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THE EFFECTS OF PARENT TRAINING AND INFORMATION
CENTERS ON PARENT EMPOWERMENT

by

Hayden A. O. Lewis

Dissertation

Submitted to the Faculty of

Olivet Nazarene University

School of Graduate and Continuing Studies

in Partial Fulfillment of the Requirements for

the Degree of

Doctor of Education

in

Ethical Leadership

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SIGNATURE PAGE

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I would first like to acknowledge my family; Dad, Mom, Conor, Molly, Elizabeth, Charlotte, Bennett, John, Jill, and Bodhi. Thank you for your unwavering grace, support, encouragement, and steadiness. I will be forever grateful that you set an example of the importance and value of education. Thank you for believing in my capabilities and encouraging me to always push myself. I love you all deeply and am thankful for the formative role you continue to play in my life.

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DEDICATION

To Susan Schmersahl and Chris Pederson, who believe that students with disabilities are capable of remarkable accomplishments. Thank you for teaching me to view my greatest weakness as my most valuable gift.

ABSTRACT

Parents of children who receive special education services from the public school are considered equal partners in their child's education with school professionals on the Individual Education Program team. Each state has a Parent Training and Information Center (PTIC) that seeks to empower parents to fulfill their right as an equal partner. The current study compared the advocacy, knowledge, competence, self-efficacy, and empowerment of two groups of parents of children with disabilities who received special education services in Tennessee. The experimental group of parents ($n=36$) had attended a workshop provided by a PTIC and the control group ($n=21$) had not attended a workshop. Participants received an email from PTIC with a link to the survey or received a hard copy of the survey at a workshop. The survey included demographic information, Likert-scale questions, and open-ended questions about parents' experiences and suggestions for improvement from the Family Empowerment Scale (Koren, DeChillo, & Friesen, 1992) and the Fish survey (2008). Quantitative results from the likert-scale questions about parent advocacy ($p=.847$), knowledge ($p=.117$), competence ($p=.669$), self-efficacy ($p=.992$), and empowerment ($p=.459$) were not statistically significant. Parent responses to the open-ended questions aligned with a current literature review and emphasized the importance of educating themselves about the special education process, being an involved and equal partner on the Individual Education Program team, and communicating regularly with school professionals.

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CHAPTER I

INTRODUCTION

The Individuals with Disabilities Education Act (IDEA) (2004) protects the rights of students with disabilities and their parents. IDEA mandates that students with disabilities have access to a free and appropriate public education. To ensure that students with disabilities have access to a free and appropriate public education, each student with a disability who receives special education services is required to have an Individual Education Program (IEP). An IEP is a legal document that outlines the student's special education plan for a year. The IEP includes valuable information such as the student's present levels of performance, measurable annual goals, and justification for special education support. A student's IEP is created annually by an IEP team consisting of the parent or parents, general education teacher, special education teacher, local education agency representative such as a principal or administrator, and an interpreter of evaluation results (Christle & Yell, 2010).

Parents are the only non-school professionals mandated by IDEA to attend the IEP meeting. IDEA recognizes the importance of collaboration between parents of children with disabilities and school professionals by protecting their right as an equal partner and decision maker in their child's education (Goldrich Eskow, Summers, Chasson, & Mitchell, 2018; Lalvani, 2012). IDEA gives parents and school professionals shared power during the IEP meeting. Parents must consent to all special education

services (Leiter & Krauss, 2004). Because parent consent is necessary to implement the IEP, it is important that parents understand their basic parental rights on the IEP team as determined by IDEA in order to confidently partner with school professionals as decision makers (Lalvani).

Statement of the Problem

Unlike school professionals, parents of a child receiving special education services have a unique and personal role on the IEP team. In several studies, parents shared they did not feel like a valued member of the IEP team and expressed a desire for more knowledge of the IEP process and special education (Lalvani, 2012; MacLeod, Causton, Radel, & Radel, 2017; Zeitlin & Curcic, 2014). Parents want to be viewed as experts on their child, participate in the decision making process, and understand educational language and jargon. When parents did not feel they were seen as an expert, it caused them to become defensive toward school professionals in IEP meetings (MacLeod et al.; Zeitlin & Curcic). Parents with lower socioeconomic status had less understanding about special education law and their role on the IEP team than parents of higher socioeconomic status (Lalvani). Parents of children with disabilities also experience more stress, depression, and require more support than parents of typically developing children (Cantwell, Muldoon, & Gallagher, 2015). When parents have knowledge about their rights and role on the IEP team, they are empowered to advocate for their child (Burke & Goldman, 2017). The purpose of this research was to understand the effects of workshops offered by a Parent Training and Information Center (PTIC) in the state of Tennessee in order to increase parent empowerment.

Background

The Education for All Handicapped Children's Act (1975) was the first law that protected the education of people with disabilities (Martin, Marshall, & Sale, 2004). The law mandated that students with disabilities have access to a free and appropriate public education. A free and appropriate public education for students with a disability is implemented through an IEP. An IEP is an educational plan designed to meet the unique needs of a student with a disability. As of the Spring 2019, the most recent law protecting students with disabilities is IDEA (Christle & Yell, 2010). IDEA protects both the right of the parent and the student. IDEA acknowledges parents as equal partners and decision makers in their child's education and IEP development (Goldrich, Werts, Varghese, gosey, 2018; Lalvani, 2012).

To formalize the partnership between parents and school professionals, IDEA includes parents on the IEP team. The IEP team members consist of parent or parents, general education teacher, special education teacher, local education agency representative such as a principal or administrator, and an interpreter of evaluation results. Other team members include the student if they are over 14 and related area specialists such as a speech language pathologist or occupational therapist (Christle & Yell, 2010).

Many barriers exist that limit parent empowerment to confidently collaborate in IEP meetings. The biggest barrier is parents' lack of knowledge about their role in the IEP process (Lalvani, 2012). Parents of children with disabilities expressed a desire to be better equipped so they could make more knowledgeable decisions about their children with school professionals. Parents with a higher socioeconomic status reported looking

online for information, joining support groups and organizations, attending information sessions, and relying on other parents of children with disabilities (Lalvani). Lalvani found that, regardless of socioeconomic status, parents identified themselves as advocates who shared their opinions regarding their children's education with school professionals. Parents with higher socioeconomic status viewed sharing their opinion as successful and they often educated professionals about their child. Parents with lower socioeconomic status expressed that they were more likely to view school professionals as the expert over themselves. Because of the lack of knowledge and resources, some parents of lower socioeconomic status did not feel as comfortable raising their concerns to school professionals. Lower socioeconomic parents were also unaware of educational options available to their child. Parents expressed this feeling as *disempowered* and did not know their role in their child's special education (Lalvani).

Regardless of parents' socioeconomic status, parents were more satisfied with the services their children received when they experienced mutual trust. Conversely, when parents had a negative relationship with school professionals, their stress increased. Mutual trust was a key factor for both socioeconomic status groups (Lalvani, 2012). Trust was broken between the parent and professionals when parents felt professionals did not listen to their perspective and used unfamiliar language to parents during the IEP meeting. In a study conducted by MacLeod et al. (2017), parents expressed that when school professionals did not value their perspective, they did not feel like a legitimate IEP team member and felt "alienated" from the rest of the IEP team (MacLeod et al.). Parents want to be considered knowledgeable about their child and valued on their child's IEP team (Zeitlin & Curcic, 2014). Parents specified that trusting relationships could be

cultivated through school professionals using clear language and explaining the special education process along with parent rights (MacLeod et al.).

Ruppar and Gaffney (2011) conducted a qualitative, single case study to understand the dynamics of an IEP meeting. In addition to recording an IEP meeting, the researchers conducted interviews after the meeting to gain IEP team members' perceptions of the meeting. For example, school professionals were asked how they encouraged parent participation during the IEP meeting. In a two-hour IEP meeting, parent contribution was specifically requested three times and little time was spent in discussion. The researchers found that the order of the IEP document served as an agenda for the meeting. Each school professional would speak when it was their turn as outlined on the IEP. Using the IEP as the meeting agenda limited parent participation because there was not a designated time for the parent to give feedback or collaborate. Parents may not feel comfortable interrupting the agenda of the IEP to actively participate in decision making. Ruppar and Gaffney argued that if decision making is made by only some IEP members then those decisions are not valid. All IEP team members, which includes parents, must participate in the creation of the IEP for it to fulfill its requirement as mandated by IDEA.

Murray, Handyside, Straka, and Arton-Titus (2013) conducted a qualitative study to understand the experiences of parents who attended a special education course alongside teachers. Both special education teachers and parents were in the courses together. Parents participated in a focus group before and after completing the 16 week course on parent and school collaboration. During the pre-course focus group parents were asked about their experiences and expectations of school professionals. After

participation in the course, parents were asked similar questions to the pre-course and to reflect on their experiences with professionals during the 16 week course. Four positive major themes emerged from the focus groups. After participation in the 16 week course, parents saw school professionals as more caring, parents were more confident in their role in their child's education, their trust in school professionals increased, and they were hopeful and optimistic about the impact of parent and school collaboration on their child's future. Because of the knowledge gained from the courses, parents were empowered to collaborate in discussions with school professionals (Murray et al.).

The barrier of lack of knowledge contributed to parents' limited decision making, lack of trust in school professionals, and disempowerment. MacLeod et al. (2017) suggested considering parent perspectives, focusing on the student's strengths, and teaching parents about the IEP process so they are equipped to understand and contribute. Singh et al. (1995) analyzed the psychometrics of the Family Empowerment Scale (FES) created by Koren, DeChillo, and Friesen (1992). The FES measured parents' level of empowerment as it is related to their child with a disability. Singh et al. argued that one way to test the school's partnership with parents was to measure family empowerment. The level of empowerment would identify if school professionals valued, taught, included, and provided resources to parents. Singh et al. suggested that school professionals can act as a catalyst for parent empowerment by making the service system more accessible to parents.

Parents are not the only member of the IEP team that experienced stress and disempowerment during the IEP process. The reauthorization of IDEA changed the legal requirements that special education teachers and school professionals must fulfill (Yell,

Shriner, & Katsiyannis, 2006). Special education teacher compliance with IDEA regulations protects students with disabilities right to “meaningful educational benefit” (Yell et al., p. 5). Compliance with legal mandates also increased the amount of documentation, paperwork, and meetings for special education teachers. Special education teachers admitted that legal requirements added stress to their already stressful jobs (Nance & Calabrese, 2009). IDEA mandates that special education teachers must provide intervention and instruction for students with disabilities from peer reviewed research. In order for teachers to use peer reviewed research for instruction, additional time and effort is needed from special education teachers to stay up to date on evidence based practices. Special education teachers must also understand the legal requirements that need to be included for each component of an IEP, such as writing and monitoring a measurable annual goal. Special education teachers need to give their students assessments and monitor students’ progress to ensure they are making appropriate progress towards reaching their IEP goals (Yell et al.). The progress on student’s IEP goals are continually monitored and reported every nine weeks to parents. If students do not make progress according to progress monitoring, special education teachers need to try another evidence based practice. Special education teachers noted that fulfilling their legal obligations left less time for teaching and students (Nance & Calabrese).

At an IEP meeting, special education teachers give parents a written copy of their Procedural Safeguards. FitzGerald and Watkins (2006) studied the readability of parent rights from each state. The recommended reading level for parent rights was at a seventh or eighth grade level. FitzGerald and Watkins found that only 4% to 8% of states had parent rights that were written at or below the appropriate level for the average adult

reader. The remaining 92% to 94% of states' Procedural Safeguards were written anywhere from the 9th grade reading level to above college level. Because over 90% of parent right documents are above the prescribed reading level, it is false to assume parents had a clear enough understanding of their rights to fully participate as decision makers on the IEP team (FitzGerald & Watkins).

Lalvani (2012) suggested parents need to be provided information about their rights in addition to the written copy required by law. Parents should be provided with more opportunities to learn about their rights and the IEP process without adding requirements to special education teachers that take away from students.

To provide parents with additional resources outside of the school, each state is required to have a PTIC funded by IDEA (Cooc & Bui, 2017). Support and Training for Exceptional Parents (STEP) is the PTIC for the state of Tennessee. STEP provides workshops, conferences, one on one meetings, and online videos to support parents of children with disabilities. To assist parents throughout the IEP process, STEP offers a variety of workshops. STEP provides workshops in both Spanish and English. Workshop topics include basic rights, instructionally appropriate IEPs, inclusion, communication and conflict resolution, evaluation and assessments, early childhood, transition to adulthood, 504 plans, response to intervention, transition institute, literacy for all, and parent leadership.

Research Questions

1. To what extent is there a difference in parent systems advocacy, a subscale of overall empowerment, between parents who have attended STEP workshops and parents who have not attended STEP workshops?

2. To what extent is there a difference in parent knowledge of special education services, a subscale of overall empowerment, between parents who have attended STEP workshops and parents who have not attended STEP workshops?
3. To what extent is there a difference in parent competence, a subscale of overall empowerment, between parents who have attended STEP workshops and parents who have not attended STEP workshops?
4. To what extent is there a difference in parent self-efficacy, a subscale of overall empowerment, between parents who have attended STEP workshops and parents who have not attended STEP workshops?
5. To what extent is there a difference in overall parent empowerment between parents who have attended STEP workshops and parents who have not attended STEP workshops?
6. What can parents and school professionals do to improve the effectiveness and outcomes of IEP meetings?

Description of Terms

Child with a disability. A child who needs special education services and was evaluated and diagnosed with an intellectual disability, hearing impairment, speech or language impairment, visual impairment, emotional disturbance, orthopedic impairment, autism, traumatic brain injury, other health impairment, specific learning disability, deaf-blindness, or multiple disabilities (Individuals with Disabilities Education Act, 2004).

Competence. “Parents’ perceptions of their ability and competence as parents” (Singh et al., 1995, p. 88).

Disability. “Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society” (Individuals with Disabilities Education Act, 2004).

Empowerment. “In the context of human delivery systems, family empowerment is a process by which families access knowledge, skills, and resources that enable them to gain positive control of their lives as well as improve the quality of their life-styles” (Singh et al., 1995, p. 85).

Knowledge. “Parents’ understanding and skills about how to work within mental health [special education] service delivery system in order to obtain need services” (Singh et al., 1995, p. 88).

Individualized Education Program (IEP). “The IEP document contains the educational needs of a student, the measurable annual goals that direct his or her program, the special education programming and placement, and the method of data collection that will be used to monitor and report a student’s progress” (Christle & Yell, 2010, pp. 109–110).

Parent. “A parent is one or both of the child’s biological parent, adoptive parent, foster parent, surrogate parent, or legal guardian” (Individuals with Disabilities Education Act, 2004).

Self-Efficacy. “Parents’ perceptions of their ability to have an impact on and utilize the mental health [special education] system that would affect them or their child personally” (Singh et al., 1995, p. 88).

Special Education. “Special education means specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability” (Individuals with Disabilities Education Act, 2004, § 300.39).

Systems Advocacy. “The thoughts, beliefs, and behaviors of parents with regard to their interactions with mental health [special education] service delivery systems” (Singh et al., 1995, p. 88).

Table 1

List of Acronyms

Expansion	Acronym
The Individuals with Disabilities Education Act	IDEA
Individual Education Program	IEP
Parent Training and Information Center	PTIC
Family Empowerment Scale	FES

Significance of the Study

There have been many articles published that have utilized qualitative data to research the barriers parents felt when working with school professionals during the IEP process. Qualitative data identified their feelings of alienation, disempowerment, defensiveness, and depersonalization (Lalvani, 2012; MacLeod et al., 2017; Murray et al., 2013; Zeitlin & Curcis, 2014). The problems suggested by qualitative data provided the foundation for a quantitative study.

Thirty-three percent of parents who sought resources for their child with a disability from a PTIC asked questions about IEPs (Cooc & Bui, 2017). This desire for knowledge from parents about IEPs implies the significance of this study to school professionals, policy makers, and parents. First, the results of this quantitative study

could provide insight to school professionals about the existing barriers and lack of empowerment parents feel. School professionals and parents can use the insights gained from this study to increase the effectiveness of the IEP process. Next, understanding the level of impact government funded PTIC have on parent empowerment could enlighten policy makers to the ways in which they can best support and equip parents. Lastly, the results of this study could be used to provide parents with a research based solution to disempowerment, preparing them to be educated as equal partners in their child's education.

Process to Accomplish

Convenience sampling was used to gain participants. Research was open to any parent in the United States with a child with a disability who was eligible for special education services from the public school system as determined by the Individuals with Disabilities Education Act (2004). The researcher contacted STEP and STEP agreed to distribute the survey on behalf of the researcher.

Parents on the STEP list serve received an email with a brief summary of the research study and a link to participated in the survey (Appendix A). Upon clicking on the link, parents were taken to an informed consent page. The informed consent page provided parents with information about the purpose of the study, an introduction to the researcher, what the study included, how long the study will take, permission to withdraw at any point, significance of the study, possible risk factors, confidentiality, access to results, and researcher contact information (Salkind, 2017). Parents signed informed consent and could participate in the study by clicking "I have read and agree with the above information and click "next" to continue."

Measures

The first measure to collect data was the Family Empowerment Scale (FES) (Koren et al., 1992). This tool measured parents' expression and level of empowerment. The FES used a three by three grid to show how parents' attitudes, knowledge, and behaviors are related to family, service systems, and community. The FES consisted of 34 Likert statements; 12 questions related to family, 12 related to services provided to the child, and 10 related to their community. Parents answered questions with a Likert scale from 1 "not true at all" to 5 "very true."

Singh et al. (1995) studied the psychometric characteristics of the FES and found dividing the same statements into four subscales was more appropriate to measure overall empowerment. Singh et al. suggested the subscales are system advocacy, knowledge, competence, and self-efficacy. The sum of the four subscales measured overall parent empowerment. Using the same statements in four subscales, instead of the level of empowerment and expression of empowerment, provided a better measure of parent empowerment. The current study used the statements developed by Koren et al. (1992) divided and analyzed into four subscales by Singh et al.; system advocacy, knowledge, competence, and self-efficacy. Permission to use and modify the FES was granted via email by both Koren et al. and Singh et al. (Appendix B). To make the statements in the FES more specific for this study, some wording was modified; "services" was changed to "special education services", "service systems" was changed to "special education service systems", and "disorder" was changed to "disability." A Spanish translation was provided by the original author along with permission to use, modify, and print.

The second data collection tool was a survey piloted by Fish (2008), which included six subscales and both quantitative and qualitative questions. For the purpose of this study, this survey was modified with permission from the author (Appendix C). The survey was abbreviated to demographic questions to account for potential covariates. Parents were instructed to answer survey questions based on their oldest child who received special education services. Potential covariates included previous parent training, number of IEP meetings attended, and experience with school professionals. On this survey, parents provided information about their child's disability category, how many IEP meetings they have attended, socioeconomic status, and experience with school professionals and IEP meetings. Some questions included, "Your child receives special education services based upon which of the following disability categories?", "How many years has your child been receiving special education services?", "How many IEP meetings have you attended for your child?". One question was added to the survey to determine if parents' had multiple children who received special education services. This survey was translated to Spanish and tested to establish validity.

The FES was used to answer research questions one through five. Research questions one through four asked about one subscale of the FES; systems advocacy, knowledge, competence, and self-efficacy. Research question five asked about total empowerment, which was the sum of all four subscales. For this study, parents responded to statements on a Likert scale from 1 "not true at all" to 5 "very true." The Likert scale used in this study was the same Likert scale used by both Singh et al. (1995) and Koren et al. (1992). Research question six was answered using the Fish (2008) survey.

Research question one was answered using the systems advocacy subscale of the FES. This subscale included nine statements that parents rated with a Likert scale. To assess the systems advocacy subscale parents responded to, “I feel I can have a part in improving special education services for children in my community” (Koren et al., 1992).

Research question two was answered using the knowledge subscale of the FES. The knowledge subscale consisted of eleven statements. Parents responded to, “I understand how the special education service system for children is organized” (Koren et al., 1992).

Research question three was answered using the competence subscale of the FES. The competence subscale asked parents to respond to statements such as, “I make efforts to learn new ways to help my child grow and develop.” The competence subscale was comprised of eight statements (Koren et al., 1992).

Research question four was answered using the self-efficacy subscale of the FES. This subscale had six statements that included, “I feel that I have a right to approve all special education services my child receives” (Koren et al., 1992).

Research question five was answered using the combined answers from all four subscales to measure overall empowerment. All four subscales included systems advocacy, knowledge, competence, and self-efficacy (Koren et al., 1992).

Research question six was answered using the qualitative section of the Fish survey (2008). Parents responded to the qualitative questions, “What can school districts do to improve the effectiveness and outcomes of IEP meetings?” and “What can families of students receiving special education services do to improve the effectiveness and

outcomes of IEP meetings?” (Fish). Research question six was answered by the themes found in parents’ responses.

Procedures

Upon signing informed consent, those who clicked on the survey link were asked if they are the legal guardian of a child who receives special education services. Those who identified that they are not the parent or legal guardian were not included as participants in the study. Participants who identified as parents or legal guardians of a child receiving special education services were asked if they have attended any STEP workshops, watched any STEP youtube.com videos, and to identify which workshops and videos they watched. After they identified their experiences with STEP workshops, they took the FES and then filled out the Fish (2008) survey.

Summary

Federal law, the Individuals with Disabilities Education Act (2004), acknowledges parents as equal partners on their child’s IEP team. To fully contribute on the IEP team, parents need to understand their rights and role. Special education teachers expressed that their legal requirements increased stress (Nance & Calabrese, 2009). Without additional requirements for special education teachers, parents need to access knowledge of the IEP process to empower them to participate as equal partners on the IEP team. IDEA requires each state to have a PTIC. The state of Tennessee’s PTIC, funded by IDEA, offered a variety of workshops to parents of children with disabilities. This quantitative study looked at the differences in parent systems advocacy, knowledge, competence, self-efficacy, and overall empowerment of parents who participated in STEP workshops and those who did not (Koren et al., 1992; Singh et al., 1995). This study also

provided recommendations for parents and school professionals to increase the effectiveness of the IEP process. The review of the literature in Chapter II will elaborate on the prevalence of students with disabilities, the history of special education law, the IEP process, parent and special education teacher experiences with the IEP process, and PTICs.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

As of 2017, the US Department of Education reported that over six million students received special education services in the US public school system. Students who received special education services almost doubled from the 1980's to the early 2000's (National Center for Education Statistics). The history of special education litigation provided context for how drastically special education has changed since the first law to protect people with disabilities—Section 504 of the Rehabilitation Act—as passed in 1973 (Yell, Rogers, & Rogers, 1998). Children with disabilities gained the right to a free and appropriate education that is outlined through specific requirements written in their Individual Education Program (IEP) within the last 50 years (Gartin & Murdick, 2005). In addition to recent students' rights, parents also gained the right as an equal partner on their child's IEP team.

The Individuals with Disabilities Education Act (2004) specifies that parents are considered equal partners in their child's education. To fulfill the mandate of parents as equal partners with school professionals, parents are required members on the IEP team (Fish, 2008). As IDEA has changed over time to include the rights of parents, it has also changed the requirements for special education teachers (Vannest & Hagan-Burke, 2016). To empower parents to actively participate as equal members on the IEP team and to help

schools fulfill legal mandates, IDEA allocated funds to Parent Training and Information Centers (PTIC) (Rossetti & Burke, 2019). PTICs are available to parents of children in every state and exist to empower parents to effectively collaborate with school professionals so their child has access to the most appropriate education. The following chapter will describe the literature as it pertains to the prevalence of students with disabilities, the history of special education law, the IEP process, parent and special education teachers experience with the IEP process, and PTICs.

Prevalence of Students with Disabilities

The Individuals with Disabilities Education Act (2004) part B protects the rights of children ages three through 21 diagnosed in one of 13 disability categories. The 13 disability categories include Autism, deaf-blindness, developmental delay, emotional disturbance, hearing impairment, intellectual disability, multiple disabilities, orthopedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment (National Center for Education Statistics). In the United States, as of 2018, students diagnosed in one of the 13 disability categories made up 13.7% of the population of students in US public schools. Of the students in the United States diagnosed with disabilities 9% were diagnosed with Autism, 0% were diagnosed with deaf-blindness, 7% with developmental delay, 5% with an emotional disturbance, 0% with a hearing impairment, 7% with an intellectual disability, 2% with multiple disabilities, 1% with an orthopedic impairment, 14% with other health impairment such as Attention Deficit Hyperactive Disorder, 40% with a specific learning disability, 17% with a speech or language impairment, 0% with a traumatic brain injury, and 0% with a visual impairment. The percentage of students with a developmental delay

was not calculated because students are only eligible for a developmental delay until age nine. In the year 2017, there were 6,050,725 students enrolled in a US public school who were diagnosed with a disability protected under IDEA (National Center for Education Statistics).

The research for the current study was collected in the state of Tennessee. The most recent statistics released by the US Department of Education on children diagnosed with a disability in the state of Tennessee was in 2017. The US Department of Education reported that 13% of students enrolled in a Tennessee public school had a diagnosed disability in one of the 13 protected disability categories determined by IDEA. In 2017 in the state of Tennessee there were 116,481 students aged six through 21 who received special education services. In the state of Tennessee, percentages of students in each disabilities category is similar to the national percentages.

Table 2

National and Tennessee Population for Students with Disabilities Age 6-21

	Tennessee		Nationally	
	Number of Students	Percent	Number of Students	Percent
Autism	8,736	7.5	710,000	9.3
Deaf-Blindness	0	0.0	1,000	0.0
Emotional Disturbance	3,377	2.9	353,000	5.9
Hearing Impairment	1,281	1.1	75,000	1.1
Intellectual Disability	8,270	7.1	436,000	7.1
Multiple Disabilities	2,096	1.8	132,000	2.1
Orthopedic Impairment	582	0.5	41,000	0.7
Other Health Impairment	16,656	14.3	1,002,000	15.4
Specific Learning Disability	46,825	40.2	2,342,000	39.8
Speech or Language Impairment	27,605	23.7	1,357,000	17.7
Traumatic Brain Injury	349	0.3	27,000	0.4
Visual Impairment	582	0.5	27,000	0.5
All Disabilities	116,481	100	6,964,000	100

Note. Taken from National Center for Education Statistics (2017)

The US Department of Education also reported a percentage for parent involvement. Data from the state of Tennessee reported that 91% of parents who have a child with a disability reported they were involved in their child's education (National Center for Education Statistics). The US Department of Education reported parent involvement for each state, but did not include a national percentage of parent involvement (National Center for Education Statistics).

History of Special Education Law

The vital role of parents in their child's education was seen through the legal history of special education. The laws that protect children with disabilities and their parents have evolved over the years. Before 1839, all children were without legal rights

and considered property of their parent's (Bicehouse & Faieta, 2017; Hinchey, 2001). The first right for children came from the Crouse case in 1839. In the Crouse case, a father intended to neglect his daughter after she was discharged from a juvenile home. The state of Pennsylvania, for the first time in history, protected the right of the child over the wishes of the parent. The state of Pennsylvania argued that children are the future of the country and therefore have the right of attentive parental care (Bicehouse & Faieta; Hinchey).

The rights for children continued with compulsory attendance laws. Compulsory attendance laws were passed state-by-state beginning from 1840 to 1918 (Yell et al., 1998; Ysseldyke & Algozzine, 1984). In 1920, The Compulsory Education Act was passed by congress mandating that children in the United States age 6-18 go to school (Bicehouse & Faieta, 2017; Sperry, Daniel, Huefner, & Gee, 1998). Initially, compulsory attendance laws did not mandate that children with disabilities attend school. In 1919, the Supreme Court ruled that a child with a disability could be omitted from a public school education until the fifth grade. In the litigation regarding the exclusion of students with disabilities in public school, students with disabilities were referred to as "feeble minded", "mentally deficient", and "weak in mind" indicating the negative perceptions people have toward students with disabilities (Yell et al., 1998, p. 220). In North Carolina, it was even considered illegal for parents to continue to push for their child with a disability to go to school after being turned away (Weber, 1992; Yell et al.). Economic, political, and social difficulties after the Civil War contributed to the exclusion of students with disabilities. Students with disabilities were institutionalized due to the exclusion from public schools (Bicehouse & Faieta; Hoffman & Doris, 1979). Public

opinion in America in the early 1900's viewed people with disabilities as inferior and assumed they could not benefit from public education (Bicehouse & Faieta).

Rights for individuals with disabilities began with the Civil Rights Movement in the 1950's (Yell et al., 1998). The Civil Rights Movement introduced the idea of protection and equality for minorities. Specifically, the case *Brown v. Board of Education* determined that schools could not be segregated based on race as it violated the Fourteenth Amendment (U.S. Const. amend. XIV). *Brown v. Board of Education* was the beginning of the government determining requirements for states to follow as it pertains to education. Advocates and parents of children with disabilities persisted that if it violates the Fourteenth Amendment for schools to segregate based on race, then it also violates the Fourteenth Amendment to exclude children with disabilities from a public education (Yell et al.). Parents played a large role in the beginning of rights for individuals with disabilities. The first parent organization formed in 1950 called The National Association of Parents and Friends of Mentally Retarded Children (Bicehouse & Faieta, 2017). Between 1950 and 1968, other organizations followed such as the Association for Children with Learning Disabilities, the Epilepsy Foundation of America, and the National Society for Autistic Children (Bicehouse & Faieta; Smith & Luckasson, 1998). Parent organizations worked together and advocated for the rights and education for children with disabilities (Bicehouse & Faieta; Yell et al.).

The next movement that changed disability rights in the 1970's after the Civil Rights Movement was the Equal Opportunity Movement (Yell et al., 1998). The case *Pennsylvania Association for Retarded Citizens v. Commonwealth of Pennsylvania* (1972) brought about four main ideas. The first main idea was that children with

disabilities were able to learn and would benefit from being in school. The second main idea was that an education for individuals with disabilities could look different than the typical learning experience for a student without disabilities. For example, instead of an emphasis on mathematics and language arts, if appropriate, the emphasis should be on life skills. The third main idea was that because the state of Pennsylvania agreed to give every student an education, this could not exclude students with disabilities. The last main idea was that the younger children with disabilities were when they began their education, the more they could gain from school. It was determined from *Pennsylvania Association for Retarded Citizens v. Commonwealth of Pennsylvania* that nationally children ages six through 21 must be provided a public education and cannot be excluded from the public school (Yell et al.).

The Civil Rights Movement and the Equal Opportunity Movement sparked new litigation that protected individuals with disabilities (Yell et al., 1998). The Expansion of Teaching in the Education of Mentally Retarded Children Act was passed in 1958. The Expansion of Teaching in the Education of Mentally Retarded Children allotted funding to educate teachers on how to teach individuals with disabilities. In 1970, Expansion of Teaching in the Education of Mentally Retarded Children law renamed the Education for the Handicapped Act. Then, in 1973 the first law to protect individuals with disabilities was passed, Section 504 of the Rehabilitation Act. People with disabilities can no longer be discriminated against as mandated by The Rehabilitation Act (Yell et al.).

Section 504 of the Rehabilitation Act paved the way for the Education Amendment of 1974, Public Law 93-308 and the Education for All Handicapped Children Act of 1975, Public Law 94-142 (Yell et al., 1998). Public Law 93-308 provided

more funding for programs and resources for students with disabilities, including students who were considered gifted. When the Education for All Handicapped Children Act was passed in 1974, it was estimated that more than half of students with disabilities never experienced any kind of formal education (Bicehouse & Faieta, 2017). The Education for All Handicapped Children Act mandated states to submit a plan that included information on how they will educate children with disabilities to receive federal funding (Yell et al.). Upon government approval of the plan schools submitted to educate children with disabilities, the state received federal funds and were required to provide students with “(a) non-discriminatory testing, evaluation, and placement; (b) be educated in the least restrictive environment; (c) procedural due process, including parent involvement; (d) a free education; and (e) an appropriate education” (Yell et al., p. 225). To ensure students with disabilities had access to a free and appropriate public education in the least restrictive environment, an IEP was required for each student with a disability (Yell et al.).

The Education for All Handicapped Children Act began the start of three different research phases before it was reauthorized in 1990. Smith (1990) identified three different phases that described the first 15 years of federal involvement in special education: the normative phase, the analytic phase, and the technology-reaction phase. First, the normative phase in research lasted from about 1976-1978. During the normative research phase, all research concerning special education centered around explaining and exploring the recent law. The majority of research done in the normative phase determined that many school professionals involved with students with disabilities were

poorly trained, had different interpretations of the law, and therefore were out of compliance with the law.

School professionals' lack of understanding and training led to the second phase, the analytic phase (Smith). The analytic phase lasted from 1978-1980 and focused on IEP development, special education and general education teacher perception, parent involvement, and the IEP team. The analytic phase determined that IEPs were poorly written and out of compliance with the law, special education teachers were overworked with lack of support and training, parents were passive yet satisfied IEP team members who received information from school professionals, and not all IEP team members were present at meetings.

The third and last phase was the technology-reaction phase (Smith). During the technology-reaction phase, teachers began to use computer-generating software to create IEPs. IEP computer generating software was created to save money and save teachers time on paperwork. However, many educators and researchers expressed concerns that IEP computer-generating software goes against the intended purpose of an IEP because it lessens the individualization of each student's IEP (Smith). Research from the normative, analytic, and technology-reaction phase led to changes in special education such as the reauthorization of the Education for All Handicapped Children Act.

The Education for All Handicapped Children Act became the Individuals with Disabilities Education Act (IDEA) in 1990 (Yell et al., 1998). The Education for All Handicapped Children Act from 1990 on was referred to as IDEA. IDEA included three new mandates. The first mandate was the use of person first language. For example, one should say "a student with a disability" instead of "a disabled child." The individual was

referred to before the disability. The second mandate was that IDEA now protected students with traumatic brain injury and autism. The third mandate was that a transition plan must be created for students beginning at age 16 (Yell et al., 1998).

IDEA was reauthorized for the first time in 1997 (Huefner, 2000). The reauthorization of IDEA included changes to the IEP, behavior support strategies, and non-adversarial resolution methods (Yell et al, 1998). Several major changes were made to the IEP document (Huefner). The first change to the IEP document was the inclusion of a statement that explains the adverse impact the disability has on the student's participation in the general education classroom. The reauthorization of IDEA also mandated that goals included in the IEP were measurable. Goals must also include short-term objectives, how the goals will be progress monitored, and how parents will be informed of their child's progress.

The next set of changes mandated by the reauthorization of IDEA center around the services provided to the student (Huefner, 2000). The IEP must include a description of related services such as occupational therapy or speech/language therapy. The IEP must specifically state the location where services provided by a special education teacher or related service provider occur. If the child is age 14 or older, their IEP will match their post-secondary plans (Huefner). Lastly, the reauthorization of IDEA mandated updated language in the IEP that assumes the student is a general education student first and a special education student second. The IEP must use wording that justified the time spent away from the student's typically developing peers. New language assumes the justification for the time the student will spend outside the general education setting.

The seven changes made to the IEP document in 1997 were updated with the reauthorization of IDEA in 2004. As of 2019, 2004 was the most recent reauthorization IDEA and remains the current law protecting the education of children with disabilities and their parents (Gardin & Murdick, 2005). The IEP process mandates of IDEA in 2004 are listed in detail in the following section, Individual Education Program Process.

Individual Education Program Process

IDEA was most recently reauthorized in 2004 to account for the voiced suggestions about the IEP process from parents and teachers (Gartin & Murdick, 2005). Parents and teachers expressed concern about the large amount of paperwork related to the IEP process. As a result of parent and teacher complaints, the IEP process was changed. The reauthorization of IDEA in 2004 specified the IEP team, how frequently it needs to be updated, and components of an IEP (Gartin & Murdick).

IDEA identified seven IEP team members (Gartin & Murdick, 2005). The first IEP team member that IDEA identified was the parent. At least one parent must attend the IEP meeting. The next two IEP team members identified are at least one general education teacher and one special education teacher. In addition, a local educational agency representative must attend the IEP meeting as an IEP team member. A local education agency representative is an administrator or principal. The next IEP team member identified by IDEA is someone who can interpret the evaluation results. This is typically a school psychologist. In some cases, a special education teacher can also be considered the interpreter of evaluation results. Additional IEP team members are anyone who is knowledgeable about the child, such as a speech therapist, occupational therapist, or physical therapist. The final IEP team member is the child. The child is not required to

attend, but can attend when appropriate (Gartin & Murdick; Yell, Katsiyannis, Ryan, McDuffie, & Mattocks, 2008). IDEA mandates that the specified IEP team must meet at least once annually to create a new IEP for the child with a disability. The IEP team can meet more frequently than annually if necessary. Any IEP team member can ask to schedule an IEP meeting at any time for any reason.

To protect the rights of parents in the IEP process, IDEA determined procedural safeguards schools must follow. Procedural safeguards are intended to ensure parent participation during the IEP process (Yell et al., 2008). IDEA mandates that parents must be “meaningfully involved” in the creation of their child’s IEP (Yell et al., p. 46). Parents must be active and equally contributing members of the IEP team to fulfill the requirements of the law. The IEP developed by the IEP team must meet specific criteria that ensure “meaningful educational benefit” for the child (Yell et al., p. 46). The IEP team must use relevant assessment to determine the child’s eligibility for special education services, use the assessments to inform goals and services, and determine the evidence based practices from peer-reviewed research (Yell et al.). IDEA mandates that the three criteria are included in every IEP.

In the state of Tennessee, as of 2019, the first section of the IEP includes demographic information about the child such as age, race, address, parent information, and disability category. The next section created by the IEP team is the student’s strengths and parent concerns (Gartin & Murdick, 2005). After parents express their child’s concern, several special factors are considered. Factors include the child’s behavior, language needs, visual and hearing impairments, and assistive technology.

After demographic information, student's strengths, and special factors to consider, the rest of the IEP centers around the student's relevant assessment (Yell et al., 2008).

The sections that center around the student's relevant assessments are the present levels of performance, goals, progress monitoring, and special education services and related services provided (Yell et al., 2008; Gartin & Murdick, 2005). The present levels of performance identifies where a student is currently functioning in various academic and behavioral areas. Each present level of performance must include how the child's disability adversely affects their access to general education curriculum, justifying the need for special education support. Knowing the student's present level of performance creates a starting place for their individualized goals (Gartin & Murdick).

A student's present level of performance is directly related to the next section, goals and objectives (Gartin & Murdick, 2005). The student's present levels of performance is needed to determine what goals need to be set and should be directly related to each goal (Yell et al., 2008). Before the reauthorization of IDEA, each student was required to have short-term objectives under each goal. With the intentions to decrease paperwork, short term objectives are only necessary if the students do not participate in state wide testing (Gartin & Murdick). The students' annual goals must align with each of their present levels of performance (Yell et al.). The Individuals with Disabilities Education Act (2004) specified that the goals must, "meet the child's needs that result from the child's disability to enable the child to be involved in and make progress in the general education curriculum" (20 U.S.C 614 (d)(1)(A)(i)(II)).

For each goal included, IDEA mandates that the goals are written so that the student's growth towards that goal can be measured. Each goal included in the IEP must

include a way to monitor progress towards that goal (Gartin & Murdick, 2005; Yell et al., 2008). After progress monitoring is determined and included in the IEP, the next sections of the IEP include the students general education involvement, what accommodations and modifications the student will receive, if the student will receive accommodations on state assessments, and transition services if the student is age 16 or older (Gartin & Murdick; Yell et al.).

The last thing considered by the IEP team is the amount of time and setting for the special education and related services provided to the student (Gartin & Murdick, 2005; Yell et al., 2008). Related services include services such as speech therapy, occupational therapy, and physical therapy. IDEA mandates that the IEP team consider what environment would be least restrictive for the student. The services provided for the child are not determined by the child's disability, but decided by the IEP team based on the student's individual and unique needs (Yell et al.).

All special education, related services, accommodations, and modifications provided for the child must be derived from peer-reviewed research and shown successful for other students with disabilities (Yell et al., 2008). The US Department of Education provides funding for several websites available for teachers to access evidence based practices. Websites include What Works Clearinghouse, National Technical Assistance Center on Positive Behavioral Interventions and Supports, National Center on Student Progress Monitoring, National Dissemination Center for Children with Disabilities, and Promising Practices Network (Yell et al.).

Parent Experiences with the IEP Process

Parents have the unique role of being the only non-school professional on the IEP team. Active parent involvement on the IEP team is for the benefit of the child and related to outcomes (LaBarbera, 2017; Morgan, 1982). When parents had a positive relationship with the IEP team, the child benefited because the IEP team collaborated successfully to create the best possible IEP for the child (Fish, 2008). While the results from the Tennessee Department of Education show that 91% of parents of children with disabilities identified involvement in their child's education, some parents still expressed dissatisfaction with their role in the IEP process (Fish). Parents identified barriers that hinder collaboration, aspects that positively influenced their relationship with school professionals, and suggested how to improve the IEP process (Fish) (see Table 3).

Table 3

Barriers to Collaboration from Literature Expressed by Parents

Barrier	Reference
Not being treated as an equal partner	Fish, 2006
Lack of knowledge about legal rights	FitzGerald & Watkins, 2006; Wakelin, 2008;
Lack of knowledge about the education	MacLoed et al. 2017; Wakelin, 2008
IEP meetings are an emotional event	MacLeod et al., 2017; Zeitlin & Curcic, 2014
Fear of disagreeing with school professionals	Wakelin, 2008
IEP meeting time and scheduling conflicts	Williams-Diehm, Brandes, Chesnut, & Haring, 2014
Lack of school professional knowledge	LaBarbera, 2017
Lack of school professional communication	LaBarbera, 2017

The first barrier to collaboration expressed by parents is that they did not feel like they were treated as an equal partner and their voice was not valued on the IEP team. Qualitative interviews from parents of children with Autism expressed they did not

always agree with what schools considered to be best for their child (Fish, 2006). Parents felt mistreated by some school professionals on the IEP team. One parent said not being treated as an equal partner caused an adversarial relationship which was “a lose or lose” (Fish, p. 64).

Parent’s feeling as if they were not treated as equal partners was amplified by not knowing their rights as an IEP team member (Wakelin, 2008). If parents experienced the barrier of not knowing their legal rights as an equal partner, they will not know how to proceed to reach a compromise. IDEA mandates that parents must receive a written copy of their procedural safeguards in their native language. Parents who want to know their rights can read the procedural safeguards provided to them in their native language by school professionals. Giving a parent a written copy of their rights assumes parents are able to read the procedural safeguards. The recommended reading level for the average American adult was a seventh or eighth grade reading level (FitzGerald & Watkins, 2006). The National Research Council reported that the majority of American adults struggle to accomplish everyday tasks that require reading. Almost every state presented parents with procedural safeguards that were substantially higher than the seventh or eighth grade reading level (Mandic, Rudd, Hehir, Acevedo-Garcia, 2012; FitzGerald & Watkins). As of 2010, more than 50 percent of state’s procedural safeguards for parents of children with disabilities are written at or above the college reading level. Forty percent of state’s procedural safeguard are written at the graduate or professional degree level (Mandic et al.). Therefore, parents who desire to know more about their rights as equal partners in their child’s education were unable to learn from the procedural safeguards that are intended to inform them of their rights.

Parents who do know their rights found themselves limited by the third barrier, lack of educational knowledge (Wakelin, 2008). Similarly to parent lack of knowledge of their rights, parents lacked the educational knowledge to make suggestions during IEP meetings. Therefore, school professionals tended to have a more active role during IEP meetings because they were familiar with the educational options available to the child. Many parents expressed the difficulty understanding the educational jargon school professionals used in IEP meetings (MacLeod et al., 2017). Parents were unable to contribute because they lacked the educational vocabulary to contribute to the school professionals' conversation. Additionally, if all the school professionals agreed and the parent disagreed, they were outnumbered likely to give in to what the school wants (Wakelin). With parents lack of educational knowledge compared to school professionals, they felt intimidated or anxious about speaking up against what the school suggested (Wakelin).

In addition to parents' lack of knowledge of their legal rights and education, parents' expressed IEP meetings were an emotional event (MacLeod et al., 2017; Zeitlin & Curcic, 2014). Parents mentioned that they felt nervous to sit in a room of school professionals who were discussing their child's deficits. Parents felt defensive and used the words "'frustrated', 'dissatisfied', 'overwhelmed', 'sad', and 'dejected'" to describe the experience with school professionals in IEP meetings (Zeitlin & Curcic, p. 379). Parents desired that school professionals acknowledge the vulnerability they feel when they attend IEP meetings (MacLeod et al.). Parents also felt that professionals believed the child's behavioral difficulties were the parents' fault (Fish, 2006). Parents were nervous about school professionals blaming them for their child's difficulties in school.

Emotional feelings for parents associated with IEP meetings created a barrier that limited trust and collaboration.

Parents shared they feared disagreeing with the school in IEP meetings because it would ruin the relationship with school professionals causing a barrier to their collaboration (Wakelin, 2008). Disagreeing with the school professionals could cause a strained relationship and could cause future problems in their collaboration. Parents worried if they disagreed with the school professionals during an IEP meeting that the school professionals will take it out on their children. To keep a positive relationship with the school, parents gave in to the suggestions of school professionals.

Parents and school professionals found it difficult to schedule a time that worked for each person on the IEP team. When a meeting was scheduled, parents shared the IEP team did not have enough time to effectively collaborate together. Scheduling and time conflicts was a physical barrier to the parents' collaboration with the school (Williams-Diehm, Brandes, Chesnut & Haring, 2014).

Although parent knowledge of their rights and the educational system was a barrier to collaboration, the next barrier was that parents felt that school professionals lacked knowledge about their child's disability (LaBarbera, 2017). Parents said that school professionals did not have the proper training to teach their child with a disability. Parents suggested the school professionals were ill-equipped to work with their children, specifically children with autism (LaBarbera).

The last barrier to collaboration reported by parents was lack of teacher communication (LaBarbera, 2017). Parents felt that teachers did not communicate regularly with what was happening with their child at school. Parents wanted consistent

updates from special education teachers that included both positive and negative news about how their child was doing academically and behaviorally. Parents described teacher's communication with them as "inconsistent or delayed" (LaBarbera, p. 46). Consistent communication between school professionals and parents will lead to mutual trust and increased collaboration.

Minority parents of children with disabilities experienced all of these barriers in an amplified way (Wakelin, 2008). The National Longitudinal Transition Study-2 (2003) and the Special Education Elementary Longitudinal Study (2006) found that, minority parents had a gap between how much they would like to participate in their child's education and how much they were actually able to participate in their child's education (Mandic et al., 2012). Minority parents were more likely to feel intimidated by the IEP process causing them to withhold their opinion when they disagree with school professionals (Wakelin). Wealthy, white parents were more likely to access additional appropriate supports for their child with a disability and seek outside understanding to gain knowledge of the special education process through organizations and support groups for parents of children with disabilities (Lalvani, 2012; Wakelin). Not only were minority parents less likely to exercise their right as an equal partner, but minority children were overrepresented in special education (Wakelin). Because the majority of children in special education were in minority people groups, the majority of parents of children in special education were unaware of their rights or less likely to exercise them in collaboration with school professionals.

Similarly to minority parents, the barriers were intensified to low income parents (Lalvani, 2012). Parents with low socioeconomic status had less understanding of special

education law and the special education system than parents with high socioeconomic status. Children of parents with low socioeconomic were more likely to end up in self-contained classroom because their parents did not know the alternative settings and services they could request for their child. Parents with higher socioeconomic status were more likely to seek out outside resources to learn about their rights and special education. Parents with low socioeconomic status expressed more difficulty understanding educational jargon and a lack of resources to educate themselves with outside information (Lalvani).

Several factors influenced a positive relationship between school professionals and parents on the IEP team (Fish, 2006). The first factor that influenced positive collaboration between parents and school professionals was the school professionals' attitude towards students (Fish; LaBarbera, 2017). As time went on, school professionals gained empathy for students. Teacher empathy toward students was appreciated by parents and strengthened the relationship (Fish). Parents identified that they were more likely to collaborate with the school with teachers were warm and welcoming to their child (LaBarbera). The second factor to positive collaboration was when school professionals valued the parents' perspective (Fish; LaBarbera). Parents shared that when school professionals listened to parents, the IEP meeting had a more positive tone (Fish). Parents felt that when school professionals tried to understand their perspective and opinion, parents felt more comfortable sharing their thoughts with the IEP team. The third factor that enhanced collaboration between the school professionals and parents was parent knowledge of the IEP process. Parent knowledge of the IEP process and their rights increased their advocacy and ability to participate in the meeting (Fish).

To improve the IEP process, parents suggested first to decrease required paperwork (Fish, 2006). The amount of paperwork for school professionals made them less likely to have an IEP meeting to make necessary changes to the student's IEP. Next, parents recommended a less formal meeting. The rigidity of the meeting prevented parents from collaborating. A less formal meeting would make parents feel more like equal partners working together with school professionals (Fish). For parents to contribute as equal partners, they voiced the need for more knowledge of special education law. More knowledge of the IEP process was suggested as both the responsibility of the parent and the school. One parent said, "It is all about educating yourself too" (Fish, p. 64). Parents' knowledge increased the quality of the collaboration and therefore the quality of the child's IEP (Fish).

IDEA is primarily enforced by parents' advocacy (Wakelin, 2008). "In its comprehensive evaluation of IDEA enforcement, the National Council for Disability found that due to twenty-five years of federal non-enforcement, parental advocacy is the main enforcement mechanism of the IDEA" (Wakelin, p. 273). Parents who knew their rights kept school professionals accountable to follow procedures mandated by IDEA. The behavior and actions of school professionals also changed with the addition of an advocate in IEP meetings. When parents brought an advocate to an IEP meeting, school professionals were more likely to closely follow legal procedures and mandates for the IEP process determined by IDEA (Fish, 2006). Therefore, it is important that parents know their rights, or bring an advocate to the meeting, to enforce IDEA mandates. To ensure that parents have the knowledge and resources to enact their right as an equal partner on the IEP team Wakelin suggested that every parent be provided a legal advocate

who attends IEP meetings with them. Having a designated legal advocate will ensure both minority and majority parents alike have someone who can help them understand their rights and collaborate effectively on the IEP team.

Special Education Teacher Experiences with the IEP Process

Parents and special education teachers are equal partners on the IEP team as mandated by IDEA (Fish, 2008). Parents and special education teachers both thought collaboration with one another was important and benefited the child (LaBarbera, 2017). When parents and special education teachers rated their satisfaction with special education teacher's educational practice, special education teachers were more satisfied with their own educational performance. Parents reported lower scores for the special education teachers' educational performance. Special education teachers also thought they helped families understand information about their child's disability, gave families helpful strategies to use at home, initiated partnership with parents, believed they included parents as equal partners, and validated parent opinions more than parents thought that teachers did (LaBarbera). In general, special education teachers were highly satisfied with their ability to collaborate with parents. However, parents reported lower levels for the special education teachers' ability to collaborate.

Just like parents, special education teachers identified barriers to collaboration with parents. The first barrier expressed by special education teachers was lack of time (LaBarbera, 2017). With the demands of a special education teachers' job, time was limited for collaboration. The second barrier expressed by special education teachers was lack of caregiver knowledge (LaBarbera). Special education teachers mentioned that parents did not have enough knowledge about education to collaborate with them

effectively. The last barrier mentioned by special education teachers was that parents did not implement what their child learned at school at home (LaBarbera). Special education teachers perceived this as parents not wanting to be involved in their child's education (see Table 4).

Table 4

Barriers to Collaboration and Suggestions for Improvement from Literature Expressed by Special Education Teachers

Barriers	Suggestions
Lack of teacher time (LaBarbera, 2017)	Contact parents before the formal invitation (Goldstein, 1993)
Lack of caregiver knowledge (LaBarbera)	Walk parents into the meeting (Dabkowski, 2004).
Parents did not implement strategies learned at school at home (LaBarbera).	Consider the culture of the parent (Dabskowski)
	Explain education jargon (Dabskowski)
	Frequent meetings and consistent communication (Fayed, 2011; LaBarbera, 2017)
	Mutual trust (LaBarbera)
	Professional development (Fayed)

The school professionals on the IEP team are held responsible for complying to the legal mandates of IDEA. While there are specific things parents can do to participate in meetings, special education teachers and school professionals can make parents feel more comfortable with the environment of an IEP meeting. As of 2019, IDEA mandated that schools are required to send parents a formal invitation to the meeting least 10 days in advance. Goldstein (1993) suggested that schools can make parents feel more comfortable by contacting them about the meeting before sending the formal letter.

Goldstein also suggested walking parents into the meeting. Walking parents into the meeting will decrease the chances parents feel intimidated about being the only non-school professional in the meeting. Dabkowski (2004) encouraged school professionals to think about the culture and environments of their meetings. School professionals should consider the culture of the meeting and the culture of the parent. School professionals on the IEP team know the culture of the school and the language used in meetings. Even if the school professionals and parents speak English, parents on the IEP team are not exposed to the same school culture and may be unfamiliar with educational jargon used in the meeting. Dabkowski encouraged school professionals to reflect on IEP meetings on an individual and team level to encourage a positive meeting culture with active parent participation.

Along with things special education teachers can do to create a welcoming environment for parents in IEP meetings, special education teachers also identified factors that assisted in positive collaboration with parents. The first factor expressed by special education teachers was the need to have regular meetings and open lines of communication to effectively collaborate (Fayed, 2011; LaBarbera, 2017). Special education teachers shared that it is important that they make themselves available to parents. Special education teachers reported that they can make themselves available to parents through parent-teacher conferences (LaBarbera). It was specifically important for special education teachers to meet regularly with parents of children who are “falling through the cracks” (LaBarbera, p. 45). The second factor that increased collaboration between special education teachers and parents was trust. Without trust, parents and special education teachers cannot effectively work together as equal partners. The third

factor that increased collaboration between parents and special education teachers was professional development opportunities provided by the school or district for special education teachers (Fayed). Professional development gave special education teacher strategies for enhanced collaboration with parents.

Collaborating with parents was one of the many responsibilities of a special education teacher. The expectations of a special education teacher have changed as special education law has changed. The special education teacher is responsible for facilitating the IEP meeting, completing the necessary paperwork, delivering special education services, monitoring student progress towards IEP goals, and communicating with parents. As the regulations that surround IEP's have changed, it has changed the requirements special education teachers must fulfill (Vannest & Hagan-Burke, 2016). Not only have the legal requirements of a special education teacher changed over time, the daily tasks have changed as well. The daily responsibilities of a special education teacher require more than just instruction. The changing role of a special education teacher overtime with the law and the day-to-day responsibilities created "a moving target of role expectations [that] leaves special educators with an identity crisis" (Vannest & Hagan-Burke, p. 126). Brunsting, Sreckovic, and Lane (2014) described this as special education role conflict and role ambiguity. Special education teachers experienced role conflict when they cannot accomplish all the conflicting demands of their daily job requirements. Garwood, Werts, Varghese, and Gosey, (2018) also found that special education teachers experienced role ambiguity when they felt that the expectations of their job were not clearly outlined (Garwood et al., 2018).

The role conflict and role ambiguity was explored by looking at how special education teacher spent their day (see Figure 1). According to direct observation of 36 special education teachers, 23% of special education teachers' day was devoted to paperwork, consultation and collaboration, and IEP meetings. Therefore, about one fourth of a special education teacher's day was spent fulfilling administrative duties mandated by IDEA and away from students. The researchers also identified that less than half of a special education teachers' day was dedicated to instruction (Vannest & Hagan-Burke, 2016). As illustrated in Figure 1, Vannest & Hagan reported that 15% of time of a special education teachers' day was used for academic instruction, 21.1% was used for instructional support such as lesson planning, and 4.4% was used for nonacademic instruction. Instructional time was not exceptionally higher than any other of the special education teachers' responsibilities. The remaining time of the special education teachers' day was used for personal time (9.4%), other responsibilities (7.9%), supervision (7.2%), discipline (7%), and planning (4.5%) (Vannest & Hagan-Burke).

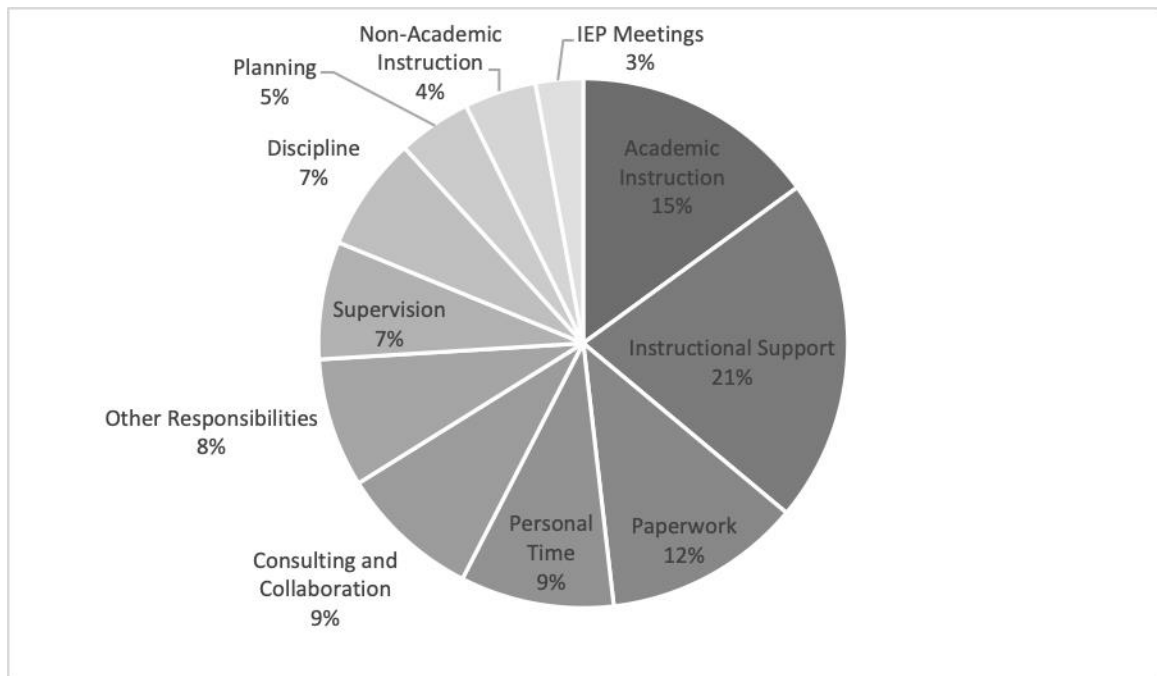


Figure 1. Percent of time spent in daily responsibilities of a special education teacher.

Role conflict and ambiguity contributed to special education teachers leaving the field (Garwood et al., 2018). Special education teacher burnout was a *crisis* in the 1990's (Garwood et al.; Wisniewski & Gargiulo, 1997). Many researchers explored the reason for the high levels of special education teacher burnout and attrition (Vannest & Hagen-Burke, 2016). Causes of special education teacher burnout included role conflict, role ambiguity, emotional and physical exhaustion, lack of accomplishment, managing difficult student behavior, and lack of support from other school personnel (Garwood et al.). When special education teachers experienced high levels of stress, their quality of teaching decreased (Cancio et al., 2018). Special education teacher stress led to poor teaching practices and burnout (Cancio et al.).

Teachers who were more susceptible to burnout were younger teachers who had less experience (Stempien & Loeb, 2002). Young special education teachers are twice as likely to leave the field as older, more experienced special education teachers (Singer,

1992). Young special education teacher's lack training increased their stress at work. The difficulty of the everyday challenges seemed more challenging to younger special education teachers (Stempien & Loeb). Although parents identified that collaboration increased when special educators seemed warm and welcoming towards students, special education teachers were more likely to burn out if they had high levels of compassion and empathy towards their students (Krop, 2013; LaBarbera, 2017; Sharp Donahoo, Siegrist, Garrett-Wright, 2018; Stanley, 2011). Compassion and empathy pushed teachers to emotional exhaustion that led to burnout. Predictors for special education teachers leaving the school or profession of special education included the special education teachers perceived level of stress, the culture and climate of the school, and certification status (Miller, Brownell, & Smith, 1999).

Billingsley (2004) reviewed the existing literature on special education teacher burnout. Special education teachers were more likely to stay in their roles if they were certified teachers, had more experienced, were the primary breadwinner for their families, had higher salaries, worked in a positive school climate, worked for supportive administrators and colleagues, and had clearly defined roles. Conversely, special education teachers were more likely to leave the field of special education if they were not certified teachers, young, had lower salaries, worked in a negative school climate, did not feel supported by administrators and colleagues, and did not have clearly defined roles. In addition, Billingsley's review of the literature identified that 68% of special education teachers reported that they did not have a manageable workload. Paperwork contributed to a stressful workload for teachers. High amounts of paperwork were significantly related to special education teacher attrition and stress (Billingsley).

Special education teacher stress was directly related to the quality of their teaching and likelihood of burnout (Canico et al., 2018). Understanding the perceptions of special education teachers, the responsibilities of their job, the conflicting requirements, how special education teachers spend their day, and which special education teachers are most vulnerable to burnout can provide administrators, parents, school districts, and policy makers understanding for how they can reduce special education teacher stress and increase their ability to collaborate with parents. Suggestions for administrators to decrease teacher stress included providing professional development on coping strategies (Miller et al., 1999; Stempien & Loeb, 2002), facilitating a shared vision between general education and special education teachers (Garwood et al., 2018; Miller et al.; Stempien & Loeb), hiring certified teachers with experience (Miller et al.), and clarifying the role conflict of a special education teacher (Garwood et al.; Stempien & Loeb). Research findings determined that special education teachers can also reduce their likelihood of burnout by practicing mindfulness and prayer (Sharp Donahoo et al., 2018), joining a professional organization such as the Council of Exceptional Children (Canico et al.), and discussing their job expectations with administration (Garwood et al.). As policy continues to change, policy makers and school districts should consider how new policy impacts the role of special education teachers. The more paperwork and legal mandates required, the less time special education teachers are spending on instruction with students, the more stress special education teachers will experience, and the more likely special education teachers will be to burn out and leave the field.

Parent Training and Information Centers

IDEA allocated funds for each state to have a Parent Training and Information Center (PTIC). The US Department of Education has funded PTICs for 50 years (Rossetti & Burke, 2019). The goal of PTICs is to provide parents of children of disabilities resources to feel empowered and knowledgeable enough about the special education process to fully engage in their child's education (Rossetti & Burke). An employee of a PTIC whose job was to educate Spanish speaking Latino families about the special education process said, "We're the bridge, not the destination. We're giving shoulder-to-shoulder peer support to help our families get to the next phase of their lives" (Rossetti & Burke, p. 220). PTICs want to give parents the knowledge and resources to collaborate effectively with school professionals. PTICs offer a variety of resources to parents including workshops, support groups, and individual consultations. PTICs specifically seek to empower culturally and linguistically diverse families (Rossetti & Burke).

PTIs are available in every state. Parents who live closer to a PTIC were more likely to use it as a resource (Cooc & Bui, 2017). Information reported from a PTIC in Massachusetts identified that one fourth of parents who called a PTIC reported Autism as the category of their child's disability. Cooc & Bui suggested this was caused by the need of increased social skills services and information for children with autism such as applied behavior analysis. Seventy percent of parents who contacted a PTIC in Massachusetts only called one time indicating they had a specific question to discuss with PTIC staff. Parents with lower socioeconomic status were less likely to call a PTIC for information than parents with high socioeconomic status. One third of parents who contacted a PTIC in Massachusetts asked questions concerning IEPs (Cooc & Bui).

There is limited research evaluating the effectiveness of PTIC on parents. Collier, Keefe, and Hirrel (2015) conducted a study to determine the effects of a program geared toward special education teachers called Families as Faculty implemented by a PTIC. Special education teachers in a teacher preparation program were trained on Families as Faculty. The goal of Families as Faculty was to increase parent collaboration with school professionals. The Families as Faculty program included instruction from parents, home visits, and family stories. After participating in the Families as Faculty program, special education teachers reported an increase understanding of the parent and school dynamic. Special education teachers also identified higher levels of confidence in their ability to initiate parent participation, increased trust in their relationship with parents, and better listening skills (Collier et al.).

Support and Training for Exceptional Parents (STEP) is the IDEA funded PTI for the state of Tennessee. STEP provides many resources: workshops, one on one assistance, and multimedia training. All resources provided by STEP are available to parents in both Spanish and English to reach culturally diverse parents.

STEP workshops for parents include Special Education and Basic Rights, IEP Planning and Instructionally Appropriate IEPs, Inclusion and the Least Restrictive Environment, Communication, Negotiation, and Conflict Resolution, Evaluation and Assessment, Transition and Early Childhood, Transition to Adulthood, 504 Plans, Response to Intervention, Transition Institute, Literacy for All, and the Tennessee Parent Multicultural Leadership Conference. STEP also provides electronic resources for parents on youtube.com. Parents can access STEP's online videos if they are unable to attend a workshop. The online videos include content from the following workshops; Special

Education and Basic Rights, Instructionally Appropriate IEPs, The IEP Team Process, and Transition Series (tnstep.org). By providing many resources, STEP's goal is to empower parents and enhance the collaboration between parents and school professionals.

Conclusion

Millions of students receive special education services in the United States (National Center for Education Statistics). Fifty years ago, students with disabilities did not have the same access to education as they do in 2019. Special education law has changed considerably over the years to protect the education of children with disabilities and their parents (Yell et al. 2008). Because special education law continues to change, it is necessary that parents and special education teachers stay up to date on how they fulfill their role in the child's education. Both the parent and school professionals are considered equal contributing members on the IEP team (Fish, 2008; Gartin & Murdick, 2005). However, parents and special education teachers expressed barriers that limited their collaboration. Both parents and special education teachers shared that lack of parent knowledge was a major limitation to their collaboration with one another. To be empowered as a contributing member of the IEP team, parents need knowledge of their rights and the logistics of the IEP process. To fulfill the mandate that parents are equal partners, IDEA funds PTIs. PTIs provide resources to parents to empower them to effectively collaborate with school professionals (Rossetti & Burke, 2019).

Summary

The review of the literature on the prevalence of special education, the history of special education, the IEP process, parent and special education experiences with the IEP

process provide the foundation for a study on the effects of PTIs. PTIs provide a solution to the barrier of lack of knowledge parents expressed and the stress on teachers to educate parents on special education and the IEP process. PTIs seek to educate, equip, and empower parents with current knowledge of the IEP process so they can participate as equal partners with school professionals in their child's education. Parents and schools effectively working together fulfills the mandates required by IDEA. The current study will determine the effect that STEP workshops, the PTI for the state of Tennessee, have on parent empowerment.

CHAPTER III

METHODOLOGY

Introduction

The Individuals with Disabilities Education Act (IDEA) (2004) protects the rights of the child with a disability and their parent. Students with disabilities made up 13.3% of (6,050,725) of students enrolled in public schools in 2017 (National Center for Education Statistics). Similarly to the national statistics, 13% (116,481) of students enrolled in public schools in the state of Tennessee in 2017 had a diagnosed disability and received special education services (National Center for Education Statistics).

The first law passed to protect the rights of a person with a disability was Section 504 of the Rehabilitation Act in 1974 (Yell et al., 1998). Since then, the laws have been reauthorized multiple times to protect the child and the parent. The most recent law, as of 2020, protecting children with disabilities and their parents is the Individuals with Disabilities Education Act (2004). According to IDEA, parents are equal partners in their child's education. Parents work with school professionals on the Individual Education Program (IEP) team. The IEP team works together to collaborate on an IEP for the student with a disability (Gartin & Murdick, 2005).

Parents are equal partners and they are the only non-school professional on the IEP team. Due to parents' unique role of being the only non-school professional on the IEP team, they experienced barriers to collaboration. Some of the barriers included lack

of knowledge about education and their legal rights (Fitzgerald & Watkins, 2006; MacLeod et al., 2017; Wakelin, 2008).

Parents are not the only members of the IEP team who experienced barriers to collaboration. Just as parents experience barriers to collaboration, special education teachers also experienced barriers their own barriers with the IEP team. Barriers included lack of teacher time and lack of caregiver knowledge (LaBarbera, 2017).

To bridge the gap between parents and school professionals, the US Department of Education funded PTICs to empower parents of children with disabilities and enhance their empowerment and collaboration with the school (Rossetti & Burke, 2019). PTICs offer a variety of resources to support families of children with disabilities. The PTIC for the State of Tennessee is called Support and Training for Exceptional Parents (STEP).

The current study worked with STEP to understand the empowerment of parents of children with disabilities who did and who did not attend STEP workshops. The following chapter will explain the research design, participants, data collection procedures, data analysis, and limitations.

Research Design

The current study compared two independent groups of parents of children who receive special education services through the public school system. The control group indicated they have not attended any special education workshops provided by STEP. The experimental group indicated they had attended special education workshops provided by STEP.

Quantitative data from the control group and the experimental group were used to answer research questions one through five. Research questions one through four asked

about the four subscales of parent empowerment; systems advocacy, knowledge, competence, and self-efficacy. Research question five asked about overall parent empowerment, which consisted of the sum of the four subscales.

Research Question 1

To what extent is there a difference in parent systems advocacy, a subscale of overall empowerment, between parents who have attended STEP workshops and parents who have not attended STEP workshops? Research question one was answered using the systems advocacy subscale. The systems advocacy subscale consisted of Likert statements one through nine of the Family Empowerment Scale (FES). The predictor variable was attending a STEP workshop and the outcome variable was parent systems advocacy.

Research Question 2

To what extent is there a difference in parent knowledge of special education services, a subscale of overall empowerment, between parents who have attended STEP workshops and parents who have not attended STEP workshops? Research question two was answered using the knowledge subscale of the FES. The knowledge subscale consisted of Likert statements 10 through 19 of the FES. The predictor variable was attending a STEP workshop and the outcome variable was parent knowledge of special education services.

Research Question 3

To what extent is there a difference in parent competence, a subscale of overall empowerment, between parents who have attended STEP workshops and parents who have not attended STEP workshops? Research question three was answered using the

competence subscale. The competence subscale consisted of Likert statements 20 through 27 of the FES. The predictor variable was attending a STEP workshop and the outcome variable was parent competence.

Research Question 4

To what extent is there a difference in parent self-efficacy, a subscale of overall empowerment, between parents who have attended STEP workshops and parents who have not attended STEP workshops? Research question four was answered using the self-efficacy subscale from the FES. The self-efficacy subscale consisted of Likert statements 28 through 33. The predictor variable was attending a STEP workshop and the outcome variable was parent self-efficacy.

Research Question 5

To what extent is there a difference in overall parent empowerment between parents who have attended STEP workshops and parents who have not attended STEP workshops? Research question five was answered using the average of each of the four subscales. The average of the 33 statements of parent systems advocacy, knowledge of special education services, competence, and self-efficacy equal the overall level of parent empowerment. The predictor variable was attending a STEP workshop and the outcome variable was overall level of parent empowerment.

Research Question 6

What can parents and school professionals do to improve the effectiveness and outcomes of IEP meetings? Unlike research questions one through five that were answered using quantitative data, research question six was answered using qualitative data. Research question six was answered using qualitative data from both the control and

experimental groups. Parents in both groups were asked the same three open ended questions at the end of the survey. Parents' responses were coded for themes to answer research question 6.

Participants

Participants in the current study include parents of a child with a disability who is eligible for special education services as determined by IDEA. Fifty five people filled out the electronic survey and two people filled out a hard copy of the survey. Five people who filled out the survey identified that they are not the parent of a child with a disability and were excluded from the study.

Parents identified demographic information on the survey that included workshops attended if any, child's disability category, child's age, child's primary academic setting, number of IEP meetings attended, family income, race, and source of special education knowledge (see Table 5).

Table 5

Demographic Information for Participants

	Control Group <i>N</i> =21 (37%)	Experiential Group <i>N</i> =36 (63%)
Attended workshops	0 (0%)	36 (100%)
Watched youtube.com videos	7 (33%)	11 (31%)
Primary Disability		
Autism	10 (48%)	13 (36%)
Deaf-Blindness	0 (0%)	4 (11%)
Developmental Delay	10 (48%)	12 (33%)
Emotional Disturbance	2 (10%)	0 (0%)
Hearing Impairment	0 (0%)	4 (11%)
Intellectual Disability	5 (24%)	10 (28%)
Multiple Disabilities	6 (29%)	8 (22%)
Orthopedic Impairment	3 (14%)	5 (14%)
Other Health Impairment	5 (24%)	7 (19%)
Specific Learning Disability	3 (14%)	9 (25%)
Speech or Language Impairment	9 (43%)	12 (33%)
Traumatic Brain Injury	3 (14%)	1 (3%)
Visual Impairment	3 (14%)	3 (8%)
Grade level		
Early childhood	3 (14%)	7 (19%)
Elementary	10 (48%)	10 (28%)
Middle School	3 (14%)	9 (25%)
High School	5 (24%)	10 (28%)
Majority of academic day		
General education	12 (57%)	18 (50%)
Resource classroom	1 (5%)	5 (14%)
Self-contained classroom	7 (33%)	9 (25%)
Separate school	1 (5%)	2 (6%)
Residential facility	0 (0%)	0 (0%)
Homebound/hospital	0 (0%)	2 (6%)
Income	<i>M</i> = \$75,692.61	<i>M</i> = \$73,000
Race		
White, Non-Hispanic	15 (71%)	27 (75%)
Black, Non-Hispanic	1 (5%)	5 (14%)
Hispanic	1 (5%)	1 (3%)
Asian or Pacific Islander	1 (5%)	2 (6%)
American Indian or Alaskan Native	0 (0%)	0 (0%)
IEP meetings attended	<i>M</i> = 9.8	<i>M</i> = 13.53
Special education knowledge		
School personnel	2 (10%)	1 (3%)
Advocacy support groups	5 (24%)	17 (47%)
Friends/family	2 (10%)	1 (3%)
Educating yourself	11 (52%)	15 (42%)
All of the above	2 (10%)	2 (6%)

Note. Some participants selected more than one disability for their child. All participant responses for disability category are included in the table.

The Control group consisted of parents of a child with a disability who identified they have not attended any of STEP's workshops ($n=21$). Eighteen of the parents in the control group filled out the survey via Google Form. Two participants in the control group filled out the survey in person before attending a STEP workshop. Thirty three percent of parents identified they have watched one of STEP's youtube.com videos. STEP youtube.com videos included an abbreviated, non-interactive version of the workshops.

On the survey parents were asked "Your child receives special education services based upon which of the following disability categories?" in section two of the survey (see Table 5). Fifteen of the 13 parents indicated their child received services for more than one disability category. The most commonly selected disabilities categories were Autism ($n=10$), Developmental Delay ($n=10$), and Speech or Language Impairment ($n=9$). None of the participants in the control group had a child with Deaf-Blindness or a Hearing Impairment.

Parents identified the grade level of their child and where their child spends the majority of their academic day. Fourteen percent ($n=3$) of parents had a child in Early Childhood, 48% ($n=10$) had a child in Elementary School, 14% ($n=3$) had a child in Middle School, and 24% ($n=5$) had a child in High School. The majority of parents' children in the control group spent their day in the general education setting ($n=12$).

The mean income for the control group was \$75,692.61. Seventy one percent ($n=15$) were white, 4.8% ($n=1$) were Black, 4.8% ($n=1$) were Hispanic, and 4.8% ($n=1$) were Asian or Pacific Islander. On average, parents in the control group have attended

9.8 IEP meetings. The majority of parents in the control group reported that educating yourself was their primary source of special education knowledge ($n=11$).

Experimental Group

Parents were asked to identify at the beginning of section two of the survey if they have or have not attended one of STEP's workshops. Parents who have attended one of STEP's workshops were in the experimental group. The experimental group consisted of 36 parents of a child with a disability. Thirty one percent ($n=11$) of parents in the experimental group had watched one of STEP's workshops on youtube.com.

Parents were asked to identify which disability category their child received special education services for. Some parents identified more than one disability. Similarly to the control group, the majority of parents identified their child received special education services for Autism ($n=13$), Developmental Delay ($n=12$), and Speech or Language Impairment ($n=12$).

Parents in the experimental group identified their child's grade level. Nineteen percent ($n=7$) of parents had a child who was in early childhood, 28% ($n=10$) had a child who was in elementary school, 25% ($n=9$) had a child who was in middle school, and 28% ($n=10$) had a child who was in high school. Comparably to the control group, 50% ($n=18$) parents in the experimental group specified that their child spends the majority of the day in the general education setting.

The median income for the experimental group was slightly more than the control group ($M=\$73,000$). The majority of parents in the experimental group were white ($M=27$), 13.9% ($n=5$) of parents were black, 2.7% ($n=1$) parent was Hispanic, and 5.6% ($n=2$) were Asian or Pacific Islander.

The average amount of IEP meetings attended for the experimental group was 13.53. Parents in the experimental group on average attended more IEP meetings than parents in the control group ($M=9.8$). Parents in the experimental group obtained most of their knowledge of special education from advocacy support groups ($n=17$) and by educating themselves ($n=15$).

Data Collection

Two previously existing scales were used to collect data. The first scale was a qualitative scale called the Family Empowerment Scale (FES) created by Koren et al. (1992). The second data collection tool was the Fish (2008) survey.

Family Empowerment Scale

The FES is a reliable and valid data collection tool. Singh et al. (1995) did split-half estimate reliability to determine the reliability. The result of the split-half reliability was .93. Alpha coefficients were used for subscales 1-4 and they were .89, .89, .85, and .78. Congruence coefficients for each subscale fell between .89 and .98. Koren et al. (1992) used factory analysis, independent item ratings, and kappa coefficients to determine the validity. The kappa coefficient was .77.

Originally, the FES measured parents' expression and level of empowerment using a three by three grid. The vertical axis was parents' expression of empowerment along with the three categories attitudes, knowledge, and behaviors. The horizontal axis was parents' level of empowerment with the three subscales of family, service system, and community/political. The Family subscale consisted of a total of 34 Likert statements; the family subscale consisted of 12 Likert statements, the service system subscale consisted to 12 Likert statements, and the community/political subscale

consisted of 10 Likert statements. Parents responded to statements using a five point Likert scale that ranged from 1 “not true at all” to 5 “very true.” Koren et. al. gave the researcher permission to use and modify FES in English and Spanish (Appendix B).

Singh et al. (1995) conducted a psychometric analysis of the FES. Singh et al. found that the 34 Likert statements in the FES measure parent empowerment more appropriately when broken up into four subscales. The four subscales are system advocacy, knowledge, competence, and self-efficacy. The system advocacy subscale included nine Likert statements about parents interactions with those who provided services to their child. The second subscale, knowledge, provided 11 Likert statements that pertained to parents’ ability to collaborate and understand those who provided services to their child. The competence subscale included eight Likert statements about parents’ competence to parent a child with a disability. The fourth subscale, self-efficacy, included six Likert statements about parents confidence in accessing the special education systems that serve their child. The sum of the four subscales generate a score for overall parent empowerment. The current study will use the Likert statements from the FES created by Koren et al. (1992) divided among the four subscales determined by Singh et al.. Singh et al. granted the researcher permission to use and modify the FES (Appendix B).

A few modifications were made to the FES for the purpose of this study. First, Likert statement wording was modified to make the statements more specific and relevant to the study. Likert statements that included the word “services” was modified to “special education services”; “service systems” was modified to “special education service systems”; and “disorder” was changed to “disability.” The second modification was to

omit the Likert scale statement “I feel my family life is under control” from the knowledge subscale. The PTIC that distributed the survey, STEP, requested to delete this statement because it may bring parents discomfort as they complete the survey. Fish (2008) survey.

The second data collection tool was created by Fish (2008). The Fish survey consisted of both qualitative and quantitative survey questions. The Fish survey was pilot-tested for validity and the survey had a Chronbach’s alpha of .70. The Fish survey asked parents’ demographic information and questions about their special education experience to account for potential covariates. Potential covariates included the child’s age, disability category, number of IEP meetings attended, previous parent trainings, and experience with school professionals. To account for families with multiple children with diagnosed disabilities, the survey instructions told parents to answer the questions on the survey based on their oldest child with a disability.

The Fish (2008) survey consisted of six sections. The first section was demographic information, the second section was IEP meeting experience, the third section was knowledge of IEP process and special education law, the fourth section was relations with educators, the fifth section was IEP outcomes, and the sixth section was areas of improvement. The Fish survey collected information through multiple choice answers, Likert scale questions, and open ended responses.

Fish (2008) gave the researcher permission to use, print, and modify (Appendix C). Two modifications were made to the survey to make it more appropriate to the current study. First, the Fish survey was abbreviated to three sections; demographic information, IEP meetings, and areas of improvement. The second modification was in

the demographic section. The first question in the demographic section asks parents “Your child receives special education services based upon which of the following disability categories?” The researcher changed “mental retardation” to “intellectual disability.”

The PTIC for the state of Tennessee, STEP, agreed for the researcher to survey parents at their workshops. The researcher attended the Special Education and Basic Rights Workshop and gained the first two participants on August 20, 2019. To reach more participants, STEP additionally agreed to distribute the survey electronically.

The modified versions of the FES and Fish (2008) survey were entered into Google Forms. The researcher provided STEP with a link to the survey on Google Forms. STEP distributed the survey via email to parents of children with disabilities. Parents enrolled in STEP’s list serve received an email asking them to participate in the study. The email included information about the study, benefits, confidentiality, and researcher’s contact information (Appendix A). STEP emailed out the survey to parents on November 14, 2019, January 17, 2020, March 14, 2020, and March 31, 2020.

The Google Form document consisted of nine sections (see Table 6). Upon clicking on the link to participate in the study, parents were directed to section one which included an informed consent document. The informed consent document included the title, the nature and purpose of the project, explanation of procedures, discomfort and risks, benefits, confidentiality, and refusal/withdrawal. Parents signed informed consent by checking a box next to “I have read and agree with the above informed consent” and clicked next to continue. After signing informed consent, parents were directed to section two. Section two asked if they are the legal guardian of a child who receives special

education services from a public school. Parents who did not indicate they are a parent of a child who receives special education services from a public school were excluded from the study. Next, parents indicated if they have attended any STEP workshops and which ones. Parents who have attended STEP workshops were in the experimental group and parents who have not attended STEP workshops were in the control group. Parents were also asked if they have watched any of STEP's workshop videos posted on youtube.com and to identify which ones.

Table 6

Google Form Survey Sections

Survey Section	Number of Questions	Purpose
1. Informed Consent	1	Informed Consent
2. STEP Workshop Information	5	To determine control and experimental groups.
3. FES Advocacy Subscale	9	To answer research questions one and five
4. FES Knowledge Subscale	10	To answer research questions two and five
5. FES Competence Subscale	8	To answer research questions three and five
6. FES Self-Efficacy Subscale	6	To answer research questions four and five
7. Demographic Information	13	Demographics
8. IEP Meetings	12	To account for potential covariates
9. Improving IEP Meetings	3	To answer research question six

Sections three through six of the survey consisted of the four subscales of the FES. Section three included the nine Likert scale statements from the advocacy subscale of the FES. Section four included the 10 Likert scale statements from the knowledge subscale of the FES. Section five included the eight Likert scale statements from the competence subscale of the FES. Lastly, section six included the six Likert scale statements from the self-efficacy section of the FES.

The last three sections were derived from the Fish (2008) survey. Section seven asked parents demographic information, section eight asked parents questions about IEP meetings, and section nine asked parents open ended questions about how schools and parents can improve IEP meetings.

Analytical Methods

The researcher transferred data from Google Forms to Microsoft Excel. From Microsoft Excel, the researcher deleted the survey responses from people who indicated they are not the parent of a child with a disability who receives special education services.

Parents were divided into two groups based on if they indicated in survey section two if they had or had not attended any STEP workshops. The control group consisted of parents who indicated on the survey that they have not attended any workshops provided by STEP. The experimental group consisted of parents who indicated on the survey that they have attended one or more workshops provided by STEP. Quantitative research questions one through five were answered using the FES.

To answer research questions one through four, the researcher calculated the mean for each of the four subscales of the FES in Microsoft Excel. The means for each

subscale was transferred into SPSS. The means were coded with the grouping variable, if parents have or have not attended any STEP workshops. The researcher ran an independent *t*-test to identify if there was a difference between the advocacy, knowledge, competence, and self-efficacy of parents who have and who have not attended STEP workshops.

Similarly, to research questions one through four, the researcher answered research question five by calculating the mean of all four subscales combined in Microsoft Excel to determine parents' overall level of empowerment. The mean of parents' overall empowerment was transferred from Microsoft Excel to SPSS. The means were coded with the same grouping variable, if parents have or have not attended any STEP workshops. The researcher ran an independent *t*-test to identify if there was a difference in parents' overall level of empowerment between parents who have and who have not attended STEP workshops.

Research questions one through five were answered using quantitative data. Research question six was a qualitative research questions. The researcher coded the three open ended questions at the end of the Fish (2008) survey to answer research question six. The researcher coded for themes among parents' responses and reported the most frequently occurring themes.

Limitations

The first limitation of this study was how participants were recruited. Parents who received an email from STEP regarding participation in the study have already received STEP services or signed up to receive email updates. Parents who are aware of services provided by STEP may have a higher understanding of special education services and a

higher level of empowerment. Parents who signed up for emails may have a higher reading level and higher level of education than the average American adult. Parents who signed up for STEP emails also have access to a computer, technology, and resources to educate themselves about special education services.

A second limitation of the study was that participants were only recruited in the state of Tennessee. Special education regulations can vary depending on state. This sample was not representative of the entire United States.

The third limitation of the study was that parents needed internet access to complete the survey. The email sent to parents stated that they could receive a hard copy if they would like. However, parents need internet access to receive the email to request a hard copy of the survey.

A fourth limitation of the study was the wording for the first question in section seven, Demographic Information; “Your child receives special education services based upon which of the following disability categories.” Parents were able to select more than one disability category. Following the question it would have been helpful to have a statement that said, “Please only select a primary and secondary disability.” Although a student may be diagnosed with more than two disabilities, a student’s IEP includes a primary, and sometimes secondary, disability that qualified them for special education services.

A fifth limitation of the study was the timing of survey distribution. Parents received an email asking to participate in the study in November, January, March, and April of 2019 - 2020. Parents may have felt more or less empowered at different points in the school year depending on their experiences. When the survey was sent out in March

2020 it was during the coronavirus pandemic. During the coronavirus pandemic, schools were closed and everyone was required to stay at home unless they needed to get something essential. Parents' responses could have been influenced due to the fact that children were not in school and were required to stay home with their parents.

The last limitation of this study was that 33% ($n=6$) of parents in the control group watched STEP's youtube.com videos. STEP's Youtube videos consisted of similar content presented at the in person workshops. The Youtube videos offered condensed information in a non-interactive format. Watching STEP's youtube.com videos could have affected the levels of parent advocacy, knowledge, competence, self-efficacy, and overall empowerment.

Summary

The current study compared two independent groups, parents who have and who have not participated in STEP's workshops. Both groups consisted of parents of children with disabilities who are eligible for special education services. STEP emailed the survey out on the researchers behalf to parents of children with disabilities. Participants completed an online survey on Google Forms. On the survey, parents identified if they have or have not attended any of STEP's workshops.

Parents' response to attending workshops was the grouping variable. Parents who have not attended STEP workshops were in the control group, and parents who have attended STEP workshops were in the experimental group. The control group consisted of 18 parents and the experimental group consisted of 35 parents.

The current study sought to answer six research questions. Research questions one through five were answered using quantitative data from the FES. The researcher

performed an independent *t*-test using parents' responses to the FES to find the difference between groups. Research question six was answered using qualitative data. Both groups of parents were asked three open ended questions at the end of the survey. Both groups' responses to the open ended survey were coded for themes to answer research question six.

The primary limitation to this study was sampling. Parents who received an email from STEP with a link to participate in the study already had some sort of affiliation with STEP. Parents either receive their email updates or have received assistance from STEP in the past.

CHAPTER IV

FINDINGS AND CONCLUSIONS

Introduction

IDEA protects the rights of parents of children with disabilities as equal partners on the IEP team. Parents need to understand their rights as an equal partner, their role on the special education team, and the special education process. To equip and empower parents as equal partners, IDEA mandates that each state have a Parent Training and Information Center (PTIC). The PTIC for the state of Tennessee, Support and Training for Exceptional Parents (STEP), provides workshops to educate parents on the special education process.

Current literature suggested that there are barriers that exist between parents and the remaining IEP team that limit collaboration and parent empowerment. The primary barriers found in the literature are: parents not being treated as an equal partner on the IEP team, lack of parent knowledge about their rights, IEP meetings as an emotional event for parents, fear of disagreeing with the IEP team, and lack of communication.

The current study compared two independent groups. The control group consisted of parents of children with disabilities who had not attended a workshop provided by STEP. The experimental group consisted of parents of a child with a disability who had attended a workshop provided by STEP. Parents filled out a survey that asked 33 Likert-scale questions about their systems advocacy, knowledge, competence, and self-efficacy.

The second half of the survey consisted of demographic information, questions about their IEP meeting experiences, and open-ended questions about how to increase the effectiveness of IEP meetings.

Findings

The researcher conducted an independent samples *t*-test to answer research questions one through five. The results of the independent samples *t*-test determined the differences between the control group and the experimental group. The researcher coded participants' responses to two open-ended questions to answer research question six. Themes that emerged from parents' responses in the control group were compared to parents' responses in the experimental group. The findings of the current study aligned with the barriers found in the literature review.

Research Question One

To what extent is there a difference in parent systems advocacy, a subscale of overall empowerment, between parents who have attended STEP workshops and parents who have not attended STEP workshops? Research question one compared the systems advocacy between the control and experimental group. The results from the independent samples *t*-test suggested that there is not a statistically significant difference between the control group and the experimental group of parents' level of systems advocacy ($t(55)=-.193, p=.847$) (see Table 7).

Table 7

Parents' Levels of Advocacy, Knowledge, Competence, Self-Efficacy, and Empowerment

Variable	Control (n=21)		Experimental (n=36)		<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Advocacy	3.60	.78	3.64	.87	.193	.847
Knowledge	3.66	.74	4.03	.88	1.600	.117
Competence	4.27	.64	4.35	.58	.430	.669
Self-Efficacy	4.41	.46	4.41	.62	-.010	.992
Empowerment	3.99	.57	4.11	.62	.731	.459

Research Question Two

To what extent is there a difference in parent knowledge of special education services, a subscale of overall empowerment, between parents who have attended STEP workshops and parents who have not attended STEP workshops? Research question two compared the knowledge between the control group and the experimental group. SPSS indicated that equal variances were not assumed between groups for the results of the knowledge subscale. Unequal variances implied that the control group and the experimental group had different amounts of variability among responses. The researcher used the results provided by SPSS that accounted for the unequal variances between the control group and the experimental group. The results from the independent samples *t*-test informed the researcher there is not a statistically significant difference of parents' level of knowledge between the control group and the experimental group ($t(36.07)=1.60$, $p=.117$) (See Table 7).

Research Question Three

To what extent is there a difference in parent competence, a subscale of overall empowerment, between parents who have attended STEP workshops and parents who have not attended STEP workshops? Research question three compared the competence between the control group and the experimental group. The results from the independent samples *t*-test indicated there is not a statistically significant difference in parents' level of competence between the control group and the experimental group ($t(55)=-.43, p=.669$) (See Table 6).

Research Question Four

To what extent is there a difference in parent self-efficacy, a subscale of overall empowerment, between parents who have attended STEP workshops and parents who have not attended STEP workshops? Research question four compared the self-efficacy between the control group and the experimental group. The results from the independent samples *t*-test suggested there is not a statistically significant difference of parents' level of self-efficacy between the control group and the experimental group ($t(55)=-.010, p=.992$) (See Table 6).

Research Question Five

To what extent is there a difference in overall parent empowerment between parents who have attended STEP workshops and parents who have not attended STEP workshops? Research question five compared the overall empowerment between the control group and the experimental group. The results from the independent samples *t*-test indicated there is not a statistically significant difference of parents' level of overall

empowerment between parents in the control group and the experimental group ($t(55)=-.731, p=.468$) (See Table 6).

Research Question Six

What can parents and school professionals do to improve the effectiveness and outcomes of IEP meetings? To answer research question six, the researcher coded participants' responses from open-ended questions. The open-ended section included the following two questions, "What can school districts do to improve the effectiveness and outcomes of IEP meetings?" and "What can families of students receiving special education services do to improve the effectiveness of IEP meetings?". Participants were given an additional space to write "additional comments regarding their experiences as it pertains to IEP meetings." The researcher coded all the open-ended responses for themes by hand using the Thematic Approach (Miles, Huberman & Saldana, 2014). To code for themes, the researcher printed out all participant responses and read through them carefully. The researcher assigned each new thought a specific color. When the thought appeared additional times in parent responses, the researcher would mark it with the previously assigned color. After color-coding all the parent responses, the researcher identified the most commonly occurring colors as the themes. The researcher chose to continue separating and comparing the responses from the control group to the experimental group. A difference in the themes between the two groups would not indicate STEP workshops were the cause; however, it could support the benefits of STEP workshops and the benefits of future research.

The first open-ended question asked participants how school districts can improve IEP meetings. Six themes emerged from the experimental group and four themes

emerged from the control group (see Table 7). The first four themes were present from parent responses in both the control and experimental group. The first theme that was present in both the experimental and control group was that parents wanted the school professionals to listen to their suggestions, input, and concerns. The second theme that was present in both groups was that parents wanted school professionals to teach them more about the special education process, potential services that are available to their child, and special education law. Parents suggested that school districts and school professionals provide training on special education law and the legal jargon used in IEP meetings. Third, parents wanted more frequent communication between school professionals and parents. Parents recommended that IEP meetings would be more effective if school professionals were more open and increased their communication. Fourth, parents wanted to be treated as equal partners during the IEP meetings. Parents mentioned that school professionals need to consider parent suggestions during the meeting and value their input.

The first four themes mentioned from parents were present in both the experimental and control group responses. The next two themes came exclusively from the experimental group (see Table 8). The experimental group shared that school professionals need to be willing to provide the necessary special education services to student. Parents felt as if school professionals were holding back on the services that would best support their child in the school setting. The last theme from the experimental group parents' open-ended responses was that schools need to allow more time for IEP meetings. Parents mentioned feeling rushed and that they did not have enough time during the meeting to effectively create the IEP as a team.

Table 8

Participant Responses - How Can School Districts Increase the Effectiveness of IEP Meetings?

Theme	Control Group Responses	Experimental Group Responses
Listening to parent input	"Listen more closely to parent input on behaviors."	"Listen and take suggestions and recommendations of parents and doctors."
Educate parents about the special education process	"Teach parents more about their rights and understanding of the IEP."	"Explain the process effectively." "Have training about the laws, explain the laws, explain the rights in plain English instead of legal talk."
Communication	"They tell me that this is how it is and sign the form. From the top to the bus garage treat me and my son horrible."	"Transparency. I feel the system and sometimes administrators make difficult for educators to openly communicate with parents." "More frequent communication throughout the school year."
Treatment of parents as equal partners	"Clear communication regarding implementation and progress toward goals."	"Respect the parent input. Treat the parent as a part of the team, allow for and understand when parents become emotional." "Give us some credit! This is just another IEP to you, but to me, it's my child's education!"
Special education services		"Be willing to give children what they need to succeed."
Time allotted for IEP meetings		"Allow more time for the meeting, so that it doesn't feel rushed."

Parents were also asked to respond to an open-ended question about what families can do to increase the effectiveness of IEP meetings. The researcher identified six themes

from the experimental group (see Table 9). Five out of the six themes found in the experimental group were also indicated as themes from the control group. The first theme present in the experimental and control group was that parents need to be involved in their child's education. The second theme that emerged from both groups was that parents need to educate themselves. Between both groups the words "educate yourself" or "educate themselves" was present seven times in parents' open-ended responses. Parents suggested doing their own research, learning as much as possible, attending STEP workshops, and reaching out to parents who have also gone through the special education process. Increasing communication with the school was the third theme that parents in the control group and the experimental group suggested. One parent even suggested showing appreciation in communication with the professionals working with the child. The last theme that was present in the experimental and control group was that parents need to advocate for their child. Parents suggested standing up for the child during IEP meetings and speaking up. A theme that was present in the experimental group that was not present in the control group was being open minded to the suggestions about special education services that school professionals make.

Table 9

Participant Responses - How can Families Increase the Effectiveness of IEP Meetings?

Theme	Control Group Responses	Experimental Group Responses
Involved	“Be prepared, be involved, educate yourself.”	“Get involved, know what’s going on, actively participate.”
Educate yourself	“Educate yourself – reach out to advocacy groups and look for trainings online. Ask other parents about their experience.” “Partner and get info from other parents.” “Know your rights of the child and parents.” “Do your own research.”	“Educate ourselves on the law and know our rights.” “Have more knowledge, keep learning as much as possible.”
Communicate	“Increase communication and show appreciation for school and provider efforts.”	“Talk regularly with the teacher and communicate.”
Advocate	“Stand your ground if you feel it isn’t going as you think it should.” “Stand up for your child.”	“Speak up. Approach them as a team player...you are a vital part of the success of the team. Ask questions.” “Have questions and comments ready.”
Open minded		“Be open to alternative solutions.”

The last question on the survey provided an opportunity for participants to share any additional comments they may have about their experience with the IEP process. The themes present in the additional comments section were the same themes present in the previous open-ended questions. Parents in the experimental group re-asserted a desire to be treated as an equal partner on the IEP team, the importance of listening to their

perspective, how parents need to educate themselves, and the value of fighting for the necessary special education services that best support the child.

Conclusions

Research Question One

Research question one asked, *To what extent is there a difference in parent systems advocacy, a subscale of overall empowerment, between parents who have attended STEP workshops and parents who have not attended STEP workshops?* The Likert-scale participants used to answer questions in the systems advocacy section of the Family Empowerment Scale ranged from “not true at all” to “always true”. Parents in the control group had a mean score of 3.60 and parents in the experimental group had a mean score of 3.64 (See Figure 2). The mean scores indicate that the majority of parents fell in between the Likert score selections of “sometimes true” or “usually true.”

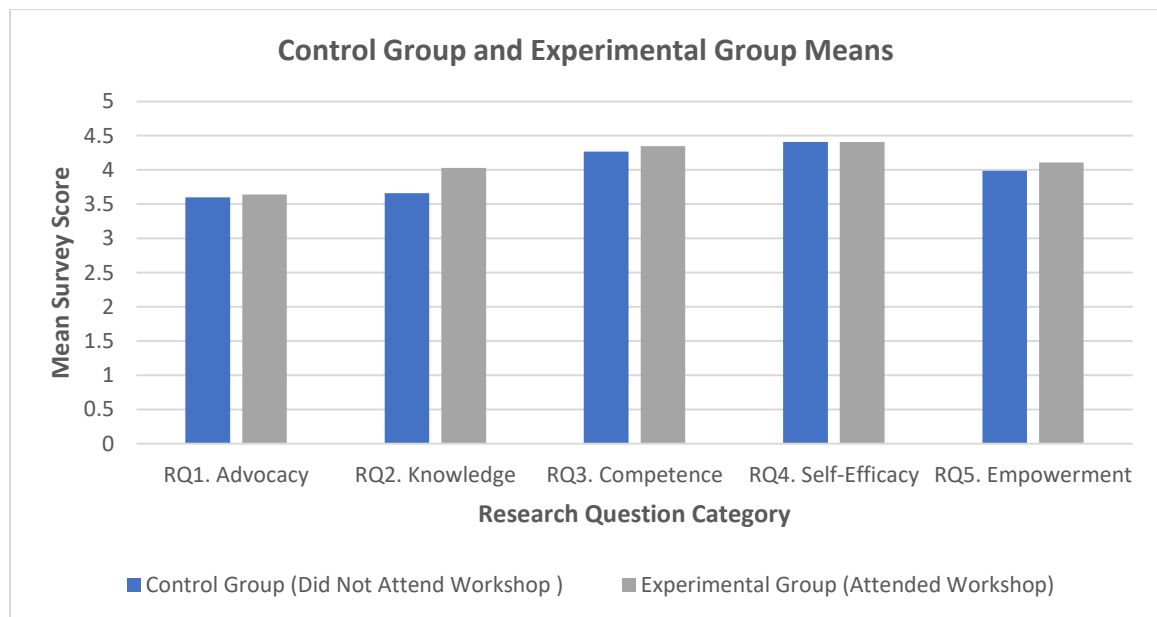


Figure 2. Mean survey scores of both control and experimental groups.

Parents' desire and ability to advocate for their child aligns with the review of current literature. Lalvani (2012) indicated that parents in high and low socioeconomic status groups felt it was their duty to advocate for their child. This study's research results also affirm that parents' advocacy is vital to enforce IDEA (Wakelin, 2008). When asked open-ended questions about improving the effectiveness of IEP meetings, parents in both the control group and the experimental group mentioned the importance of advocating for their child. Parents' responses to the open-ended questions emphasized the importance of parents advocating for their child with a disability so they receive the special education supports necessary to help them succeed.

Research Question Two

Research question two asked, *To what extent is there a difference in parent knowledge of special education services, a subscale of overall empowerment, between parents who have attended STEP workshops and parents who have not attended STEP workshops*". The results from this study suggest that the largest difference between the control group and the experimental group is for the subscale of knowledge (See Figure 2). The desire for more knowledge aligned with the research from Lalvani (2012), MacLeod et al. (2017), and Zeitlin and Curcic (2014). Lack of parent knowledge was consistently described as a barrier in the literature to parent and school collaboration during IEP meetings (FitzGerald & Watkins, 2006; MacLeod et al. 2017; Mandic et al. 2012; Wakelin, 2008). Lack of parent knowledge contributes to limited collaboration with school professionals and decision making during IEP meetings.

Parents' desire for more knowledge was also supported by parents' open-ended responses that were used to answer research question six. The most frequently occurring

theme among parents' open-ended responses was the desire for school professionals to educate parents and for parents to educate themselves on the special education process, rights, and laws.

Research Question Three

Research question three asked, *To what extent is there a difference in parent competence, a subscale of overall empowerment, between parents who have attended STEP workshops and parents who have not attended STEP workshops?*. Parent competence was defined as parents' perception in their ability to be a parent. The mean score for parents' competence was above four for both the control and experimental group (See Figure 2). A score above four on the FES Likert-scale indicates that overall parents feel that the statements were "usually true" or "always true." Parents' competence scores align with the literature that states that parents wanted to be treated as equal partners (Fish, 2008). A desire for school professionals to listen and take parent input seriously was a common theme from parents who answered the open-ended questions at the end of the survey. Parents want school professionals to see them as a competent IEP team member.

Research Question Four

Research question four asked, *To what extent is there a difference in parent self-efficacy, a subscale of overall empowerment, between parents who have attended STEP workshops and parents who have not attended STEP workshops?*. Self-efficacy involves parents' perception of their ability to have positive influence over the special education system and their child's education. In the current study, self-efficacy was highest mean for both the control group and the experimental group. A high score for self-efficacy

indicates that parents answered Likert statements on the FES with primarily “usually true” and “always true” (See Figure 2).

Research Question Five

Research question five asked, *To what extent is there a difference in overall parent empowerment between parents who have attended STEP workshops and parents who have not attended STEP workshops?* Research question five was evaluated using the mean of all four subscales: systems advocacy, knowledge, competence, and self-efficacy. When parents have high levels of systems advocacy, knowledge of the special education process and their rights, competence, and self-efficacy to make a positive impact, they will have high levels of empowerment. The barriers to parent empowerment and collaboration found in the literature review align with the four subscales that contribute to overall empowerment. When parents have the knowledge and resources necessary to make a positive impact, the barriers of empowerment decrease and collaboration increases.

Research Question Six

Research question six asked, *What can parents and school professionals do to improve the effectiveness and outcomes of IEP meetings?*. Each theme determined by parents’ open-ended responses aligned with the barriers presented in the literature review; listening to parents’ suggestions, teaching parents about the special education process, treating parents as equal partners, communicating effectively, the importance of advocating for their child, and being involved in the special education process. The results of the qualitative data confirm the barriers present for parents and school professionals throughout the IEP process.

Implications and Recommendations

Implications

This current research study provides insight for school professionals. School professionals can use this study to become aware of the barriers of collaboration and parent empowerment mentioned by parents. As school professionals become aware of the barriers to collaboration and parent empowerment, they can implement changes to ensure parents are an equal member of the IEP team as mandated by IDEA. Changes that school professionals could incorporate to limit barriers to parent empowerment could be providing parents with information about PTICs among the diagnosis of their child's disability, listening intently to parent concerns and repeating back what parents say during the *parent concerns* section of the IEP, and frequently checking for parent understanding during the IEP meeting.

This study also has implications for PTICs. PTICs can use this study to gain knowledge about how parents feel toward the special education process. The qualitative results of the current study concluded that parents in the control group and the experimental group value and desire knowledge of the special education process. Many parents in both the control group and the experimental group emphasized the importance of educating themselves and knowing their rights. Due to parents' value of knowledge about the special education process and parental rights, PTICs should continue training, equipping, and education parents on their rights and the special education process. PTICs can use the results of this study to make positive changes to their programs offered to parents. For example, PTICs can increase parents' confidence as they walk into an IEP meeting by clearly explaining to parents what to expect during the IEP process from start

to finish, teaching parents' their rights in a digestible manner, educating parents on educational jargon that may be used in an IEP meeting, sharing tips for advocating for their child, and providing schools with information about special education trainings that can easily be passed along to parents.

In addition to school professionals and PTICs, parents of children with disabilities can also gain insights from this study. Parents can use the recommendations from the participants in this study about what parents can do to increase the effectiveness of the special education process. According to the results of the current study, many participants in both the control and experimental group explained the necessity to educate themselves on their rights and the special education process. Due to the heavy emphasis on parents educating themselves on their rights and the special education process, it was suggested by participants that parents of children with disabilities seek out PTICs and connect with parents who also have children with disabilities for support and information about their experience. Parents can also communicate regularly with school professionals to stay actively involved in their child's special education services and progress. In parents' communication with school professionals, participants recommended that parents ask questions to further understand and have comments prepared in advance of an IEP meeting. Participating in a PTICs and communicating regularly with school professionals could result in increased parent empowerment as it pertains to the special education process.

Recommendations

A limitation already mentioned in chapter three was the recruitment process for participants. Participants were recruited via email. STEP emailed its list serve of parents'

email addresses with a letter and a link inviting them to participate. Parents who received this email already had some association or experience with STEP. Future research could overcome the sampling limitation by having school districts from different states contact their parents of children with disabilities. Having school districts distribute the survey would increase diversity of the sample that would represent the population. School districts could also increase accessibility by providing multiple formats for participants to complete the survey by sending home a hard copy of the survey in students' backpacks. Sending the survey home in students' backpacks would also eliminate the limitation and need for internet access to participate in the study. Additionally, having school districts disperse the survey would increase the likelihood of including parents as participants in the study who are not as involved in their child's special education services.

The current study included participants from the state of Tennessee. Future researchers could compare different states' levels of parent empowerment as it relates to their respective PTICs. Comparing multiple states' levels of parent empowerment could provide valuable information about how to increase the effectiveness of PTICs.

Another limitation of the study was how a question on the survey was worded. The survey question stated, "Your child receives special education services based upon which of the following disability categories." A future study could potentially produce additional insights and measurable data by rewording this question to ask parents to only indicate their child's primary disability category under which they are eligible for special education services.

Future research could collect data more consistently and over a longer period of time. The survey for the current study was emailed to parents' multiple times over a five-

month period. Data collection was stopped due to the COVID-19 global pandemic. Data collection over a longer period of time would increase generalizability and control for the unanticipated confounding variable of the COVID-19 pandemic.

Parents of children with disabilities have the legal right to be an equal member of the IEP team as mandated by IDEA. Parents and school professionals share the responsibility to overcome the barriers of collaboration and lack of parent empowerment. In order to achieve an equal and successful partnership, school professionals should communicate regularly with parents, consider parent suggestions, empathize with parents' feelings toward the IEP process and their child's disability, walk parents through the IEP process in a manner that is digestible to understand, and refer parents to additional information and supports such as PTICs. Likewise, parents have a responsibility to educate themselves on their rights and the IEP process, give and receive consistent communication with school professionals, and be open-minded to school professional input. School professionals and parents can work together to ensure that every member on the IEP team is equal and empowered to collaborate effectively for the benefit of the child.

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Appendix A

Email From STEP to Participate

Greetings Tennessee Families,

This email is to invite you to participate in a research project conducted through Olivet Nazarene University on the Effects of Special Education Training on Parent Empowerment.

By participating in this research study, workshops, and trainings for parents of children with disabilities can be fine-tuned to increase parent advocacy, knowledge, competence, and self-efficacy as they partner with school professionals during IEP meetings. This research can also provide school professionals and policymakers with valuable information about parent empowerment during the special education process.

Parents who participate in this study will identify if they have or have not attended any STEP workshops, fill out an empowerment survey, and fill out a demographic survey that includes questions about parent experience with the special education process. This survey is voluntary, and all answers are anonymous and private.

Please [click here](https://forms.gle/1UjvethCBi5Qcwsf8) to access the survey or copy and paste the following link into your browser: <https://forms.gle/1UjvethCBi5Qcwsf8>.

If you have any questions or if you need the survey in other formats, feel free to contact Hayden Lewis, Ed.D. Candidate, Olivet Nazarene University via email at halewis@olivet.edu.

Appendix B

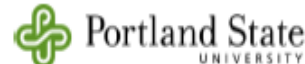
Family Empowerment Scale Permission Letters

School of Social Work

Regional Research Institute for Human Services
Research and Training Center for Pathways to Positive Futures

Post Office Box 751
Portland, Oregon 97207-0751
1600 SW 4th Ave, Suite 900
Portland, OR 97201

503-725-4040 tel
503-725-4180 fax
<http://www.pathwaysrtc.pdx.edu>



Hayden Lewis
Ed.D. Candidate
Olivet Nazarene University
1 University Ave,
Bourbonnais, IL 60914

June 21, 2019

Dear Hayden Lewis,

This letter confirms our permission to use the *Family Empowerment Scale* in SPANISH in your research on the effects of special education training on parents of children of disabilities to measure parent empowerment for my doctoral dissertation.

We are delighted that you are interested in using this publication and hope that you will continue to find it useful. Please cite properly, whether the citation be in printed form or on a website. We would be very interested to hear about your experiences and findings, particularly with respect to aspects of the scale that might be improved.

Please note: We did not commission the Spanish translation of the scale, so we cannot endorse it. It was translated from English to Spanish for use in a national evaluation. We recommend that if you do decide to use it, that you have a committee of bilingual people (potential users as well as people who might do interpretation and/or translation for a living) look at it and modify as needed. We've had occasional critical feedback about errors (and some questions about the entire concept of empowerment within various Spanish-speaking cultures).

For specific or technical information in using the scale, please contact Dr. Barbara Friesen at friesenb@pdx.edu.

Thank you,

Donna Fleming
Pathways Center Manager
Research and Training Center for Pathways to Positive Futures
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1600 SW 4th Ave, Suite 900
Portland, OR 97201



Hayden Lewis
Ed.D. Candidate
Olivet Nazarene University
1 University Ave,
Bourbonnais, IL 60914

February 12, 2019

Dear Hayden Lewis,

This letter confirms our permission to use the Family Empowerment Scale in English for your dissertation at Olivet Nazarene University. We understand you are using the Family Empowerment Scale to research the effects of special education training on parents of children with disabilities and to measure parent empowerment.

We are delighted that you are interested in using this publication and hope that you will continue to find it useful. Please cite properly, whether the citation be in printed form or on a website. We would be very interested to hear about your experiences and findings, particularly with respect to aspects of the scale that might be improved.

For specific or technical information in using the scale, please contact Dr. Barbara Friesen at friesenb@pdx.edu.

Kind regards,

Ashley Meyer
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rtcpubs@pdx.edu



Hayden Lewis
Sat 2/2/2019 4:51 PM

...

Dr. Singh,

My name is Hayden Lewis, and I am an Ed.D. candidate at Olivet Nazarene University. For my dissertation, I am researching the effects of special education training on parents of children with disabilities. As part of my research, I would like to measure parent empowerment. I read your study, Psychometric Analysis of the Family Empowerment Scale and would like to have your permission to use and modify the Family Empowerment Scale for my dissertation. In addition, could I please have your permission to print it in the appendix?

Thank you for your consideration,

Hayden Lewis
Ed. D. Candidate
Olivet Nazarene University



Nirbhay Singh <nirbz52@gmail.com>
Tue 2/5/2019 5:04 AM

👍 ↶ ↷ ➡ ...

Hayden Lewis

Absolutely.
All the best with your research.
with all good wishes
nirb

...

Appendix C

Fish Survey Permission Letter



Hayden Lewis
Wed 4/3/2019 9:04 PM

...

Hi Dr. Fish,

My name is Hayden Lewis, and I am an Ed.D. candidate at Olivet Nazarene University. For my dissertation, I am researching the effects of IEP training on parent empowerment of children with disabilities. I would like to collect data from participants using the tool you piloted in your study, The IEP Meeting: Perceptions of Parents of Students Who Receive Special Education Services (2008). Could I please have your permission to use this survey for my dissertation? In addition, could I please have your permission to modify it and print it in the appendix?

Thank you for your consideration,

Hayden Lewis
Ed.D. Candidate
Olivet Nazarene University



Wade Fish <wwf16a@acu.edu>
Thu 4/4/2019 6:47 AM
Hayden Lewis

👍 ↶ ↷ ➡ ...

Hi Hayden,
Thank you for reaching out to me. Yes, you are welcome to use and modify my survey as long as you reference me in your work. -WF



Wade W. Fish, PhD
Associate Professor, School of Educational Leadership
wade.fish@acu.edu |
Abilene Christian University
16633 Dallas Parkway, Suite 800
Addison, TX 75001

...