents of the IEP, parent rights and responsibilities, and parent's role as IEP team member will be demonstrated by parents participating in direct and indirect parent training (as measured by the PKI).

H₅: The same amount of knowledge pertaining to the contents of the IEP, parent rights, and responsibilities and parent's role as IEP team member will be demonstrated by parents participating in indirect parent training and parents not participating in any parent training (as measured by the PKI).
H₆: The same amount of knowledge pertaining to the contents of the IEP, parent rights, and responsibilities and parent's role as IEP team member will be demonstrated by parents participating in direct parent training and parents not participating in any parent training (as measured by the PKI).

Table 5 presents the Analysis of Variance of the PKI scores. This data indicates that PKI means for parent training treatment groups differ significantly.

Table 5
Analysis of Variance of the Parent Knowledge Inventory Scores for the Parent Training Treatment Groups

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>*F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td>679.94</td>
<td>2</td>
<td>339.97</td>
<td>27.97</td>
<td>.001</td>
</tr>
<tr>
<td>Within</td>
<td>559.04</td>
<td>46</td>
<td>12.15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1238.98</td>
<td>48</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*F ≥ 3.23 was required for significance at the .05 level

A multiple comparison of the three parent training treatment group means is presented in Table 6, page 75. These results show significant differences in mean PKI scores for all parent training treatment group comparisons. It appears that parents receiving direct parent training demonstrate the most knowledge concerning the contents of the IEP, parents' rights and responsibilities, and parents' role as IEP team member. Parents receiving indirect parent training are the next most knowledgeable and parents receiving no parent training are the least knowledgeable.
Table 6

PKI Score Mean Comparisons for Parent Training Treatment Groups

<table>
<thead>
<tr>
<th>Treatment Group</th>
<th>Mean</th>
<th>s</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Parent Training</td>
<td>38.55</td>
<td>3.18</td>
<td>22</td>
</tr>
<tr>
<td>Indirect Parent Training</td>
<td>34.55</td>
<td>3.35</td>
<td>15</td>
</tr>
<tr>
<td>No Parent Training</td>
<td>29.25</td>
<td>4.14</td>
<td>12</td>
</tr>
</tbody>
</table>

Group Comparisons

<table>
<thead>
<tr>
<th></th>
<th>Direct</th>
<th>Indirect</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct</td>
<td>--</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirect</td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*d \geq 2.47 denotes a significant difference between two treatment group means at .05 level

Null hypotheses 5 through 7 are rejected because the PKI score mean for the direct parent training group significantly exceeds the PKI score mean for the indirect parent training group, and the PKI mean score for indirect parent training significantly exceeds the PKI score mean for the no-parent training group.

Questions Asked by Parents During the IEP Meeting

H₇: The same number of questions will be asked during the IEP meeting by parents participating in direct and indirect parent training and parents receiving no parent training (as measured by the PPP).
The same number of questions will be asked by parents of children whose Resource Specialist received inservice and parents of children whose Resource Specialist did not receive inservice (as measured by the PPP).

Tables 7 and 8 present the findings for the number of questions asked by parents during the IEP meeting. Table 7 is a summary of the Two-Way Analysis results. Data indicate that Resource Specialist inservice did not have a significant effect upon the number of questions asked by parents during the IEP meeting but that parent training did have a significant effect.

**Table 7**

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>*F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Training</td>
<td>818.83</td>
<td>2</td>
<td>409.42</td>
<td>27.18</td>
<td>.001</td>
</tr>
<tr>
<td>Inservice</td>
<td>8.33</td>
<td>1</td>
<td>8.33</td>
<td>.27</td>
<td>.61</td>
</tr>
<tr>
<td>Residual</td>
<td>680.34</td>
<td>47</td>
<td>14.47</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1507.50</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*F ≥ 3.23 was required for significance at the .05 level for Parent Training effects

*F ≥ 4.08 was required for significance at the .05 level for Inservice effects

Table 8 presents a multiple comparison of parent training treatment group means. The mean number of questions asked by parents receiving direct parent training differed significantly from the mean.
of parents receiving indirect and no parent training. Differences between "Question" means for indirect and no parent training groups were not significant. Parents receiving direct parent training asked significantly more questions during their child's IEP meeting than those parents in the other parent training treatment groups.

Table 8

Mean Comparisons of Questions Asked for Parent Training Treatment Groups

<table>
<thead>
<tr>
<th>Treatment Group</th>
<th>Mean</th>
<th>s</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Parent Training</td>
<td>11.95</td>
<td>5.43</td>
<td>20</td>
</tr>
<tr>
<td>Indirect Parent Training</td>
<td>4.23</td>
<td>3.13</td>
<td>12</td>
</tr>
<tr>
<td>No Parent Training</td>
<td>3.53</td>
<td>1.80</td>
<td>19</td>
</tr>
</tbody>
</table>

*\[d \geq 2.74\] denote a significant difference between two treatment group means at .05 level.

Null hypothesis 7 is rejected and null hypothesis 3 is retained.

Decisions Made by Parents During the IEP Meeting

H₉: The same number of decisions pertaining to educational program planning will be made during the IEP meeting by parents participating in direct and indirect parent
training and parents receiving no parent training (as measured by the PPP).

\( H_{10} \): The same number of decisions pertaining to educational program planning will be made during the IEP meeting by parents of children whose Resource Specialist received inservice and parents of children whose Resource Specialist did not receive inservice (as measured by the PPP).

Findings for the number of parent decisions made during the IEP meeting are presented in Tables 9 and 10. Table 9, page 79 indicates that "Decision" means for Resource Specialist inservice treatment groups did not differ significantly. Analysis of the data suggests that the strategy of providing inservice to Resource Specialists had no significant effect upon the number of decisions made by parents during the IEP meeting. Results indicate that the mean number of parent decisions for the three parent training groups differ significantly.

A multiple comparison of parent training treatment group means is presented in Table 10, page 79. It reveals that the "Decision" mean for the direct parent training group differs significantly from the "Decision" means for the indirect and no parent training groups. Differences between "Decision" means for indirect and no parent training groups were not significant. Parents receiving direct parent training made the most number of decisions during their child's IEP development meeting, parents receiving indirect parent training made a fewer number of decisions, and parents receiving no parent training made the fewest number of decisions.

Null hypothesis 9 is rejected and null hypothesis 10 is retained.

**Statements Made by Parents During the IEP Meeting**

\( H_{11} \): The same amount of information will be provided during the IEP meeting by parents participating in direct and
Table 9

Two-Way Analysis of Variance of the Number of Decisions Made With Parent Training Treatment Groups and Resource Specialist Inservice Groups Serving as the Independent Variables

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Training</td>
<td>70.74</td>
<td>2</td>
<td>35.37</td>
<td>8.28</td>
<td>.001</td>
</tr>
<tr>
<td>Inservice</td>
<td>6.28</td>
<td>1</td>
<td>6.28</td>
<td>1.47</td>
<td>NS</td>
</tr>
<tr>
<td>Residual</td>
<td>200.90</td>
<td>47</td>
<td>4.27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>277.92</td>
<td>50</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*F ≥ 3.23 was required for significance at the .05 level for Parent Training effects

*F ≥ 4.08 was required for significance at the .05 level for Inservice effects

Table 10

Mean Comparisons of Decisions Made for Parent Training Treatment Groups

<table>
<thead>
<tr>
<th>Treatment Group</th>
<th>Mean</th>
<th>s</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Parent Training</td>
<td>3.8</td>
<td>2.89</td>
<td>20</td>
</tr>
<tr>
<td>Indirect Parent Training</td>
<td>1.3</td>
<td>1.65</td>
<td>12</td>
</tr>
<tr>
<td>No Parent Training</td>
<td>1.47</td>
<td>1.07</td>
<td>19</td>
</tr>
</tbody>
</table>

Group Comparisons

<table>
<thead>
<tr>
<th>Group Comparisons</th>
<th>Direct</th>
<th>Indirect</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct</td>
<td>--</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirect</td>
<td>*</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>*</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

*d ≥ 1.47 denote a significant difference between two treatment group means at the .05 level
indirect parent training and parents receiving no parent training (as measured by the PPP).

\[ H_{12}: \] The same amount of information will be provided during the IEP meeting by parents of children whose Resource Specialist received inservice and parents of children whose Resource Specialist did not receive inservice (as measured by the PPP).

Tables 11 and 12 present findings for the number of parent statements made during the IEP meeting. Table 11, page 81 indicates that the "Statement" means for the Resource Specialist inservice treatment groups did not differ significantly. Data suggest that the strategy of providing inservice to Resource Specialists had no significant effect upon the number of statements parents made during the IEP meeting. Results further show that the "Statement" means for the parent training treatment groups differ significantly.

A multiple comparison of parent training treatment group means is presented in Table 12, page 81. It indicates that the mean for the direct parent training group differs significantly from "Statement" means for indirect and no parent training treatment groups. Differences between "Statement" means for indirect and no parent training groups were not significant. Parents receiving direct parent training made the most number of statements during their child's IEP meeting. Parents receiving indirect parent training made fewer number of statements and parents receiving no parent training made the least number of statements.
Table 11

Two-Way Analysis of Variance of the Statements Made With Parent Training Treatment Groups and Resource Specialist Inservice as the Independent Variables

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>*F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Training</td>
<td>1232.27</td>
<td>2</td>
<td>616.13</td>
<td>8.66</td>
<td>.001</td>
</tr>
<tr>
<td>Inservice</td>
<td>15.53</td>
<td>1</td>
<td>15.53</td>
<td>.22</td>
<td>NS</td>
</tr>
<tr>
<td>Residual</td>
<td>3344.12</td>
<td>47</td>
<td>71.15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>4591.92</td>
<td>50</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*F $\geq 3.23$ was required for significance at the .05 level for Parent Training effects

*F $\geq 4.08$ was required for significance at the .05 level for Inservice effects

Table 12

Mean Comparisons of Statements Made for Parent Training Treatment Groups

<table>
<thead>
<tr>
<th>Treatment Group</th>
<th>Mean</th>
<th>s</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Parent Training</td>
<td>23.40</td>
<td>11.41</td>
<td>12</td>
</tr>
<tr>
<td>Indirect Parent Training</td>
<td>14.38</td>
<td>7.27</td>
<td>12</td>
</tr>
<tr>
<td>No Parent Training</td>
<td>12.84</td>
<td>5.56</td>
<td>19</td>
</tr>
</tbody>
</table>

Group Comparisons

<table>
<thead>
<tr>
<th></th>
<th>Direct</th>
<th>Indirect</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Indirect</td>
<td>*</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>*</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

*p $\geq 6.12$ denote a significant difference between two treatment group means at .05 level.
These results indicate that null hypothesis 11 is rejected and null hypothesis 12 is retained.

Parental Satisfaction With IEP Meeting--IEP Process

$H_{13}$: Parents participating in direct and indirect parent training and parents receiving no parent training will be equally satisfied with their child's IEP and IEP meeting (as measured by the PSQ).

$H_{14}$: The same amount of satisfaction with the IEP and IEP meeting will be expressed by parents of children whose Resource Specialist received inservice and parents of children whose Resource Specialist did not receive inservice (as measured by the PSQ).

Parent Satisfaction Questionnaire score findings are presented in Tables 13 through 16. Table 13 indicates that PSQ score means for the parent training treatment groups differ significantly.

Table 13

Analysis of Variance of PSQ Scores With Parent Training Treatment Groups Serving as the Independent Variable

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>*F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>684.83</td>
<td>2</td>
<td>342.41</td>
<td>9.3</td>
<td>.001</td>
</tr>
<tr>
<td>Within Groups</td>
<td>1722.69</td>
<td>47</td>
<td>36.65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2407.52</td>
<td>49</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*F ≥ 3.23 was required for significance at the .05 level

Analysis of mean differences, presented in Table 14 indicates that a significant difference between mean PSQ scores is present for all possible parent training treatment group comparisons. Parents receiving
direct parent training were the most satisfied with their child's IEP meeting. Parents receiving indirect parent training were less satisfied with the IEP meeting and parents receiving no parent training were the least satisfied.

Table 14

Mean Comparisons of PSQ Scores for Parent Training Treatment Groups

<table>
<thead>
<tr>
<th>Treatment Group</th>
<th>Mean</th>
<th>s</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Parent Training</td>
<td>45.18</td>
<td>3.45</td>
<td>22</td>
</tr>
<tr>
<td>Indirect Parent Training</td>
<td>43.13</td>
<td>7.24</td>
<td>15</td>
</tr>
<tr>
<td>No Parent Training</td>
<td>35.83</td>
<td>7.91</td>
<td>12</td>
</tr>
</tbody>
</table>

Group Comparisons

<table>
<thead>
<tr>
<th></th>
<th>Direct</th>
<th>Indirect</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct</td>
<td>--</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirect</td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>*</td>
<td>*</td>
<td></td>
</tr>
</tbody>
</table>

* $d \geq 4.28$ denote a significant difference between two treatment group means at .05 level

Table 15 indicates that PSQ score means for Resource Specialist inservice treatment groups also differed significantly. Table 16 presents a comparison of PSQ score means for Resource Specialist treatment groups. Data analysis indicates that parents' satisfaction with their child's IEP meeting is significantly greater when the Resource Specialist teacher receives inservice.
### Table 15

Analysis of Variance of PSQ Scores With Resource Specialist Inservice Groups Serving as the Independent Variables

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>*F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>235.52</td>
<td>1</td>
<td>235.52</td>
<td>5.2</td>
<td>.027</td>
</tr>
<tr>
<td>Within Group</td>
<td>2171.99</td>
<td>48</td>
<td>45.25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2407.52</td>
<td>49</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*F ≥ 4.08 was required for significance at the .05 level

### Table 16

Mean Comparisons of PSQ Scores for Resource Specialist Inservice Treatment Groups

<table>
<thead>
<tr>
<th>Treatment Group</th>
<th>Mean</th>
<th>s</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inservice</td>
<td>44.19</td>
<td>3.82</td>
<td>21</td>
</tr>
<tr>
<td>No Inservice</td>
<td>39.79</td>
<td>8.19</td>
<td>29</td>
</tr>
</tbody>
</table>

*d ≥ 3.49 denote a significant difference between two treatment group means at .05 level

Null hypotheses 13 and 14 are rejected.

**Analysis of Parents' Participation During the IEP Meeting**

Table 17, page 86 displays parent participation response rates by topic area. As indicated, parent responses made during the IEP meeting focused mostly on the topic of "Evaluation and Performance" of
the child. This topic comprised 24% of the total number of responses recorded for parents across all treatment groups. Thirty-five percent of the total responses recorded for control group parents fell into this topic area, 22% for indirect training parents and 20% for direct training parents. "Behavior" was the second most frequently addressed topic during the IEP meeting, receiving 20% of the total number of parent responses across treatment groups. Response percentages between the three parent training treatment groups varied only slightly on the topic of "Behavior." The third most discussed response topic was "IEP Objectives and Goals" with 13% of the total number of responses across treatment groups. Parents in the direct parent training group discussed this topic almost twice as often as the indirect parent training group and three times as often as the no parent training group.

Table 18, page 86 presents parent participation percentages for response types for parent training treatment groups. This data indicates that parents primarily make statements during their child's IEP meeting, ask relatively few questions, and make very few decisions. This same pattern was noted for all three parent training treatment groups.

Number of Participants at and Length of IEP Meetings

Mean number of participants at each IEP meeting for direct, indirect, and no parent training groups were 3.9, 3.3 and 3.7 respectfully.

Table 19, page 87, presents the rate of attendance at IEP meetings for various IEP team members. One hundred percent attendance was recorded for Resource Specialists, 51% for classroom teachers and 6% for administrators. Sixty-two percent of the parents comprising the study sample of 98 attended their child's IEP meeting. Eighty-seven percent of the
Table 17

Percentage of Parent Participation Responses by Topic

<table>
<thead>
<tr>
<th>Topic</th>
<th>Direct</th>
<th>Indirect</th>
<th>Control</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Personal Information</td>
<td>7</td>
<td>16</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Behavior</td>
<td>20</td>
<td>18</td>
<td>22</td>
<td>20</td>
</tr>
<tr>
<td>Evaluation/Performance</td>
<td>20</td>
<td>22</td>
<td>35</td>
<td>24</td>
</tr>
<tr>
<td>Related Services</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Placement</td>
<td>11</td>
<td>13</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Instructional Materials</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Rights/Responsibilities</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Future Contacts</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Objectives/Goals</td>
<td>17</td>
<td>9</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>Health</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Future Plans</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Non Relevant</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Totals</td>
<td>99*</td>
<td>99*</td>
<td>99*</td>
<td>99*</td>
</tr>
</tbody>
</table>

*Treatment group percentages do not total to 100 because individual topic figures were rounded off.

Table 18

Percentage of Parent Participation by Response Type

<table>
<thead>
<tr>
<th>Treatment Group</th>
<th>Statement</th>
<th>Questions</th>
<th>Decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct</td>
<td>61</td>
<td>30</td>
<td>9</td>
</tr>
<tr>
<td>Indirect</td>
<td>71</td>
<td>22</td>
<td>7</td>
</tr>
<tr>
<td>No</td>
<td>70</td>
<td>21</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>26</td>
<td>9</td>
</tr>
</tbody>
</table>
parents involved in direct parent training attended their child's IEP meeting with 55 percent of the parents involved in indirect parent training and 46 percent of the parents receiving no training attending their child's IEP meeting. There were no IEP meetings attended by both parents. Five of the 51 meetings observed were attended by the child's father.

Table 19

*Attendance Rates for IEP Team Members

<table>
<thead>
<tr>
<th>IEP Team Member</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>100</td>
</tr>
<tr>
<td>Resource Specialist</td>
<td>100</td>
</tr>
<tr>
<td>Principal</td>
<td>6</td>
</tr>
<tr>
<td>Classroom Teacher</td>
<td>51</td>
</tr>
<tr>
<td>Psychologist</td>
<td>43</td>
</tr>
<tr>
<td>Speech Therapist</td>
<td>29</td>
</tr>
<tr>
<td>Student</td>
<td>25</td>
</tr>
<tr>
<td>Others</td>
<td>14</td>
</tr>
</tbody>
</table>

*Based upon the 51 IEP meetings observed

The mean length of the IEP meetings for direct, indirect, and no parent training was 44.1 minutes, 34.75 minutes and 38.05 minutes respectively. A significant difference between the length of the IEP meetings for direct parent training and no parent training treatment groups was ascertained using the Least Significant Difference Test at the .05 level.

Summary

Fourteen null hypotheses were tested analyzing the effects of
parent training and Resource Specialist Inservice upon parents' participation during the IEP meeting, parent satisfaction with the IEP meeting and parent knowledge of the IEP process. The data presented demonstrate that direct parent training had an overall significant effect upon parent's participation during the IEP Meeting, including total number of responses, questions asked, statements made, and decisions made. Indirect parent training and Resource Specialist inservice did not prove to have a significant effect upon parents' participation.

Both direct and indirect parent training were shown to be significantly effective with respect to increasing parents' knowledge of the contents of the IEP, parent rights and responsibilities, and their role as IEP team member. Parents receiving direct parent training acquired significantly more knowledge than parents receiving either indirect or no parent training.

Data also indicated that parents receiving direct and indirect parent training were significantly more satisfied with their child's IEP meeting than parents not receiving parent training. Parents were also significantly more satisfied with the IEP meeting when the Resource Specialist received inservice. Parent satisfaction was the only dependent variable affected by Resource Specialist inservice.

Descriptive analysis of other aspects of the IEP meeting and parents' participation during the meeting were also presented. Data indicated that the most commonly discussed parent response topics were evaluation/performance of the child, behavior, and IEP goals and objectives. It was shown that parents generally make statements during the IEP meeting, ask few questions, and make even fewer decisions. IEP meetings are attended by only one parent, usually the mother. It was
further indicated that parents receiving direct parent training had
longer IEP meetings and attended more IEP meetings than parents in other
parent training treatment groups.

Chapter 5 is a summary of the study and the investigator's
discussion of the findings reported in this chapter. Conclusions and
recommendations for further study are also offered by the investigator.
Chapter 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter is divided into four sections: (a) summary of research project, (b) discussion of results, (c) research conclusions, and (d) recommendations for further study.

Summary

The purpose of this study was to determine the effectiveness of direct and indirect parent training and Resource Specialist inservice upon parent participation during the IEP meeting, parent knowledge of the IEP process, and parent satisfaction with the IEP and IEP meeting. The population under study was chosen from a school district located in the San Francisco Bay Area. The sample studied consisted of a random selection of 98 English-speaking parents who had children participating in a Resource Specialist Program. The Resource Specialist inservice treatment group consisted of six Resource Specialists volunteering for inservice. Parents were randomly assigned to one of six treatment groups.

Three instruments were used to assess the effects of training and inservice: (a) Parent Participation Profile (PPP), (b) Parent Knowledge Inventory (PKI), and (c) Parent Satisfaction Questionnaire (PSQ). Data was gathered on the PPP during the IEP meetings and on the PSQ and PKI following the IEP meetings.

Direct and indirect parent training was conducted by the
investigator prior to the IEP meetings. Parents involved in direct parent training attended a 2½ hour training session, received a follow-up telephone call reviewing training objectives, and two parent newsletters. Parents receiving indirect parent training received two training packets by mail, a follow-up telephone call reviewing training objectives, and two parent newsletters. Training packet contents were drawn directly from the direct parent training lecture materials.

Resource Specialist inservice consisted of two 2½-hour sessions presented by the investigator. Condensed versions of two special education skills development programs and an IEP meeting preparation program for parents published by CEC were used for the parent training and Resource Specialist inservice.

Data analysis was completed through two-way analyses of variance, analyses of variance, and planned comparisons of treatment means. Descriptive statistics were used to describe anecdotal information about the IEP meetings.

Study results suggest that direct parent training produced the best overall results in increasing parent participation during the IEP meeting, parent satisfaction with the IEP and IEP meeting, and parent knowledge of the IEP process. Indirect parent training was significantly effective in increasing parents' knowledge and parents' satisfaction, but only minimally effective in increasing parent participation. Resource Specialist inservice was only effective in increasing parent satisfaction. Interaction between parent training and Resource Specialist inservice was not noted for any dependent variable measures.

Anecdotal data analysis indicates that parent participation
during IEP meetings (across parent training treatment groups) primarily consists of statements focusing upon the child's academic performance/evaluation and behavior. Parents generally asked few questions and made even fewer decisions pertaining to their child's educational program. The majority of observed IEP meetings were attended by one parent—the mother, a Resource Specialist and a classroom teacher. IEP meetings attended by parents receiving direct parent training were significantly longer than meetings attended by parents receiving no training.

**Discussion**

Parent Training

Study findings indicate that parents receiving training through direct contact with a parent trainer participate more during IEP meetings than parents receiving indirect training through mailed packets of material or parents receiving no training. Parents receiving direct training also acquire more knowledge concerning the IEP process and are more satisfied with the IEP and IEP meeting.

Indirect parent training appears to be less effective than direct parent training for all dependent variable measures. However, the findings may reflect parents' failure to read the training materials, rather than the ineffectiveness of the written training materials. Based upon parent reports during the follow-up telephone call, only five of the 33 parents receiving indirect parent training actually read all the training materials. This information along with other information concerning the manner of presentation of the training materials was solicited by the investigator during the follow-up telephone calls. The majority of parents called were overwhelmed by the length of the training
packets and would have preferred receiving the information in smaller
doses over a longer period of time.

In general, the effectiveness of direct parent training over
indirect parent training is attributed to the advantages of direct
contact instruction. These advantages as reflected in this study include
the ability of the trainer to: (a) modify training materials according to
parents' needs and parents' ability to grasp the information, (b)
emphasize and re-emphasize key points, (c) answer parents' questions,
and (d) involve parents in role-playing activities. Parents receiving
direct parent training also had the opportunity of practicing newly
acquired skills such as asking questions, making decisions, and making
statements. Parents receiving indirect parent training did not have
these same opportunities.

Direct and indirect parent training were both significantly
effective in increasing parents' satisfaction with the IEP and IEP
meeting. Direct parent training, however, had an overall greater impact.
One possible explanation for this difference is that parents receiving
direct parent training had the added opportunity of directly interacting
with a professional during their training. This interaction may well
have diminished feelings of intimidation often experienced by parents
when interacting with school staff members. Effects of positive parent-
professional interaction during training could have generalized to the
IEP meeting, which served to increase parents' confidence concomitantly
with satisfaction with the IEP meeting. Another explanation for the
difference between direct and indirect parent training on parent satis-
faction pertains to parents' knowledge of the IEP and IEP process. Data
indicates that parents receiving indirect parent training are less
knowledgeable about the IEP and IEP process. As suggested by Penny (1977) this lack of knowledge hampers parents' ability to contribute to the meeting. Inactivity affects parents' perceptions of themselves as effective participants which in turn affects their feelings of satisfaction with the meeting. It is interesting to note that parents demonstrating the most knowledge as measured by the PKI also reported the greatest satisfaction with the IEP and IEP meeting.

Parents receiving no training participated the least during the IEP meeting. This treatment group also had the lowest PKI scores and were the least satisfied with their child's IEP and IEP meeting.

**Resource Specialist Inservice**

Study findings indicate that facilitator inservice for Resource Specialists was not significantly effective in increasing parents' participation during IEP meetings. It is suggested that Resource Specialists require more facilitator skill practice prior to the IEP meeting. Although inservice participants demonstrated knowledge of parent facilitator skills at the conclusion of the inservice, a review of the tape recorded IEP meetings indicates that they generally assumed the role of informant rather than facilitator. Resource Specialists receiving inservice did not typically elicit parents' opinions on topics, pursue questions asked or statements made by parents, or involve parents as contributing members during the IEP meeting. Even though Resource Specialists knew they had new role responsibilities, they apparently needed more practice of the newly acquired skills.

Recent literature has identified the Resource Specialist as the IEP team member most likely to assume the parent facilitator role because
the specialist is familiar with the child and has a good working relationship with the parent. This study's findings suggest that Resource Specialists need both inservice and skill practice in order to function effectively. Goldstein's (1980) successful use of a school counselor as parent facilitator during IEP meetings is attributed to the general compatibility of the two roles—counselor and parent facilitator—and to the fact that the counselor had no other responsibility during the meeting. Resource Specialists, in contrast, are not as well trained in conferencing techniques and already have a distinct role to assume during the IEP meeting. Resource Specialists must report the child's test results and performance, actually write the IEP and spearhead development of IEP goals and objectives. These responsibilities can conflict with the parent facilitator responsibilities. Resource Specialists will have to learn how to effectively handle these two roles.

Even though the Resource Specialist inservice did not have a significant effect upon parents' actual participation during the IEP meeting, it did have a significant effect upon their satisfaction with the IEP and IEP meeting. These results contrast those reported by Goldstein (1980) and Goldstein et al. (1980) in which all parents indicated satisfaction with the meeting no matter what occurred or who was present. Greater parent satisfaction in the Resource Specialist inservice group may be due to residual effects of the inservice. Resource Specialists may have become more sensitive to parent's feelings of inadequacy and intimidation concerning the IEP meeting procedures. A post hoc analysis of tape recorded meetings reveals that Resource Specialists receiving inservice did tend to explain test scores, goals and objectives and other items on the IEP more thoroughly. Not once did
Resource Specialists receiving no inservice explain test results in jargon-free terms or explain the purpose of the IEP meeting. In every tape recorded case, Resource Specialists receiving inservice opened the meeting with a brief explanation of the purpose of the meeting and requested parent comments at the conclusion of at least two of the five sections of the IEP document. This procedure may have increased parents' understanding of the IEP enough to diminish their feelings of inadequacy. This in turn could have increased their feelings of satisfaction with the meeting and the IEP document.

**Descriptive Analysis of IEP Meetings**

**Parent Participation.** IEP meetings in this study are similar to those described by Goldstein (1980) and Goldstein et al. (1980): a resource teacher telling a parent about an already written IEP. Results are consistent with Gilliam's (1979) findings in which parents were perceived as contributing very little to the IEP conference. PPP data indicate that 96% of the parents made some type of contribution to the development of the IEP. Contributions were primarily statements addressing: (a) the child's performance in the Resource Specialist program or on the most recent achievement tests, (b) general behavior, and (c) goals and objectives on the IEP. Seventy-seven percent of the total parent statements concerning IEP goals and objectives were made by parents receiving direct parent training. This suggests that direct parent training increased parents' involvement in developing their child's goals and objectives. The writing of goals and objectives (a major instructional component of the direct parent training program) was no doubt an effective training activity which generalized to the actual
IEP meeting.

Although parents asked questions and made decisions concerning their child's educational program, these responses were minimal. The average number of questions parents asked was under two per meeting, and the number of decisions parents made was under one per meeting for all three parent training treatment groups. Proportionally, the number of statements, questions, and decisions made across the three parent training groups was the same.

IEP Meeting Participants. Only three of the 51 IEP meetings observed in this study were found to be legally constituted, including at least one parent, teacher and LEA representative. These findings are consistent with the general findings reported by Goldstein (1980), Goldstein et al. (1980), and Scanlon et al. (1981). Although higher percentages of legally constituted meetings were reported in each of the above mentioned studies, all studies indicated that the missing IEP team member was almost always the public agency representative responsible for providing or supervising special education, e.g., principal or administrator. These findings imply that the implementation of P.L. 94-142 is not in accordance with intended practice. As in the studies by Goldstein (1980) and Goldstein et al. (1980), the Resource Specialist and parent were the most likely to participate in the IEP meeting. The reader is reminded that in this study only IEP meetings attended by a parent were observed.

Post hoc analysis of the tape recorded IEP meetings indicates that participants such as a principal, who provide indirect services to the child contribute little to the meetings. These results are consistent with the IEP meeting analyses of Goldstein (1980) and Goldstein et
The Goldstein et al. study suggested that the LEA representatives be given the role of parent facilitators in order to more actively involve them in the meeting.

It was of some concern that the classroom teacher attended only slightly more than 50% of the IEP meetings observed. An open and supportive communication system between the regular and special educator is necessary in providing successful integration of the handicapped student into the regular classroom program. Without the regular classroom teachers' participation in IEP development, the handicapped child has a low probability of being mainstreamed effectively.

Parent attendance at IEP meetings was 62% for the original study sample of 98 parents. Almost twice as many parents receiving direct parent training--87%--attended their child's IEP meeting compared to parents receiving no training--46%. One explanation of these findings is that parents who are more knowledgeable about the IEP process and their role in IEP development are more inclined to see the necessity of attending such meetings. However, the high parent attendance rate for the direct parent training group could be biased in favor of the active/involved parent. Parents in the direct parent training group were for all practical purposes volunteers. Parents comprising the indirect and no parent training groups were not given the option of participating.

Length of Conferences. Mean length of the IEP meetings was 35.6 minutes, which was within 1 minute of the mean conference length reported in the Goldstein et al. study. The IEP meetings of parents receiving direct parent training were approximately 45 minutes, or 10 minutes longer than the average meeting. The no parent training group meetings lasted about 28 minutes. The significant difference in meeting
length for these two groups is felt to be related directly to parent participation levels. The more parents participated, the longer the length of the IEP meetings. The fewer the number of contributions made by parent, the shorter the IEP meeting.

Benjamin (1974) indicates that interviews should last between 30-45 minutes, and the interviewer should follow an outline. "What is not said during that period would probably remain unsaid and much would be repeated even if we extended the interview time" (p. 9). An IEP meeting is obviously different from an interview. However, if the IEP document is itself used as the meeting outline, it is more likely that all basic areas will be addressed and repetitious discussion can be avoided.

Conclusions

The following conclusions were drawn from this study's findings:

1. Direct parent training appeared to have a measurable effect on parent's overall participation during IEP review meetings. Parents receiving this type of training made more statements and decisions and asked more questions during the meeting than parents not receiving any parent training.

2. Indirect parent training was not measurably effective in increasing parents' overall participation during IEP review meetings. Parents receiving this type of training did not make significantly more statements or decisions or ask more questions during the meeting than parents receiving no parent training. Results may reflect parents failure to thoroughly read the training materials rather than reflect the potential effectiveness of this intervention strategy.
3. Both direct and indirect parent training appeared to have a measurable effect upon increasing parents' knowledge of the contents of the IEP, parents' rights, and parents' role as IEP team members. Direct parent training was the more effective training method.

4. Both direct and indirect parent training appeared to have a measurable effect upon increasing parents' satisfaction with their child's IEP and IEP meeting. Direct parent training was the more effective training method.

5. Resource Specialist inservice was not measurably effective in increasing parents' participation during IEP meetings.

6. Resource Specialist inservice appeared to have a measurable effect on increasing parents' satisfaction with their child's IEP and IEP meeting.

7. Interaction effects between parent training Resource Specialist inservice were not noted for parent participation, parent knowledge, or parent satisfaction.

8. During IEP meetings, parents generally provide information to other IEP team members, ask very few questions, and make almost no decisions concerning the contents of the IEP.

9. During IEP meetings, parent responses generally focus on evaluation, performance, and behavior of their child.

10. Direct parent training appeared to have a positive effect on parents' active involvement in the development of IEP goals and objectives.

11. IEP meetings on the whole are not legally constituted, as the LEA representative is seldom present.
12. IEP meetings are typically attended by only one parent—the child's mother.

13. IEP review meetings last approximately 35-minutes.

14. The positive effects of direct parent training are contaminated with subject self selection serving as a potential source of internal and external invalidity. The parents who received direct parent training in effect volunteered for the treatment, while the two other groups were not volunteers.

15. Positive effects of Resource Specialist inservice are also contaminated with subject self selection as a potential source of internal and external invalidity. The Resource Specialists who volunteered for the treatment may well have characteristics about themselves that Resource Specialists not volunteering for inservice do not have.

Recommendations

In light of this study's findings, the following recommendations are proposed for further study:

1. Intervention strategies used in this research should be studied on other populations of varying categories of handicapping conditions. Further study may discern differences in parent participation during the IEP meeting depending on the handicap of the child.

2. Other outcomes of the IEP meeting may be affected by the intervention strategies employed in this study. Parent training and Resource Specialist inservice may have affected such variables as parent attitude about education, student achievement, and student motivation. Further research could measure the change caused by the intervention strategies.
3. The role of parent facilitator at the IEP meeting may be more effectively assumed by other individuals. The use of various professionals, including the Resource Specialist, in this role should be studied.

4. A longitudinal study of parent involvement is needed to determine if parent training produces a long-term parent participation commitment. A longitudinal study of parent involvement in the IEP meeting may also discern variables which correlate with active parent participation. This type of research may take an ecological approach in which conferences are observed without manipulating any variables.

5. More extensive study of parent satisfaction with the IEP meeting could be pursued. If we know the specific areas which produce the most dissatisfaction for parents, we will know which parts of the conference could be improved. A checklist for individual meetings could be developed so the participants themselves could analyze their meetings.

6. More extensive study of the effectiveness of indirect parent training needs to be pursued. This study's indirect parent training materials should be modified according to comments made by the parents.

7. Evaluation of training programs for both parents and professionals should be initiated. The ultimate outcome of the training for both parents and professionals should be a cooperative effort in developing the most appropriate educational program for the child.

8. The precise nature of the factors which keep parents from full participation in the IEP meeting should be pinpointed.

9. All research in this area must ultimately improve parent-professional collaboration in the IEP meeting. This study was developed to measure methods of improving parent participation in the IEP meeting and is an initial contribution to the new body of research.
REFERENCES


California Education Code, Title II. Sections 52013-51034.

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Etheridge, G., & Collins, T. Home-school relations: Together we stand or divided we fail, 1979. (ERIC Documentation No. ED 175 144)


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APPENDIX A

PARENT PARTICIPATION PROFILE
PARENT PARTICIPATION PROFILE

PARENT NAME: ____________________________
CHILD: ______________________________________

TREATMENT GROUP: 1 2 3 4 5 6
LENGTH OF MEETING: _______ minutes

PERSONS IN ATTENDANCE:

_____ Parent
_____ Resource Specialist
_____ Administrator
_____ Classroom Teacher
_____ Student
_____ Other

CODES FOR IEP TOPICS:

PF - Personal/Family
B - Behavior
EP - Evaluation/Performance
RS - Related Services
PL - Placement
IM - Instructional Materials
RR - Rights/Responsibilities
FC - Future Contacts
OG - Objectives/Goals
H - Health
FP - Future Plans
O - Other
NR - Non-relevant

CODES FOR RESPONSE TYPE:


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APPENDIX B

DEFINITION OF RESPONSE TOPICS
Definition of Topics

1. Personal/Family: directly related to child and his home life, siblings, neighborhood and parents

2. Behavior: pertaining to child's conduct in school or home and management of behavior/conduct.

3. Evaluation/Performance: discussion of formal test results and student skills in specific subject areas

4. Related Services: services offered to the child that are not offered routinely, such as speech therapy

5. Placement: specific placement for child, i.e., resource room 1/4 time, classroom 3/4 time or self-contained special class, etc.

6. Instructional Materials: discussion of specific materials that will be used with child; also instructional methods

7. Rights/Responsibilities: discussion of parents' rights pertaining to their child's education plan, evaluation, placement, records and the school's responsibilities for educating the child.

8. Future Contacts: plans mentioned to meet again, telephone, written notes pertaining to the child

9. Objectives/Goals: discussion of annual goals and other objectives, includes discussion of who is directly responsible for carrying out a specific objective or goal

10. Health: discussion of child's health, developmental history

11. Future Plans: discussion of child's future more than one year hence, e.g., problems in junior high, career possibilities, college

12. Other: includes procedural matters such as introductions and signing of papers

13. Non-relevant: any topic that is not pertinent to the child or the IEP components, this includes discussions about other students, behavior of neighborhood children, etc.

YES/NO responses are coded according to the topic of the question posed to the parent and response type of the parent (which would be either information or decision-making)
APPENDIX C

PARENT KNOWLEDGE INVENTORY
Our Special Education Department wants to better understand your needs as an IEP Team Member. In order for us to do this, we are asking your cooperation in completing this inventory. In order to adequately prepare parents for their child’s IEP Review Meeting, we need to identify what information concerning Special Education the majority of parents are unfamiliar with.

The information gathered from this inventory will be used to identify subject areas to be included in future Parent Training programs for the parents of our Special Education students.

Answer as many of the questions as possible. Guessing is permissible. Do not be concerned if you answer only a few questions. We anticipate that most parents have limited knowledge concerning the areas covered on the inventory.

Thank you again for your support in this project. When you are finished with the inventory, place it into the envelope provided to you and return it to your child’s Special Education teacher.

---

1. The IEP Team should at least include the following members:
   (Check-off those persons you think must be involved in the IEP Review Meeting)
   
   ___ Parent(s)
   ___ Resource Specialist (Special Education Teacher)
   ___ Regular Classroom Teacher
   ___ Principal or a Substitute Administrator
   ___ Psychologist
   ___ Speech Therapist

2. Check ALL correct statements.

   The IEP is: ___ a statement of the special education and services to be provided for a child with exceptional needs.
   ___ a legal document.
   ___ developed at a meeting by a Team.
   ___ written at least once a year.
   ___ a statement of the special instruction the Resource Specialist had decided to provide to your child.
3. Check ALL areas that must be covered in the IEP:

- Present levels of Performance
- Statement of Parental Rights
- Goals and Objectives
- Due Process Procedures
- DIS/Related Services
- Health and Developmental History
- Placement
- Evaluation Procedures and Process

4. The purpose of an IEP Review Meeting is: (Check ALL correct answers)

- to establish new instructional objectives.
- to identify annual goals.
- to review and modify a child's education program.
- to change placement where child receives instruction if deemed necessary.
- to meet with staff and discuss progress.

5. Each educationally handicapped student MUST be provided a program that the parent(s) feel is the most appropriate for him/her.

- TRUE
- FALSE

6. Federal and State Law has established rights for all educationally handicapped students. These rights include: (Check your answer)

- Placement in the Least Restrictive Environment
- Free, Appropriate, Public Education
- Provision of Designated Instruction and Services where student need is demonstrated
- Fair Assessment of Learning Needs
- All the Above
- A, B and C Above

7. Parent(s) do not have to give their permission in order to have their child placed in a Special Education program.

- TRUE
- FALSE
8. The IEP must be reviewed at least once each year.
   ___ TRUE   ___ FALSE

9. A parent must be notified of any program changes prior to the actual change.
   ___ TRUE   ___ FALSE

10. Every academic area in a regular class must be covered in the IEP.
    ___ TRUE   ___ FALSE

11. If a student does not achieve projected goals and objectives written into their IEP, then: (Check all your answers)
    ___ parents can sue.
    ___ the Resource Specialist is held accountable.
    ___ the IEP should be revised and placement/program changes made if deemed appropriate by the IEP Team.
    ___ the student should be removed by special education.
    ___ the student is eligible for special tutoring after school hours.

12. An Annual Goal: (Check all the correct answers)
    ___ is a statement that tells what skill or behavior the IEP Team is aiming for during the year.
    ___ is also referred to as an objective.
    ___ refers only to academic skills such as reading and math.

13. An objective is a skill or behavior that helps the student work toward the accomplishment of an annual goal.
    ___ TRUE   ___ FALSE
14. The following are examples of Annual Goals. Indicate the skill area that each goal refers to by drawing a line from the goal to the skill area.

Mark will read at a 5th grade level • Self-Help Skill
Joan will be able to use scissors. • Social-Emotional Skill
Michael will display self control in the classroom. • Motor Skill
Sue will be able to cook a complete meal. • Academic Skill
Josh will be on time for school. • Vocational-PreVocational Skill

15. "Mindy will improve her math skills" is an example of:

_____ Annual Goal _____ An Objective

16. "By the end of March, Travis will be able to add fractions with common denominators as measured by the Wide Range Achievement Test" is an example of:

_____ Annual Goal _____ An Objective

17. Check ALL the possible placement options for a special education student.

_____ Residential Program
_____ Home Teaching
_____ Regular Class Instruction
_____ Instruction in the Hospital
_____ Regular Class with Resource Specialist Assistance

18. Which of the following are examples of possible Related Services (DIS) available to a special education student: (Check your answers)

_____ Transportation to and from school
_____ Counseling
_____ Medication
_____ Speech Therapy
_____ A hearing aid
19. It is appropriate for a parent to suggest Annual Goals at the IEP Review Meeting.

   ______ TRUE   ______ FALSE

20. It is the parents' role to ask questions at the IEP Review Meeting concerning the contents of the IEP.

   ______ TRUE   ______ FALSE

***Please return the inventory to your child's special education teacher in the envelope provided to you.

Thank you

(If you would like a copy of the answers to this inventory simply check YES and I will see to it that you receive a copy immediately)   ______ YES
APPENDIX D

PARENT QUESTIONNAIRE
PARENT QUESTIONNAIRE

Directions: Using the following scale, read each question and answer by circling the appropriate number that reflects your feelings. 1 - not at all 2 - little 3 - somewhat 4 - often 5 - completely

1. I feel other people at the IEP meeting wanted/needed information from me.  
2. I felt free to disagree with other people during the conference.  
3. I feel I was needed at the IEP meeting.  
4. I felt free to participate as much as I desired in the development of the IEP.  
5. My questions about my child and his/her education were answered at the IEP meeting.  
6. I feel that the IEP developed is satisfactory for my child.  
7. The team approach (parent and teacher) is effective in making program decisions for special education students.  
8. I feel my child is in an appropriate school program.  
9. I feel my child's IEP is appropriate because of my active involvement in the meeting.  
10. I feel that it was important that I attended the IEP meeting.  
11. I feel an IEP meeting could not be successful without my input.  
12. I feel my time at the IEP meeting was well spent.  
13. I feel the long range goals selected are important.  
14. I feel that the written IEP is a good idea.

Signature of Parent completing questionnaire
APPENDIX E

PARENT TRAINING PROGRAM OBJECTIVES
PARENT TRAINING PROGRAM OBJECTIVES

Parents will: 1. Understand the purpose of a written individual education program (IEP).
   2. Know who should attend the IEP meeting and what role each person plays.
   3. Know what must be included in each IEP.
   4. Understand how an IEP is developed.
   5. Be familiar with various placement options.
   6. Understand what related services may be provided.
   7. Express opinions regarding educational priorities and goals.
   8. Know what goes on at an IEP meeting.
   9. Know a system whereby goals can be prioritized.
   10. Know basic questions that should be asked at the IEP Review meeting.
   11. Know basic facts about PL 94-142.
   12. Understands what facilitates good communication among team members at an IEP meeting.
   13. Be able to make decisions pertaining to all aspects of the child's IEP.

***BASIC QUESTIONS PARENTS SHOULD ASK AT THE IEP REVIEW MEETING

1. Does my child need special services?
2. In which areas has my child progressed the most so far?
3. Is my child able to spend more of the school day in the regular classroom now?
4. Is the growth shown in the test score really a good indication of how my child has done? Is the score higher than what my child does in reality?
5. Are there any other programs worth considering that might be more appropriate to my child's needs?
6. Are there any areas in which my child could now move to the regular classroom?
7. Are there any special services that should be added to my child's program?
APPENDIX F

PARENT TRAINING - TELEPHONE CONFERENCE QUESTIONS
PARENT TRAINING - TELEPHONE CONFERENCE

Purpose: To review topics discussed in Sessions 1 and 2 by relating these topics to the IEP Review Meeting to be held with the parent in the next 3-4 weeks.

Questions covered during the conversation:

1. Do you have any questions concerning any part of the IEP document?
2. What related services is your child receiving and do you feel your child might need any additional services, same services and why?
3. What kind of placement do you feel is most appropriate for your child? Placement options will be reviewed with parent.
4. How much of the school day do you feel your child should receive special help?
5. In what academic areas do you feel your child needs special education help? Possible areas to focus upon will be reviewed with parent.
6. What long term goals do you feel might be appropriate in your child's IEP?
7. What concerns/apprehension do you have about the upcoming IEP Review Meeting?
8. Have you filled out your IEP Review Meeting Preparation Guide? If not, let's go over it together. If yes, let's discuss what you have written.
9. Do you understand what a reading score of 3.5, 4.3 and 5.9 mean?
10. What are some questions you have for the IEP Team?
APPENDIX G

PARENT TRAINING - NEWSLETTERS
LETTER FROM THE EDITOR:

This newsletter is part of our district's Special Education Parent Training Program. It is hoped that the activities and information presented are interesting as well as helpful to you in working with your child. The activities have been categorized by grade level in order for you to select appropriate activities corresponding to your child's level of academic functioning. Refer to your child's IEP in order to determine the grade level your child is functioning at in various academic areas.

Again, I want to thank all of you for participating in this program. Your comments and suggestions have been most appreciated. If you have additional comments to share concerning the improvement or support of this training program please feel free to call me at 794-2005.

Sandie Jutter
Parent Training Coordinator

LETTER FROM THE EDITOR:

BATHROOM NEWSPAPER (all levels)
Place a tablet and pencil on a string in the bathroom. Each person going in answers the note on the previous page. That person then writes a note for the next person.

FAMILY LETTERS TO RELATIVES
Write letters to relatives or close family friends by having each family member write something that they are either doing at school or at home that they feel would be interesting to someone else. Little ones can draw pictures. (all levels)

PERSONAL DIARIES (2nd grade and up)
During summer recess encourage your child to write a couple sentences each day which describes what they did for the day. Inexpensive diaries can be purchased at K-Mart and Gemco (just to name a few stores). You could also have the child plan his/her week by writing what they plan on doing during the next week.

Letter Lists (K-2nd)
While ironing, preparing a meal, fixing the car etc. state an alphabet letter to your child. Tell them to think of as many words as he/she can that starts with that letter. Have the child keep tally of the words on a piece of paper.
THE IEP

SPECIAL EDUCATION is specially designed instruction, at no cost to you, to meet the unique learning needs of your child. It includes classroom instruction, home instruction, instruction in physical education and instruction in hospitals and institutions if need be. The IEP (Individual Education Program) is something like using a road map to take a trip. It has a starting place, a defined route and a destination. The starting place comes from a variety of sources. Through observations by teacher, parent and other professionals; testing and information provided by the child(hobbies, interests, self concept, etc) judgements can be made concerning a child's learning needs and present performance levels. Once it has been established what a child's current performance level is, than it must be determined where the IEP Team wants the child to go (his/her destination). The destination is translated into what we refer to as GOALS and how you plan on reaching these goals is defined in terms of OBJECTIVES.

A GOAL is a point to which effort is directed. It is a statement of general intent. The specific nature of the goals included in your child's IEP will depend upon his/her specific learning difficulties and needs. If, for example, your child is having difficulty only in the area of math then the goals and corresponding objectives would only address math. The following are examples of goals that you might see on your child's IEP:
- Mary will improve in math.
- Kevin will improve his self concept.
- Tracie will improve her handwriting.

OBJECTIVES are merely steps towards achieving the goal. In some cases only one objective may be linked to one goal. In other cases, there may be an entire sequence of steps needed to go through in order to achieve the one single goal. EXAMPLE: (Goal) Travis will improve in spelling.

1st Objective) Travis will be able to hear the differences in all the consonant sounds with 100% accuracy as measured by the Brigance by January of 1982, (2nd Objective) Travis will be able to correctly write the letter symbol for each consonant sound presented to him auditorally as measured by a teacher prepared test by February 1982.

Remember that GOALS are planned on the basis of a full year of such progress programming. There will be, therefore, a fewer number of stated goals than there will be stated objectives in most instances. There could be up to four or five objectives for the same goal. Again, it might take an entire sequence of objectives in order to work toward one single goal.

Be sure to review your GOAL-SETTING GUIDE if you have any questions concerning the differences in goals and objectives or what their contents are.

IEP CHECKLIST

Your child's IEP will include the following:

1. Present Levels of Educational Performance (Resource Specialists will review with you Test-Retest data in order to demonstrate how much progress your child made toward the stated goals)
2. Specific Educational Services to be Provided (The IEP will stipulate what kind of services your child will receive and when the services will be provided. If it is determined that your child needs small group instruction, or speech therapy etc., then such would be written into the IEP. A child is NOT eligible for a special service unless it can be demonstrated that the child can not profit from special instruction without the service.
3. Statement of Goals and Objectives
4. Statement of a method of determining, at least annually, whether instructional objectives are being met.
5. Placement description (where your child will be receiving the special instruction will be stipulated along with how much time will be spent in each placement area/class)

The IEP is only as effective as the Team that develops it. An effective IEP Team is one in which all members are prepared for the IEP Review and knowledgeable as to the purpose and content of the IEP. REMEMBER you are an important member of this team and we want to help you to be knowledgeable as to the purpose and contents of the IEP. If you have questions during the IEP Review Meeting, please feel free to ask any of the other members for information or clarification of information.
Establishing rules is an important part of parental guidance. If rules are fair and appropriate, power struggles between parent and child are less likely to develop. There are seven basic principles which hopefully can help you when developing your own child-raising rules:

1. **PURPOSE:** Every rule should have a basic purpose. Rules are made to serve the needs of the child, yourself, and others. They help keep the child safe and ease the strains of people with different needs and wishes living together. You need to help the child realize that rules are not made just so that you will have control over him, and at the same time, you will need to make sure that this is indeed true. It is necessary for the child to realize that you are taking your time and effort to make and enforce rules because you love them. Trying to raise children without rules results in chaos and confusion.

2. **AGREEMENT:** Parents need to discuss family rules and agree upon them. If the parents do not agree upon a rule, the child will become confused about what is right and wrong. A child will learn at a very early age, that if there is disagreement between the parents, they can be played one against the other. Some of this cannot be avoided, but agreement between parents can keep it to a minimum.

3. **INVOLVEMENT OF THE CHILD:** Having your child help make rules is a healthy and effective approach. When a child has helped create the rules, he is more likely to feel some responsibility for them and understand better what is expected. He feels more control over his own behavior, which is one step toward growing up.

4. **NUMBER OF RULES:** As a general guideline it is best to have few rules but be consistent in using them. When you have too many rules, children tend to forget or ignore them. The more rules you have, the more difficult it is for you to enforce them. You should have as many or as few rules as necessary for effective behavior management.

5. **CRITERIA:** A rule should satisfy three conditions: (1) it should be clear so that the child understands exactly what is expected of him; (2) it should be reasonable, that is, appropriate for and consistent with the child's age and the situation to which it applies; and (3) it should be enforceable. A rule that cannot be enforced or can be enforced only some of the time is of little value in behavior management. A clear rule lets a child know exactly what is expected of him and under what conditions. An unclear rule might be that "study time is after dinner in the evening". The rule can be clarified by saying that "study time is from 7:00 to 7:30 each weekday night at the child's desk". It is best for both you and your child to restate the rule in order to make sure everyone is clear on the conditions. Rules that are not clear are the ones the child will test. If you want a rule to be followed, you must build in a method of supervising the activity covered by it.

6. **CONSEQUENCES:** It is necessary to set consequences both for obeying and disobeying the rule. These should be spelled out when the rule is made. Again, be sure you both understand what is to be done. Restating the consequences to make sure everyone understands them is a good idea.

7. **CONSISTENCY OF ENFORCEMENT:** Being consistent in your interactions with your child is very important. This is especially true of interactions involving specific rules for which you have set particular consequences. You will need to remember to follow through on consequences for both keeping and breaking the rules in each instance.

By setting rules and consequences you will be using skills rather than size to raise your child.
Parenting Quiz

The following questions will be helpful in assessing your parenting skills. Be honest in your responses. All you have to do is draw a circle around the number that best describes you or your interactions with your child.

**KEY**

1. **Never**
2. **Sometimes**
3. **About half the time**
4. **Usually**
5. **Always**

1. Do you use good listening skills in understanding the child's feelings and in teaching the child to express feelings?
   - 1
   - 2
   - 3
   - 4
   - 5

2. Are you consistent in handling behavior problems?
   - 1
   - 2
   - 3
   - 4
   - 5

3. Does your behavior management program use natural and logical consequences for most actions?
   - 1
   - 2
   - 3
   - 4
   - 5

4. Is your child involved in making rules in your home?
   - 1
   - 2
   - 3
   - 4
   - 5

5. Do you use good communication skills when you interact with your child?
   - 1
   - 2
   - 3
   - 4
   - 5

6. Do you use put-downs or shock words like stupid or dumb when communicating with your child?
   - 1
   - 2
   - 3
   - 4
   - 5

7. Do you praise your child when he/she has completed a task or chore?
   - 1
   - 2
   - 3
   - 4
   - 5

8. Do you believe behavior is learned?
   - 1
   - 2
   - 3
   - 4
   - 5

9. Do you take into account what it will cost you to provide a certain consequence?
   - 1
   - 2
   - 3
   - 4
   - 5

10. If you have a school-age child, how often do you find out how he/she is doing in school and what you can do if help is needed?
    - 1
    - 2
    - 3
    - 4
    - 5

11. Are you afraid that if you discipline your child, they might not like you anymore?
    - 1
    - 2
    - 3
    - 4
    - 5

12. Do you handle most child-raising problems that arise by taking an active role?
    - 1
    - 2
    - 3
    - 4
    - 5

13. Do you fall into a common trap: asking your child, "Why did you do that?"
    - 1
    - 2
    - 3
    - 4
    - 5

14. Do you look for the negative or bad parts of other people's behavior?
    - 1
    - 2
    - 3
    - 4
    - 5

15. Are your expectations realistic for your child's age and skills?
    - 1
    - 2
    - 3
    - 4
    - 5

16. Do you use positive reinforcement to teach your child new behaviors and maintain existing ones?
    - 1
    - 2
    - 3
    - 4
    - 5

17. When talking to professionals about your child, are you assertive?
    - 1
    - 2
    - 3
    - 4
    - 5

18. Do you follow through after you have told your child to do something?
    - 1
    - 2
    - 3
    - 4
    - 5

19. Do you keep in mind that it is natural for preadolescents and adolescents to be concerned about peer group recognition and support?
    - 1
    - 2
    - 3
    - 4
    - 5

20. Have you and your child developed mutual respect for each other?
    - 1
    - 2
    - 3
    - 4
    - 5

Figure the total by adding all the numbers that you circled. Scores between 84-90 indicate effective parenting. I personally only got 72 but I'm working toward 90!!!
COOKING WITH KIDS

Cooking can be either an enjoyable activity with the kids or a real mess, frustrating catastrophe. It depends on how well we (the Parent) organize it. Cooking is an excellent method of teaching children organization and task completion (all the way through clean-up).

Let your child read the instructions as best he/she can and help them with words they can not read.

Encourage them to assemble all the necessary ingredients and cooking utensils prior to actual preparation of the dish.

Help them with measurement abbreviations such as tsp. and Tbsp.

Let the younger children discover that 2 ½ cups equal 1 cup etc.

Children should always be expected to clean up after themselves.

Older children should be expected to cook breakfast for the entire family on occasion or even prepare a complete meal. This helps them to learn basic self help skills and to be more independent.

THINGS TO REMIND YOUR CHILDREN ABOUT COOKING

1. Always ask an adult if it is okay to use the stove or small appliances.
2. Before you start—read the recipe all the way through. Make sure you have everything you need, including ingredients and correct utensils.
3. Wash your hands and put on an apron or an old shirt—cooking can be messy.
4. Use exactly the amount the recipe calls for. Use level measurements rather than heaped up.
5. When using a knife or vegetable peeler, always cut away from your self. Use a chopping board so you won't scratch the counter top.
6. Always use a potholder to hold the handle of the pot while stirring. Use a potholder to pull out the oven rack. Never set anything hot on a counter top.
7. Stir a hot mixture on the stove with a wooden or plastic handle. Never leave a spoon in the pan.

8. Turn the handles of saucepans inward on the stove, so no one will bump the handle while walking by.
9. Never put any metal or aluminum foil in your microwave oven.
10. Always plug in electrical cords with dry hands. Keep cords out of water.
11. Use a fork for stirring dry ingredients and a spoon for liquids.
12. Tap an egg against the sharp edge of the bowl just enough to crack the shell. Hold it over the bowl and with your fingers, open the crack to let the whole egg drop into the bowl.
13. Hold onions under cold water while you peel them so you won't cry.
14. When you have finished cooking, make sure that the oven, burners and lights of the stove are turned off.

Home-Work...

1. Set aside a block of time that is the same each night, not to exceed 15-minutes for children under eight years of age. Weekends could be excluded.
2. Find a quiet area in which to work with your child. Remove yourself from living areas that have the potential to be distracting or disruptive. (Examples: T.V., kitchen, telephone area, playroom)
3. Let other family members know that you are working with the child and that you want no interruptions.
4. Give the child a choice of activities to work on. Your child will be more willing to work with you if he/she feels that there is a choice.
5. Change activities when you find either of you getting frustrated.
6. Show interest in your child's school papers. Go over the good as well as the poorly done papers.
7. Be patient, encourage your child when tasks get difficult. Let your child know you have confidence in him/her. Use phrases such as"I know you can do it and I know that it is hard." "I like that you are trying even when it is hard for you."
Single parents face numerous problems. Inflation and changing social conditions add to the pressures of being a one parent family. These same pressures are felt by two-parent households however the single parent hasn't another person to share these pressures with.

One problem that most single parents must cope with is not having a good model or example of a single parent to follow. Most were raised in two-parent families and therefore do not have their own mothers and fathers as examples of single parents. The golden rule for the single parent is to be yourself. You can not possibly be both mother and father to your child. Be yourself.

Single parents do need to see that their children have good role models of the same sex. Try to involve your child in activities where role models are available. During the school year many clubs operate; they are a great way for both boys and girls to find these necessary models.

As in two-parent families the child and the parent need to have fun together. Bowling, skiing, picnicking, fishing, cooking are just a few possibilities for recreation. During the school year many clubs operate; they are a great way for both boys and girls to find these necessary models.

The secret of child raising in both single-parent and two-parent families is to provide a stable environment where the child feels love and security and is treated as an asset rather than a liability.

**Characteristics of an Effective IEP Review Team**

| 1. All Team members are present |
| 2. All Team members are prepared |
| 3. All Team members share the same goal (review and plan an IEP) |
| 4. All Team members know what their role is during the meeting |
| 5. All Team members are actively involved in the discussions that take place |
| 6. All Team members stay on task (the task being to evaluate the child's present IEP and plan for a new one) |
| 7. There is a free expression of ideas and feelings |
| 8. All Team members listen to one another |
| 9. One Team member does not monopolize the meeting |
| 10. Consensus is sought for important decisions |
| 11. Conflicts are brought out and resolved |

**Characteristics of an Effective IEP Team Member**

| 1. Willing to offer facts, give opinion, provide suggestions and relevant information to help group discussion. |
| 2. Take risks in expressing new ideas and present feelings during the meeting. |
| 3. Ask for clarification of any information presented during the meeting that is not understood. |
| 4. Willingness to let other team members know when one is irritated, impatient, embarrassed by, or disagree with something that was said or done. |
| 5. Open to new ideas and suggestions. |
| 6. Prepared for the meeting. |
| 7. Willingness to assume leadership role when appropriate. |
| 8. Able to express ideas clearly. |
| 9. Demonstrates good active listening skills. |
| 10. Effectively communicate with other members. |
The purpose of the IEP Review Meeting is two-fold: (1) to review and determine the effectiveness of your child's present program (2) to establish new instructional objectives and annual goals. The law stipulates that PARENTS TEACHERS and other PROFESSIONALS involved with the child must form a TEAM and that this TEAM together shares the responsibility of evaluating and planning the child's educational program. When you are invited to your-child's IEP Meeting, you are being invited to serve as a Team Member who is to help PLAN and EVALUATE your child's educational program. In order for this team to be effective, all team members including you, the Parent, need to be present and active participants. We realize that in most cases, parents do not know what role they are to play on the team and do not really understand what the IEP is or how to prepare themselves for the IEP Review Meeting. It is hoped that as a result of going through the Parent-Training Program that you will feel more knowledgeable about the contents and purposes of the IEP and that consequently will be more verbal/active at the next IEP Review Meeting. For purposes of review here are some things to consider prior to your IEP Review Meeting:

1. Read over your child's IEP. Check those areas that you do not understand and ask that those sections be explained to you. Resource Specialists will be more than happy to help clarify any statements on the IEP.
2. Observe your child on several occasions prior to the meeting; observe your child while he/she is studying using the Performance Inventory as a guide to help direct your attentions to specific areas. Be aware of how your child relates to friends and other members of the family. What kinds of activities does your child like best that could be shared with the IEP Team and considered when planning a new educational program.
3. Prioritize a list of goals that you have for your child for the next year. They need not be school related. Present these goal proposals to the IEP Team and see if they could be incorporated into the IEP.
4. Review the IEP Preparation Guide. Are there questions you feel you'd like answers to? If so, mark these questions and bring them up at the IEP Review Meeting.
Being an effective parent is a complicated process and responsibility. As a parent you have many functions including teaching your child social, that is, living, skills. Until now, most formal training for parenting has not covered the whole process. Rather it has concentrated mainly on preparing couples for their own emotional and sexual relationships, budgeting and care of the newborn, as well as giving some pat answers for dealing with the misbehavior of children. Getting a clear perspective on parenting from this kind of training has been difficult. The purpose of this article is to support you, the Parent, by helping you develop a clearer perspective of your role and providing some specific techniques for carrying out your responsibilities.

Respect and Responsibility are the key factors in parenting. Loving your child is not enough; you need to respect him/her also. Some parents confuse the terms love and respect. They don't realize that one can love another person without respecting them. If you respect your child, your child will soon develop a positive self-concept. That means that he/she will like themselves. They will know they are worthwhile. This attitude is extremely important to a child's mental health and ultimate school performance.

Respect, like love, is shown through actions more than words. You can begin to give your child the respect he/she needs by listening to him/her without being impatient for them to finish. You can show him/her respect by praising their work even though it is far from perfect and by allowing them to voice their opinion without laughing or scoffing at it. In short, you can show respect every time you express through words or actions that he/she is a worthwhile and important individual.

Respect is a quality more earned than demanded. A child needs opportunities to earn respect on an individual basis. If you are too protective and never let the child make decisions, he/she will never earn respect for what he can do. On the other hand, if you are too permissive and allow the child to make all the decisions, he/she will not learn responsible behavior toward others and therefore will not earn respect from them. Children need chances to show their abilities and living skills. In giving your child these chances, you will need to remember not to compare his/her abilities to anyone else's, such as a brother or sister. You can teach your child a lot of respect for the individuality of that child and does not give him/her a chance to be praised for the skills and abilities of his/her own level.

Respect is usually considered to be a two-way street—people will respect the child for responsible behavior, and in turn, the child should respect others when they demonstrate responsible behavior. This is true of your relationship with your child. If you respect the child, he/she will in turn reflect that attitude toward you.

A child needs to be taught at an early age to show respect. You can teach your own child through the use of social customs, that is, manners. He/She can learn to respect people as worthwhile persons for how well they handle their lives and do their work regardless of the type of job. You can teach your child to understand that no matter what a person does, he needs to do it well. He can then be proud of the job and can be respected for his accomplishment in it.

A common parental pitfall is trying to force a child to respect a person just because of the particular position he/she holds. A good teacher is usually respected by most of the students; whereas, a poor teacher is not. If you come down hard on your child for saying, "I don't respect Mrs. Jones as a teacher," you will not change the child's opinion. In fact, you will shut off communication between you and the child. It is better to talk the problem than to scold him/her for an honest opinion. You may be able to show your child that Mrs. Jones has some qualities to be respected, if indeed she does.

At the least, you can help your child get along with a teacher who has not earned his/her respect.

Remember, too, that your child models your behavior, and he/she will likely respect people you respect. Don't expect the child to respect a policeman or a teacher if he hears you severely criticizing that person.
The old saying, "Monkey see, monkey do," certainly holds true when speaking about respect toward others.

Respect for others was one of our nation's problems in the 60s. Many students lost respect for the political and school leaders in the United States. The question that is still unanswered is, "Had the leaders earned the respect or inherited a job that students had been told to respect?" Only by honest and sincere efforts can adults teach respect to the children: Tomorrow's Leaders.

**Cooking Terms for Children**

- **Bake**—To cook in the oven
- **Baste**—To brush liquid over food as it cooks
- **Beat**—To mix fast with beater or spoon
- **Blend**—To mix ingredients until smooth
- **Boil**—To cook until liquid bubbles
- **Broil**—To cook in oven directly under heat of broiler
- **Chill**—To place in refrigerator to lower temperature of the food
- **Chop**—To cut into small pieces
- **Combine**—To mix the ingredients
- **Cream**—To beat until soft and fluffy
- **Cube**—To cut food into small pieces with six sides
- **Dice**—To cut food into very small pieces
- **Drain**—To pour off liquid or let it run off through the holes in a sieve
- **Firmly packed**—To make sure ingredients are packed into measuring cup tightly

- **Freeze**—To place in freezer until set
- **Fry**—To cook in hot shortening
- **Grate**—To rub on a food grater to break the food into fine pieces
- **Grease**—To rub the surface of the utensils with shortening or butter to prevent sticking.
- **Knead**—To fold and press dough with heel of hand
- **Melt**—To heat until solid becomes liquid
- **Mince**—To cut into tiny pieces
- **Mix**—To stir ingredients together
- **Peel or Pare**—To remove outer skin
- **Pinch**—The very small amount of an ingredient that can be held between the finger and thumb.
- **Shortening**—Fats such as butter, margarine, lard and vegetable oil and solid
- **Sift**—To shake dry ingredients
- **Simmer**—To cook over low heat until food barely bubbles
- **Soften**—To take food from refrigerator or freezer to let it get soft
- **Stir**—To mix slowly with spoon or fork
- **Whip**—To beat very fast

**Recipes**

**Kool-Aid Sherbert**

1 cup sugar
1 package unsweetened Kool-Aid
3 cups milk

Dissolve sugar and Kool-Aid in milk. Pour into freezer tray. Freeze until mushy. Spoon into mixer bowl; beat until smooth. Return to freezer tray. Freeze—For at least 2 hours
MUFFIN MEAT LOAF
1 egg
1/2 cup milk
3/4 cup oats
1 pound ground beef
3 tablespoons chopped onion
1 teaspoon salt
1/4 cup grated cheese
Preheat--oven to 350 degrees
Grease--cups in muffin pan
Combine--all ingredients; mix well
Spoon--mixture into greased muffin cups
Bake--at 350 degrees for 1 hour
Cool--slightly before removing from muffin cups

LEMON PIE
1 15-ounce can sweetened condensed milk
1 6-ounce can frozen lemonade, thawed
1 small carton Cool Whip
1 9-inch graham cracker crust
Combine--sweetened milk and lemonade
Add--Cool Whip; stir slowly
Pour--into graham cracker crust
Refrigerate--until serving time

FINGER JELLO
3 3-ounce packages strawberry jello
4 tablespoons unflavored gelatin
4 cups boiling water
Combine--strawberry jello and gelatin
Add--water
Pour--into 13-inch by 9-inch pan or larger and refrigerate. Cut into 1-inch cubes when jelled.

AUTHORITY VS. RESPECT
Some parents believe that they can raise their children by the club of parental authority, physical size, or an inherent right that goes with being a parent. When this is the case, a power struggle arises. Many parents see this conflict as a struggle in which the child challenges their authority. When either party feels his rights are being abused, power plays may occur; that is, each party attempts to protect his own ground. The golden rule for both parties to remember in avoiding power struggles is that both the parent and the child have rights. Each needs to respect the other's rights.

Developing and using good listening skills will help you understand your child's feelings. Your example will also help the child to develop such skills himself. Likewise, teaching him/her ways to express feelings will help. In short, if both you and your child can use good communication skills while keeping in mind that you both have rights, you can avoid power struggles.

COUNTING CHANGE (1st-5th)
Allow your child to count the loose change in your pocket or in your wallet. Give them a nickel if they can count it out correctly with no help.
Keep a jar of change, vary the amount each week. Ask your child to total the number of pennies, nickels, dimes, quarters and half-dollars. Children above the third grade could be asked to total up the amount of money in the jar by multiplying the coin value by the number of such coins in the jar (for example: if there are 3 dimes in the jar your child would write down 3 x 10) and adding each of these values up for a grand total.

Hope to see you at the IEP Meeting!
Fun on the Road

**ALPHABET AUTOS** (4th grade and up)
Using the alphabet as a guide, see how many automobile brand names you can list. Give the children and yourself a time limit or mileage limit (times up after 15 miles). One car per each alphabet letter. Pencil and paper will be needed for this activity.

**TRAVELIN' SCAVENGER** (all levels)
Each person playing tries to spot the items written down on a list. The first person to see an item gets to put their name in front of it. Only one player can claim each item. The winner is the person who identifies most items listed. As a group make a list of items prior to playing scavenger. The following are examples of items you might list: camper, truck, cow, fence, motorcycle, green boat, license plate with a "Z" on it, stoplight, policemen, train, airplane, hitchhiker, red house etc.

**CAR COLORS** (all levels)
Each person chooses a color. You have 5 miles or 10 minutes from "go" to count as many cars as you see that are your color.

**BACK SEAT NAVIGATOR** (all levels)
When you're on a trip, sometimes it seems like you'll never get there, right? Well this time, don't complain, make it a game. Set a time limit (say 15 or 30 minutes) and everyone playing writes down exactly how many miles you will have gone at the end of the allotted time. Whoever comes closest gets to choose the next game.

**Placement Options**
When meeting to review the specific needs of your child and in preparing a new IEP, the IEP Team will want to consider other alternative ways of providing special instruction or assistance to your child. Some alternative methods of providing services and/or assistance to your child in fulfilling the goals determined on the IEP are as follows:

1. **Cross-Age Tutoring.** Ask if there are other students in the school who are capable of assisting your child in specific academic areas either during before or after school. Student tutors should be carefully trained, selected and monitored in order that the relationship is positive and helpful.

2. **Learning Stations.** In order for your child to profit from this type of instructional approach, he/she must be able to work independently. Make sure that if Learning Stations are being used as an instructional method, the student's performance is monitored and that the material is updated regularly in order to maintain your child's interest and progress.

3. **Volunteers.** Ask if there is a school list of volunteers or if the Parent-Teacher Association is able to provide volunteers on a regular basis. If a volunteer either from the community or other services organizations works with your child inquire as to who will be responsible for supervising the volunteer. Volunteers can be used very effectively such that the child can spend more of his/her school day in the REGULAR school program.

4. **Curriculum Services.** Possibly your child could function adequately within the regular classroom program if just provided specialized textbooks, training aids and various other materials. Ask other IEP Team Members if they feel your child could manage the regular class program if he/she were provided appropriate curriculum materials.

5. **Service Organizations.** Quite often local groups such as the Lions, Kiwanis, Easter Seals Society are delighted to make not only services but specific pieces of equipment available for use in classes for educationally handicapped students. You could be instrumental in helping your child move into a less restrictive environment.
The following is a list of suggestions that you, the parent, might find helpful in assisting your child.

THE PRESCHOOL YEARS
1. Talk with your child, not AT him.
   Give your child the feeling that his ideas are important. He'll begin to learn that his thoughts are worthwhile and that he has interested listeners.
2. Remember to compliment your child.
   Your child needs encouragement and praise. If he has been unusually dutiful in cleaning up his bedroom, don't neglect to compliment him. He'll soon learn that his actions are noticed and appreciated. He'll begin to understand that doing chores properly brings a reward all its own in terms of personal satisfaction.
3. Make your child a partner in the home.
   Simple chores provide a way of letting your child feel a part of the family.
4. Try to answer your child's questions.
   This encourages your child's inquisitiveness. Your willingness to answer questions will indicate to your child that you care about him, that he is important, and that you wish to share your knowledge with him.

THE EARLY SCHOOL YEARS
1. Provide a good breakfast.
   Many doctors agree that breakfast is the most important meal. A child has difficulty feeding his brain when his stomach is empty or full of sugars and starches.
2. Insist on regular periods of sleep.
   Not all children require the same amount of sleep, however the bedtime hour should be regular.
3. Provide a study area in the home.
   Almost any area of the home will do, provided it is away from the T.V. and telephone, and not near the playing area of other children.
4. Help with homework.
   It is however your child's responsibility to ask for help and to complete the assignments.
5. Encourage reading at home.
   Subscribe to a magazine that your child has shown interest in. Ask him about what he has read or what articles look interesting.

MIDDLE AND UPPER SCHOOL YEARS
1. Don't forget discipline.
   Your child needs something sturdy against which he can test the reliability of an emerging identity. Your child needs to know limits on his behavior and you'll be doing your child a favor if you continue to uphold standards of behavior.
2. Get both sides of the story.
   When disciplinary actions are taken at school be sure to get the school's as well as your child's side of the situation. Try not to prejudge the actions of the school or the actions of your child until you find out all the facts.
3. Practice good human relations at home.
   Human relations activities at home might consist of nothing more than encouraging rejection of racial and ethnic slurs.
4. Don't push too hard.
   Don't lean on your child or push too hard for his success. Decisions affecting your child should be made by him, with as much help as possible from you and school.
5. Know about drugs.
   An attitude of "it can't happen to my child" is potentially dangerous. Know how to detect the signs of drug abuse, and what resources you can call on if your child has a drug problem. Don't lecture or moralize to your child about drug usage. Young people want facts and appreciate honesty.
6. Encourage participation in school activities.
   Encouragement does not mean shoving your child into every extracurricular activity, or attempting to create interest in those areas that you feel are worthwhile. Let your child know that you are proud of his involvement and support the activity when you are asked to do such.
COMMUNICATION: SENDING CLEAR MESSAGES AT THE IEP MEETING

The basic rule to follow in sending clear messages is to own your own ideas and feelings and to state such specifically and clearly.

Use pronouns such as "I" and "MY" when starting a statement. For example if you are confused by something that was said by another IEP Team member say, "I am confused. Could you repeat what you just said in another way?"

Repeat what you have to say until you are sure that the person you intend your message to go to understands what you have said. Use pictures, symbols and non-verbal cues to get your message across, if need be.

Be sure that what you have to say is consistent with your non-verbal messages. If you are confused, don't smile and nod in acceptance of what is being said.

CALENDAR CHALLENGES (k-4th grade)

Direct your child to look at a calendar for the month of May. Help your child find the day of the week that the first day of May begins on. Have your child fill in the number of days left in May during each day in May. For example if it were May 12th then your child would count out how many more days were left which would be 19 and write that in the square. Ask your child to tell you what day of the week it is, what day comes tomorrow and what day was yesterday.

COUNTING CRAZY STUFF (k-1st grade)

Guide your child through each of these tasks:
1. Count the number of magazines on the table.
2. Count the number of chairs in the kitchen.
3. Count the number of buttons on the clothes you are wearing.
4. Count the number of doors in the house.
5. Count the number of windows in the house.
6. Count the number of socks in the laundry basket.
7. Count the number of days until summer vacation.
8. Count all the fingers in your family.
9. Count all the houses on your block.
10. Count all the crayons you have.

IF YOU NEED HELP PREPARING FOR YOUR CHILD'S IEP... PLEASE FEEL FREE TO CALL SANDIE NUTTER at 794-2005
APPENDIX H

RESOURCE SPECIALIST INSERVICE OBJECTIVES
RESOURCE SPECIALIST INSERVICE OBJECTIVES

Resource Specialists will:

1. Demonstrate ability to use brainstorming, paraphrasing and assertive communication as effective communication skills.

2. Know how to build trust and openness among IEP Team Members.

3. Demonstrate the skills of sending "I" messages, active listening and perception checking.

4. Be able to identify and understand the meaning behind non-verbal messages.

5. State strategies of notifying parents of IEP meetings.

6. Demonstrate skills of informing parents of evaluation results.

7. Create an atmosphere in the initial portion of the IEP meeting which will contribute to effective parental involvement such as greeting parents, making introductions and ensuring that parents understand their particular role and responsibilities as team members.

8. Review evaluation results with parents in terms of strengths and weaknesses of their child and relating this information to the child's performance at school and home.

9. Discuss and negotiate in jargon-free terms (1) levels of performance (2) annual goals (3) long-term goals (4) related services (5) method of reviewing IEP (6) special education placement.

10. Initiate strategies for involving parents in active decision-making, by modeling the role of asking questions, reinforcing parental responses and directing questions to parents.

11. Elicit special concerns from parents related to their child and to ensure that these concerns are carefully considered by the IEP Team.