

SPECIAL EDUCATION AND PARENTAL DECISION-MAKING EXPERIENCES:  
A HERMENEUTIC PHENOMENOLOGICAL STUDY

by

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Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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## ABSTRACT

The purpose of this hermeneutic phenomenological study was to investigate the decision-making experiences of parents/guardians relative to an offer of Special Education Services for their child. The participants for this study were 10 parents of children in one suburban county in the northern Virginia region who made decisions regarding acceptance of Special Education Services. The children of participating parents were of varying ages and types of disabilities. The two theories that guided this research and helped explain factors that influenced parents' special education related decision-making experiences were the grief cycle (Haley, Hammond, Ingalls, & Marin, 2013) and decision theory (Dewey, 1910/1978). The central research question in this study was "How did parents/guardians in one suburban county in the northern Virginia region who received notification of eligibility for Special Education Services determine whether they would or would not use those services for their child?" The sub-questions were as follows: 1) How, if at all, did the perception of special education designations impact the decision of parents/guardians in one suburban county in the northern Virginia region to use Special Education Services for their child? 2) How, if at all, did the quality of parent-school collaboration impact the decision of parents/guardians in one suburban county in the northern Virginia region to use Special Education Services for their child? Data were collected through questionnaires, semi-structured interviews, and parental reflections and were analyzed using coding methodologies common to qualitative analysis. The results of the analysis indicated that parents' special education related decision-making experiences included four primary categories of factors or themes: (a) awareness, (b) negative perceptions, (c) advantage, and (d) trust.

*Keywords:* collaboration, decision-making, labeling, parental involvement, special education

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### **Dedication**

This work is dedicated to Christine Young. Mom, you inspire, encourage, support, and always uplift. You taught me to always put God first. You represent the best of humankind. Thank you for being my first teacher, my best teacher, and my greatest cheerleader. You are the consummate example of strength; you embody wisdom, courage, and excellence. Thank you for setting the bar high and expecting me to live by the highest standards, to strive for greatness, and to engage in a life of service to others. You prepared me at a very young age for the success I now enjoy. Thank you for everything.

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### **List of Abbreviations**

Attention Deficit Disorder (ADD)

Attention Deficit Hyperactivity Disorder (ADHD)

Cognitive Impairments (CI)

Culturally and Linguistically Diverse (CLD)

Education for All Handicapped Children Act (EAHCA)

Emotional and Behavioral Disorders (EBD)

Every Student Succeeds Act (ESSA)

Free and Appropriate Public Education (FAPE)

Independent Educational Evaluation (IEE)

Individualized Education Program (IEP)

Individuals with Disabilities Education Act (IDEA)

No Child Left Behind Act (NCLB)

Response to Intervention (RtI)

Specific Learning Disability (SLD)

## **CHAPTER ONE: INTRODUCTION**

### **Overview**

Often parents advocate for their child regarding issues relative to special education programs and services offered by schools (Haley, Hammond, Ingalls, & Marin, 2013). However, some parents do not wholeheartedly embrace the views of school leadership on what is educationally appropriate for their child. Sometimes disagreements lead to parents making special education decisions that are not best for their child (Kayama & Haight, 2018). Some parents choose to accept Special Education Services, but do so reluctantly, or only after working through varying degrees of consternation and issues of doubt (Kayama & Haight, 2018). This study examines the decision-making process parents experience regarding Special Education Services, including the consideration of a range of factors that potentially impact parents' decisions. Additionally, historical, cultural, and socioeconomic factors were examined to shed light on common experiences of parents. This chapter includes a discussion of the background concerning this topic, the problem and purpose statement, significance of the study, and research questions.

### **Background**

When faced with making choices concerning a child's education, some parents are confronted with issues that cause them to struggle in their ability to choose appropriately. Substantive evidence supports the strong connection between parent involvement and academic achievement among children (Calzada et al., 2015). The bond between parents and their child is "the most critical influence in the child's life" (Wolfe, 2014, p. 58). The United States government reemphasized parental involvement as a central goal of the federal education policy in 1994 under the Goals 2000: Educate America Act. Through subsequent administrations,

parental involvement remains a primary component of federal education legislation.

Parental support and advocacy in school settings is particularly important for children with disabilities (Burke, Goldman, Hart, & Hodapp, 2016). Federal law explicitly incorporates the requirement for parents to participate as equal partners with school leadership within the parent–school collaborative team when creating and enacting special education requirements (Individuals With Disabilities Education Act [IDEA], 2004). Additionally, the law establishes student and parental rights, one of which is the requirement for parental consent for children’s enrollment in special education programs [34 C.F.R. §300.300(a)].

Research indicates that parents generally work well with schools as a collaborative team, together determining their child’s educational needs, typically agreeing on issues of special education eligibility and related services determinations (Mereoiu, Abercrombie, & Murray, 2016). However, research also indicates that these matters are not always so easily resolved (Mueller, 2015). At times parents disagree with school leadership on the need for services or on the details of such services and consider other options for meeting their child’s educational needs (Mueller, 2015). Parents’ disagreements with school leadership can be a result of numerous factors which may or may not be easily apparent to themselves or others in the parent–school partnership.

Special education law accounts for the eventuality of conflict between parents and schools. By law, disagreements between parties concerning virtually all procedural matters are to be resolved by due process adjudications (34 C.F.R. §300.507). For example, if a parent refuses consent for an evaluation for special education eligibility, school districts can request to override that decision [20 U.S.C. §1414(a)(1)(D)(ii)(1); 34 C.F.R. §300.300(a)(3)]. If a request for override is approved, an evaluation will be conducted. If the student is deemed eligible for

Special Education Services, parents have the legal authority to subsequently revoke consent [20 U.S.C. §1414(a)(1)(D)(ii)(1)] and can do so at any point after eligibility is determined [34 C.F.R. §300.300(b)(4)].

There is a moderate amount of research addressing parent–school conflict in special education settings (Mueller, 2015; Mueller & Buckley, 2014). There is limited research on specific issues such as the reasons why parents do not provide consent for their child to be evaluated for special education eligibility (Etscheidt, Clopton, & Haselhuhn, 2012). Once evaluations are conducted, there is no research reflecting why parents withdraw consent for Special Education Services after eligibility is determined through evaluations and supported by input from other members of the collaborative team. Such predicaments illustrate the weightiness of decisions parents must make concerning their child’s educational needs. However, there is no research examining the decision-making process parents experience as they contemplate these important matters relative to offers of Special Education Services for their child.

Disagreements between parents and school leadership concerning these matters also reveal the complexities that exist in the decision-making process of parents in choosing what is best for their child. Research reveals that parents can experience a range of challenges that create complications in making appropriate decisions on behalf of their child. For example, some parents temporarily experience emotions such as anger, fear, or denial, which sometimes lead to their inability to accept that their child may have a disability (Haley et al., 2013; Krishnan, Russell, & Russell, 2017). Some parents struggle with more long-term issues such as concerns over special education labeling regarding their child (Algraigray & Boyle, 2017; DeRoche, 2015). Some parents generally find associations with special education detrimental to



students due to stigmatization, deficit thinking, fear of inferior learning opportunities, and limitations to future success (Kayama & Haight, 2018; Sharma, 2018; Turnbull & Turnbull, 2015).

Parents typically agree with school leadership on special education eligibility determinations, and parties work collaboratively and properly to establish appropriate individualized programs for their child (Haley et al., 2013). However, as with most social and human issues, factors that lead to parent–school disagreements are sometimes multifaceted (Mueller, 2015). Factors causing conflict may be even more complex when race and cultural factors are also present. Given the disproportionately high representation of African American students in special education programs (Cohen, Burns, Riley-Tillman, & Hosp, 2015; Morgan et al., 2017), it was important to highlight any distinguishable features of African American parents’ experiences in making special education related decisions.

There is not always one straightforward cause, nor one simple solution to adequately address parental concerns involving special education programs. A plethora of factors, including the type and scale of disability and the amount and quality of familial support affect the degree of challenge parents face regarding special education decisions. Therefore, this researcher sought to provide a comprehensive look at a full range of potential contributing factors while examining the decision-making experiences of parents who seek to do what is best for their child regarding acceptance of Special Education Services.

## **Historical**

Special education, as a component of the American education system, evolved in parallel with societal attitudes concerning how people with disabilities should be viewed (Winzer, 1993). The term *special education* emerged as terminology to describe students with disabilities in

1884. Beginning in the early 1800s, people with disabilities were either institutionalized or essentially ignored by society. Separate institutional settings were deemed acceptable and appropriate environments for educating children with varying degrees and types of exceptionality until the 1960s (Winzer, 1993). The first American special institute was the New York Institute for the Deaf and Dumb, created in 1818 (Winzer, 1993). Subsequently, institutes for the blind and mentally retarded were established; eventually training programs were developed for socially at-risk students as well as the intellectually impaired (Winzer, 1993).

Institutional education and training improved in America for handicapped citizens as improvements in theories and practices in disciplinary approaches and mental illness treatments were advanced, and as an awareness of a social responsibility to assist those in need increased (Spaulding & Pratt, 2015). A societal commitment to educate those with physical impairments and those with severe emotional and multiple disabilities was slower to develop (Spaulding & Pratt, 2015). The number of institutions continued to grow until the Civil War period. Afterwards, special schools were created for African American children in the South (Winzer, 1993).

The segregation of these categories of children by way of institutional settings seemed to appropriately satisfy the collective societal desire to accommodate the “grossly deviate” (Winzer, 1993, p. 378), while apparently protecting the orderliness and regularity of public schools. As public scrutiny of institutional settings increased in the 1950s, a need for improved institutional standards became apparent. By the 1960s, questions concerning the suitability of segregated classes arose with increasing frequency (Winzer, 1993). In the mid-1960s, the persistence of such questions, led to claims that segregated classrooms were “too often used as dumping grounds” (Winzer, 1993, p. 379).

Special education was better defined by the 1960s and segregated public classrooms were widely viewed more favorably than institutional settings for serving the needs of students with varying degrees of disability (Winzer, 1993). However, despite the appearance of greater inclusivity for the placement of exceptional students in public schools versus institutions, segregation remained a significant source of concern (Skiba et al., 2008). Educators increasingly asserted that segregated classrooms, even for the purposes of providing Special Education Services, led to a stigmatization of students, a lower quality education, and resulted in a disproportionate number of minorities in inferior classroom settings (Winzer, 1993). There existed distrust that minority students were assigned to segregated classrooms “for the convenience of educators than for the good of the children” (Winzer, 1993, p. 379), especially with respect to students identified as mentally retarded. The convergence of societal factors such as increased parental involvement and activism in educational matters, the foundation of the Association of Children with Learning Disabilities, and Supreme Court legislation such as *Brown v. Board of Education* (1954), helped shape the view that separate is inherently unequal and no longer appropriate in educational settings (Spaulding & Pratt, 2015).

Dunn (1968) wrote apologetically concerning his work with educating the mentally retarded, stating that many of the education practices dating back twenty years were morally and educationally wrong. It was Dunn’s (1968) assertion that socioeconomically disadvantaged minority students, namely African Americans, were routinely inappropriately labeled as mentally retarded and restricted to self-contained classes or schools, segregated from the general school population. These children were deprived of their civil rights and the opportunity to a free and suitable education (Dunn, 1968). The denunciations put forth in the seminal work of Dunn (1968) are consistent with the contentions of those fighting the broader civil rights struggles of

the 1960s and prior (Skiba et al., 2008). Dunn's (1968) admonitions could be considered by some as a call to action to employ systematic changes to the process of identifying children with disabilities and to create more just and effective methods by which children with disabilities were educated.

Despite continued challenges, 1975 served as a pivotal year for the improvement of educational opportunities for children with disabilities. Congress established the Education for All Handicapped Children Act (EAHCA) as additional legislation to ensure children with disabilities were granted equal opportunities in education. The research indicates that prior to 1975, virtually all children with disabilities were vastly underserved (Artiles, Kozleski, Trent, Osher, & Ortiz, 2010). However, after 1975, culturally and linguistically diverse (CLD) and socioeconomically disadvantaged students continued to be disproportionately identified for Special Education Services and otherwise underserved (Linton, 2015; Trent, 2010). According to Russo and Talbert-Johnson (1997), "Despite almost thirty years of data that has demonstrated that African Americans, especially males are disproportionately and inappropriately placed in special education, this unfortunate trend continues" (p. 136). Research continued to reflect such racial disparities in special education well into the 21st century (Artiles et al., 2010; US Department of Education, 2008).

### **Social Factors**

Civil rights victories were seen in the passage of the civil rights legislation of the 1960s, which resulted in federal equal rights mandates. Components of the legislation specifically prohibited discrimination in education, and substantial progress was made with respect to the desegregation of educational institutions with Title VI of the 1964 Civil Rights Act, which barred the use of federal funds for segregated programs and schools (Arnwine, 2014). However,

even with mandated desegregation, there existed great opposition. As schools became more desegregated, some became increasingly skeptical of what they viewed as the mere appearance of fair and equal treatment for African Americans (Gold & Richards, 2012; Marsh & Noguera, 2018). Special education was feared to be a tool by which to exclude children from the general classroom setting (Gallagher, 1972). Many feared programs like special education were a means to resegregate African American children in schools (Dorsey, 2013).

Prior to key legislation in the 1970s, such as US Public Law 94-142, it was common for children with certain learning and behavior disabilities to be taught in “special” classes (Forness, 1981). Additionally, among other issues, teachers lacked specialized training, were equally isolated from general classroom settings, and systemic early intervention strategies and individualized education programs were nonexistent (Forness, 1981). It appeared to some that “difficult” children were systematically placed in special education programs to separate them from the majority population (Linton, 2015).

In the past, societal views concerning disabilities and the manner in which individuals with disabilities were cared for and educated paralleled historical patterns (Winzer, 1993), all of which negatively affect issues related to trust between parents and schools. Trust is crucial to creating successful parent–school partnerships, positive attitudes, and improved student learning (Turnbull & Turnbull, 2015). Parents who believe their child is appropriately identified for and fairly treated in special education programs will likely be willing to contribute toward the creation of a cooperative and collaborative parent–school environment.

### **Theoretical**

The grief model and decision theory were used to explain challenges to parent–school interactions and other potential factors that influence parental decision-making regarding special

education and related services. Haley et al. (2013) outlined three predictable stages of grief that humans typically encounter when dealing with issues of death and dying. The original Kübler-Ross (1973) stages of the grief cycle include feelings of denial, anger, bargaining, depression, and acceptance. Haley et al. (2013) adapted the grief models of Kübler-Ross (1973), Lamb (1988), and Kübler-Ross and Kessler (2005) in an examination of parental reactions to their child's referral for Special Education Services.

Haley et al. (2013) reframed the original Kübler-Ross (1973) grief cycle into three stages—initial, intermediate, and final—categorizing the common emotional responses to grief into one of three stages (Haley et al., 2013). According to these researchers, the initial stage corresponds with feelings of doubt, denial, and rejection of the diagnosis. Stage one of the grief model is more commonly a stage of the grief process that impedes parents' acceptance regarding disability diagnoses (Haley et al., 2013).

The intermediate stage is frequently a recognition of the diagnosis, but with parents experiencing feelings of guilt and depression. Researchers indicate that during stage two of the grief model, typical emotions reveal a continued struggle with acceptance of factors leading to the disability diagnosis, while parents attempt to examine potential remedies and outcomes for their child (Haley et al., 2013). The final stage is an acceptance of the diagnosis with a forward-looking approach to a more hopeful outcome (Haley et al., 2013). As Haley et al. (2013) described, the acceptance stage is a time of positive and hopeful emotions for parents.

However, acceptance can become a more complicated matter when parents question the appropriateness of a disability determination or a special education label. The bottom line is that emotional struggles, regardless of the source, can have a significant impact on the decision-making experiences parents encounter as they attempt to do what is best educationally for their

child. Because the acceptance stage is sometimes achieved by first working through a series of emotional responses, perhaps school leadership would benefit from that understanding and thus allow parents time to reach the appropriate point where they are better prepared to work collaboratively within the parent–school team while properly advocating for their child. Perhaps school leadership can assist parents in more effectively and expeditiously navigating through issues related to the grief cycle. Once parents determine that a special education identification is appropriate or at least beneficial for their child’s success, remaining hindrances to positive parent–school relationships are likely to be more easily resolved (Arishi, Boyle, & Lauchlan, 2017).

All parents who face the difficulty of discovering that their child has a learning or behavioral challenge or a confirmed disability are likely to feel compelled to find a solution to end their child’s struggle. However, getting to the point of finding an adequate solution is not always straightforward. Once a child is deemed eligible to receive Special Education Services, in accordance with IDEA, finding solutions ultimately requires parents to make decisions on behalf of their child (Burke & Hodapp, 2016).

One early method researchers used to study decision-making was through values constructs. Allport (1955) strongly advocated for fellow researchers to embrace views establishing value priorities as a primary influence on perceptions of reality (Rohan, 2000, p. 255). In fact, Allport (1961) suggested that value priorities were the primary influence because they directed all of a person’s activity toward their realization (Rohan, 2000). However, it is important to note that a lack of clarity, and thus a lack of consensus by researchers, on the term *values* caused both values theory and values research to suffer in its significance with respect to contemporary research (Rohan, 2000, p. 255). This researcher sought to ascertain whether

commonalities in values, expressed by parents in this research, would emerge as parents described their decision-making experiences regarding special education related decisions, their perceptions of special education labels, and the quality of parent–school collaborative efforts.

Contemporary researchers tend to point to social values theory when discussing the influence of values on parents’ decision-making conducted on behalf of their children. According to social values theory, people make decisions for others based on societal values (Dore, Stone, & Buchanan, 2014, p. 478). Dore et al. (2014) explained that societal values become norms that govern “how people *should* decide for others, which in turn determines the actual decisions made for other people” (p. 478).

According to Dore et al. (2014), surprisingly little previous research addressed “the *process* by which parents make decisions for their children, and virtually none of this work has been conducted within a decision-theoretic framework” (p. 477). The researchers applied social values theory as such a framework to provide insight into the decision-making experiences of parents. The significant role of societal influences on decision-making is well established and widely accepted as a valid component of many decision-making models (Dore et al., 2014, p. 478). However, for the purposes of this study, societal values were only an element of the considerations about which this researcher inquired of parents who made decisions concerning Special Education Services for their child. This researcher examined a wide range of factors that parents may have considered in their decision-making processes.

Hansson’s (2018) contemporary look at decision theory was used to help explain the process parents undergo as they pursue special education related solutions for their child as well as to shed light on the impact of issues surrounding disability identifications, special education labels, and other factors that influence parents’ perceptions and special education related



decision-making. Decision theory provides structure to the decision-making process that early research regarding parental decision-making did not (Hansson, 2018).

The modern perspective of decision theory is often attributed to John Dewey (1910/1978). Hansson (2005) described Dewey's work concerning problem-solving as a consecutive five stage process that includes recognition of a difficulty, characterization of the difficulty, consideration of solutions, evaluation of solutions, and finally testing and then either accepting or rejecting solutions. Hansson (2005) described this process as a modern sequential model of the decision process. This study used elements of Dewey's five stage process as a structure to analyze parents' decision-making experiences regarding offers of Special Education Services for their child.

In summary, the grief theory was used to account for parents' initial feelings of anger, shock, or denial concerning a disability diagnosis for their child; isolation or depression during the intermediate stage; and feelings of acceptance and hope in the final stage. This study examined parents' decision-making experiences to determine whether these and other factors existed. If factors such as grief existed, this researcher sought to determine the possible impact of those factors on decisions regarding offers of Special Education Services. The decision theory can provide a framework for special education related decisions parents make as they navigate through challenges that might hinder their ability to make the best decisions on behalf of their child. These theories are supported by historical analyses of societal ideas regarding special education, societal attitudes towards children with disabilities, and what that signifies for expectations for a child's future success.

### **Situation to Self**

I approached this investigation as an African American mother of four high achieving

children, one of whom received Special Education Services from first through sixth grade for behavioral issues, even while enrolled for one year in a full-time Advanced Academic Program for academically gifted students. My husband and I were career military professionals with multiple graduate level degrees between us. The predominant parenting styles were very participative and collaborative with school leadership. Initially it was difficult to accept a special education label for our daughter. However, after more extensive consultation with members of the collaborative school team, it was clear that the additional resources that were available to our child would improve her classroom experience. I believe the special education process is thorough and comprehensive, requiring determinations based on observations, academic and psychological testing and assessments at various levels, as well as input from representatives of virtually every level of school leadership. Because the evidence used to support recommendations for special education eligibility and related services is so extensive, I believe that most determinations would accurately reflect a legitimate need and appropriate services for achieving student success.

My use of the rhetorical structure of inquiry required that I construct questions that provide a clearer picture of participants' stories (Creswell, 2013). Additionally, operating under epistemological assumptions, I more thoroughly understood the participants' stories by spending time getting to know them, essentially becoming an "insider" as I collected evidence (Creswell, 2013). My axiological assumptions allowed me to acknowledge my values, actively report both those values and biases as well as the value-laden nature of the collected information (Creswell, 2013). Additionally, as a social constructivist, I believe it is beneficial for all members of the collaborative parent-school team to better understand the "world in which they live and work" (Creswell, 2013, p. 24), all of which benefits the students who require the greatest supports.

## **Problem Statement**

Substantial research highlights the connection between parental involvement and successful outcomes for children in educational environments (Calzada et al., 2015; Daniel, 2015; Murray & Mereoiu, 2016), especially for children with disabilities (Burke et al., 2016; de Apodaca, Gentling, Steinhaus, & Rosenberg, 2015). However, parents of children identified with a disability do not always have a healthy parent–school collaborative experience in special education settings (Burke & Hodapp, 2016; Haley et al., 2013). Unhealthy parent–school relationships can result in decisions that negatively affect students with disabilities, arguably students with the greatest needs. Parental decisions that involve not employing appropriate interventions for children, despite a bona fide need, can have a devastating effect on student success. Conversely, parents can be the last line of defense for ensuring that children who truly do not need services, particularly Special Education Services, are not inappropriately identified and tracked in educational programs that could serve to adversely affect them.

Parents are not always sure which decisions are best for their child. However, decisions involving special education can be uniquely challenging for parents. Collectively, there is a moderate amount of research that addresses parental challenges manifested as parent–school conflict involving special education decisions. Examples include parental refusal to consent to evaluations for special education eligibility (Etscheidt et al., 2012), parental reactions to the individualized education program (IEP) process (Finan, 2016; Haley et al., 2013), and themes concerning due process complaints (Wattam, 2014). Once a child is deemed eligible to receive Special Education Services and an IEP is established, parents continue to face potential challenges regarding special education decision-making. For example, factors such as parent–school trust can impact parents’ decisions concerning acceptance or refusal of services and other

assertions of parental rights. However, the problem is there is an absence of research that gives voice to parents who experienced the decision-making process relative to an offer of special education and related services for their child.

### **Purpose Statement**

The purpose of this hermeneutic phenomenological study was to investigate the decision-making experiences of parents/guardians relative to an offer of Special Education Services for their child. The researcher generally defined parents'/guardians' decision-making experiences as parents who made decisions regarding whether or not to accept Special Education Services for their child. The theories guiding this study were the grief cycle (Haley et al., 2013; Higgins, Raskind, Goldberg, & Herman, 2002; Krishnan et al., 2017; Kübler-Ross, 1969) and decision theory (Hansson, 2005, 2018). These theories help to frame an understanding of the experiences of parents of children identified with a disability who must decide whether or not to accept Special Education Services for their child.

Parents who struggle to accept a disability diagnosis or the special education services recommended for their child may need time to process the initial shock of the diagnosis and determine the relative benefits regarding their child's future success. Emotional responses, such as grief, are sometimes due to perceived negative effects primarily to their child's self-esteem, self-perception, and negative consequences regarding future success (Algraigray & Boyle, 2017; Arishi et al., 2017; Gatlin & Wilson, 2016; Shifrer, 2013). This study attempted to provide structure to an analysis of the decision-making process that parents experience as they make special education related decisions on behalf of their child.

### **Significance of the Study**

From an empirical perspective, significant research exists concerning the importance of parental involvement in student success (de Apodaca et al., 2015; Jeynes, 2012; McNeal, 2015; Mueller, & Buckley, 2014). Parents have the capacity to substantially impact their child's education (Wolfe, 2014). With respect to children identified with disabilities, good parent-school collaboration can minimize conflict between parents and school leadership during the special education process (Burke et al., 2016; Cobb, 2014; de Apodaca et al., 2015; Wolfe & Durán, 2013). Strategies that improve parent-school collaboration, decrease conflict, and build effective partnerships can result from continued efforts by schools to understand the experiences of parents regarding the special education system (Mueller & Buckley, 2014).

Research concerning parental views of the special education process indicates that a significant number of parents experience challenges navigating aspects of the special education system, which can lead to poorer results for children (Burke et al., 2016; Mueller & Buckley, 2014). For example, researchers found that while parents attend IEP meetings, they find the meetings confusing and overwhelming, leading to less meaningful parental participation and a reluctance to adequately advocate for their child (Burke et al., 2016; Finan, 2016; Haley et al., 2013; Mueller, & Buckley, 2014; Zeitlin & Curcic, 2014).

The IEP is the primary mechanism for parents to underscore their concerns related to their child's needs (Burke et al., 2016). The IEP meeting is the culminating event in the special education process where parents are provided the opportunity to influence how their child's needs will be met by schools. However, if during the IEP parents feel ill equipped to adequately address their child's needs, feel ill-informed concerning their rights, or feel overwhelmed by a system that seems unfamiliar and impersonal, parents may find themselves making decisions

where they inadvertently forfeit important supports and resources that might otherwise be available to aid in their child's success.

There is a fair amount of research that addresses ways schools can build more effective IEP experiences for parents (Burke et al., 2016; Finan, 2016). However, parent–school conflict manifests in varying ways, not just through the IEP process. Parents also sometimes struggle in deciding to allow formal evaluations. There is limited research that addresses parental refusal to consent to evaluations for special education eligibility determinations (Etscheidt et al., 2012). Etscheidt and colleagues (2012) reviewed litigated cases and found the following five themes characterize reasons why parents are resistant to providing consent for evaluations: fear of stigma associated with special education labels, perceived harm from an evaluation, distrust of diagnoses from potentially unqualified evaluators, intention to refuse Special Education Services, and belief that the placement is predetermined.

Special education law requires parental consent for evaluations and throughout the special education process; however, by exception school districts can request consent override through the courts [34 C.F.R. §300.300(b)(4)]. Etscheidt et al. (2012) retrieved their research data from court documents; they found that school districts felt the parental decisions in those cases warranted override and the courts agreed. It is important to know whether there are common reasons why parents come to such fundamentally different conclusions from schools in such cases. Research by Etscheidt et al. (2012), as well as research that examines themes concerning parental due process complaints (Wattam, 2014), provides insight into parents' perceptions and experiences regarding parent–school conflict in the special education process.

Given common negative associations, questions regarding the appropriateness of the disability identification and recommended services, and prospects for limited future success

(Gatlin & Wilson, 2016; Shifrer, 2013), concerns about a child's future may initiate the grief process among parents of children with disabilities (Haley et al., 2013; Krishnan et al., 2017). This phenomenon is not an uncommon experience among parents of children identified as having a disability (Allred, 2015; Haley et al., 2013; Krishnan et al., 2017). The grief model accounts for a parent's emotional reaction and thus resistance to initially accepting a diagnosis related to a disability and a subsequent prescription for Special Education Services (Haley et al., 2013; Krishnan et al., 2017). As parents proceed through the initial feelings of grief, typically they become more open to dealing with and implementing practical measures to best help their child (Haley et al., 2013; Krishnan et al., 2017).

From a practical perspective, this research revealed common dynamics that school leadership can address to build more effective collaborative experiences between parents and schools. This research uncovered common factors that shed light on parents' decision-making experiences. Thus, this research contributed towards making strides to ensure that students who need the additional supports available through Special Education Services receive them and those who are not in need are not inappropriately identified. If school leadership can identify some barriers to successful collaborative efforts, subsequent interventions might prove helpful. It is important for schools to strive to meet the educational needs of all students and foster authentic collaboration with parents, even when the work proves difficult.

### **Research Questions**

A host of parental concerns relative to the implementation process of special education have been addressed in the literature since the inception of IDEA in 1990. For example, researchers have sought to understand parental concerns regarding the IEP (Finan, 2016; Haley et al., 2013; Zeitlin & Curcic, 2014; Zirkel & Hetrick, 2017), due process complaints (Imber,

2013; Wattam, 2014), issues of disproportionality (Strassfeld, 2017; Sullivan & Bal, 2013), and the refusal of parents to consent to evaluations for special education for their children (Etscheidt et al., 2012). However, how these and other issues impact parental decisions on whether or not to accept Special Education Services for their child has not been addressed in the literature. Such concerns are sometimes indicative of parent–school conflict, which can be detrimental to student success.

This researcher investigated the decision-making experiences of parents/guardians in one suburban county in the northern Virginia region who received notification of eligibility for Special Education Services for their child. This researcher explored factors that influenced their decision-making process and considered a wide range of potential factors. There is a central research question (CQ) and two sub-questions (SQ) that guided this study:

CQ: The central research question asked, “How did parents/guardians in one suburban county in the northern Virginia region who received notification of eligibility for Special Education Services determine whether they would or would not use those services for their child?” There is much research that indicates parental involvement is positively connected to improved results for children behaviorally, socially, emotionally, and academically (Murray & Mereoiu, 2016; Wolfe, 2014), and under federal government mandates, parental participation in education programs for children with disabilities is required. The procedures that lead to special education and related services eligibility require parent approval. Often parents advocate, in such cases, issues of inclusion of their children in special education programs and services (Haley et al., 2013). However, some parents disagree with school leadership and choose to exclude their child from recommended Special Education Services after notification of eligibility. Other parents quickly conclude that Special Education Services would be helpful and



appropriate for their child. Still other parents struggle with emotions and other factors that delay their ability to make the best decisions for their child more expeditiously. This researcher explored a host of factors that influenced the special education related decision-making experiences of parents.

SQ 1: How, if at all, did the perception of special education designations impact the decision of parents/guardians in one suburban county in the northern Virginia region to use Special Education Services for their child? When confronted with a disability diagnosis for their child, parents often experience an array of emotions, including varying degrees of grief (Allred, 2015). It is not uncommon for parents to grapple with issues of labels as well (DeRoche, 2015). Specifically, parents understand that labels can be beneficial but must be balanced against the social consequences of having or not having a label (DeRoche, 2015). Labels tend to be negatively viewed from a sociological perspective (DeRoche, 2015). For those identified with disabilities, labels often result in “social exclusion and numerous environmental and attitudinal barriers” (Anastasiou, Kauffman, & Michail, 2014, p. 4), thereby limiting options and future opportunities. Historically, socially restrictive stigmas often associated with labeling have been embedded in “policy, professional, and institutional practices” (Arishi et al., 2017, p. 9). Despite these challenges, parents generally feel immediate relief that a diagnosis for their child will lead to an understanding of their child’s needs and thus the resources needed to help their child succeed (Shannon & Heckman, 2007). Many parents find it beneficial to use all resources available to them in acquiring labels and accompanying treatment for their child (DeRoche, 2015). Although issues of acceptance of special education labeling exist across various racial and cultural backgrounds, wealthy, educated parents are more accepting of labels

for their children in comparison with those parents who are disadvantaged (DeRoche, 2015; Gold & Richards, 2012; Marsh & Noguera, 2018). This researcher explored this dynamic.

SQ 2: How, if at all, did the quality of parent–school collaboration impact the decision of parents/guardians in one suburban county in the northern Virginia region to use Special Education Services for their child? The literature reveals that parents routinely meet the requirements outlined by IDEA and regularly advocate for the best educational programs and services for their child (Burke & Hodapp, 2016). In special education programs, parent–school partnerships are designed to be collaborative experiences focused on meeting the needs of students with disabilities (Murray & Mereoiu, 2016). However, some parents of children identified with a disability do not enjoy a healthy parent–school collaborative experience in special education settings (Burke & Hodapp, 2016). In fact, it is not uncommon for parents of students with disabilities to encounter challenges navigating the special education system (Burke et al., 2016; Mueller & Buckley, 2014). It is incumbent upon schools to continue to make strides in improving the parent–school collaborative process because appropriate parental involvement in the process leads to greater student achievement (Burke et al., 2016). This researcher examined a range of potential factors, including parental grief and labeling theories.

Additionally, cultural considerations, such as historical social factors and current socioeconomic factors, shed light on common perceptions of some parents.

### **Definitions**

1. *Deficit thinking* – the belief that certain students (particularly those of low socioeconomic status and racial minorities) are not successful in school because their families have deficiencies (e.g., reduced intellect, lack of ambition and inadequate socialization skills) that inhibit their ability to learn (Sharma, 2018).

2. *Disproportionate representation* – a group’s proportion of the total population varies from the group’s representation, by proportion, in special education (Wiley, Brigham, Kauffman, & Bogan, 2013).
3. *Individual Education Program (IEP)* – “The term ‘individualized education program’ or ‘IEP’ means a written statement for each child with a disability that is developed, reviewed, and revised in accordance with section §1414(d) of this title” [20 U.S.C. §1404(a)(14)]. The IEP outlines annual goals for each child with a disability.
4. *Least Restrictive Environment (LRE)* – Requirement that children with disabilities are educated with children who are not disabled and their removal from general education classrooms only occurs when the nature or severity of the disability impedes their ability to thrive (34 C.F.R. §300.114 – §300.120).
5. *Response to intervention (RtI)* – RtI, a scientific-based framework used to identify students with specific learning disabilities (SLD), combines assessments and interventions within a multitier prevention system to increase student achievement and decrease behavioral problems (34 C.F.R. §300.309).

### **Summary**

The parent–school collaborative approach to special education is mandated through IDEA and conducted through various special education processes (Haley et al., 2013). Without appropriate parental involvement, students are vulnerable to receiving unsuitable and inappropriate services (Burke et al., 2016). The purpose of this hermeneutic phenomenological study was to investigate the decision-making experiences of parents/guardians relative to an offer of Special Education Services for their child. This researcher examined a broad range of factors that influence parents’ decisions whether or not to accept Special Education Services. Some

parents struggle with factors that cause hindrances to their decision-making process. The problem is there was an absence of research that gives voice to parents who experienced the decision-making process relative to an offer of special education and related services for their child. This research found common factors leading to those decisions that might be addressed by schools in order for students to achieve more successful outcomes.

## **CHAPTER TWO: LITERATURE REVIEW**

### **Overview**

In this chapter, this researcher discusses background information concerning special education and the theoretical framework of this research. Specifically, this researcher outlines the history of special education, issues of racial disproportionality in special education programs, societal views of disabilities, and cultural considerations. Finally, the researcher examines various legal components of interventions and special education procedures and other factors that potentially influence parental perceptions of special education and the special education process.

### **Theoretical Framework**

There are several theories that might explain common experiences of parents who are offered Special Education Services for their child. The use of theories helps frame the conduct of research studies. The theoretical framework is comprised of a theory that functions within the central theory, providing structure and guiding construction of research questions and analysis (Yamauchi, Ponte, Ratliffe, & Traynor, 2017). In this study, the researcher used the grief model and decision theory to investigate parents' special education related decision-making experiences. The grief model helped to identify particular emotional factors sometimes associated with parental perceptions of special education disability identification. This researcher identified such factors and sought to determine their impact on the process that led to the acceptance stage of the grief model. Additionally, the researcher attempted to learn whether those factors created potential challenges to parents' decision-making experiences. Decision theory provided structure to investigate the decision-making experiences of parents with respect to numerous factors that parents might consider.

## **Grief Model**

The grief model is helpful toward understanding negative responses among parents to the special education process involving their children (Haley et al., 2013; Krishnan et al., 2017).

The research reveals that grief is a common experience among parents of children identified as having a disability (Haley et al., 2013; Krishnan et al., 2017). Elizabeth Kübler-Ross (1969) in her book, *On Death and Dying*, established a foundation for not only understanding the typical emotional responses to death and dying, but also her seminal work is widely accepted as a human reaction to virtually any adverse life-changing event (Allred & Hancock, 2012).

Haley et al. (2013) tested the traditional stages of grief theory as put forward by Kübler-Ross (1969), Lamb (1988), and Kübler-Ross and Kessler (2005) against an examination of responses by parents to their child's referral for Special Education Services. Within the stages of grief, typical responses in the initial stage included shock, denial, and anger; isolation and depression in the intermediate stage; and finally, acceptance and hope in the final stage (Haley et al., 2013). In Haley et al.'s study, the participants were selected if they met the criteria of being parents whose child was in a preschool program or elementary school, their child was recently referred for a special education evaluation, and they attended the initial IEP to determine appropriate Special Education Services (Haley et al., 2013).

The researchers indicated that 47% of the 276 participants categorized their reaction to notification that their child was referred for an evaluation for special education eligibility as a stage one experience, reporting shock as a predominant emotion (Haley et al., 2013). It is also notable that 45% of the participants reported acceptance of their child's initial referral for Special Education Services (Haley et al., 2013). This theory can be useful in understanding that parents

need adequate time to process notice of special education eligibility prior to engaging in productive collaborative experiences with schools.

### **Decision Theory**

Decision theory seems to provide researchers with a framework to theorize about essentially all human activities (Hansson, 2005). However, in actuality, the theory focuses on only certain aspects of “human activity” (Hansson, 2005, p. 4). According to Hansson (2018), decision theory specifically “focuses on how we use our freedom” (p. 4). Hansson (2018) contends that there are two key factors required when applying decision theory: there must be options to choose between and one’s decision cannot be simply random. The options are characterized as goal-directed activities; thus, decision theory is associated with “goal-directed behaviour in the presence of option” (Hansson, 2005, pp. 4–5).

A fair amount of research exists that examines specific parental decision-making topics, such as decisions regarding their child’s medical care (Brody, Scherer, Annett, & Pearson-Bish, 2003; Hsieh et al., 2010) and concerning their child’s education (Anderson & Minke, 2007; Hanushek, Kain, Rivkin, & Branch, 2007). However, in previous work examining parental decision-making, Fulmer (1997) noted that topics such as childcare decisions were integrated into discussions involving other activities and that an examination of parents’ actual decision-making processes were largely nonexistent. As a result, not much was understood concerning actual strategies used in the decision-making processes (Fulmer, 1997).

Byrne (2013) conducted an extensive literature review examining different ways researchers studied parental decision-making regarding parents of children with special education needs. Byrne’s review encompassed research conducted in numerous countries, including England, the United States, and Australia, dating from 1994 to 2011. Byrne

specifically viewed parents' decision-making experiences regarding school choices parents made for their child identified with a special education need. In his review, Byrne categorized common variables that influenced parents' school choice decisions, such as the following: the child's age, degree and nature of special needs, socioeconomic factors, previous school experiences, and the influence of others, including family, friends, and professionals.

Much of the research on how parents make decisions for their children is connected with social values theory. Social values theory provides a central theoretical framework to an examination of studies regarding parents making decisions for their child (Dore et al., 2014). Social values theory is based on the notion that people make decisions for others based on perceptions of what society values (Dore et al., 2014). Social values theory is often connected with comparisons of how people make decisions for themselves versus how they decide for others and the influence of factors of risk involved in making decisions for others (Dore et al., 2014; Stone & Allgaier, 2008). Such dynamics proved useful for purposes of this research. However, though social values theory is important in studies concerning the relationship between societal values and decision-making, this study explored a range of values, not just parents' perceptions of societal values.

In the present research, decision theory was used to provide the structure needed to investigate parents' special education related decisions made on behalf of their child. Hansson (2018) discussed the usefulness of such structure but acknowledged that there are challenges given the nature of "real life decision-making," which he concedes "often begins with a disorderly decision problem that has to be clarified and systematized before a decision can be made" (p. 259). Hansson (2005) presented a diverse look at decision theory in an introduction to the topic. However, Hansson (2005) acknowledged that decision-making experiences can



neither always be viewed as a sequential or rational process nor forced into a theoretical framework just to suit the goals of researchers. In his work, Hansson (2005) cites Dewey as “the starting point of the modern discussion” (p. 9) of problem-solving. Although Dewey (1910/1978) presented a five consecutive stages problem-solving model, this researcher used the model as a framework for the current study, while anticipating a process that moved non-sequentially and which may repeat itself.

### **Related Literature**

#### **The History of Special Education Law**

In 1965, United States Congress established the Elementary and Secondary Education Act (ESEA) to help address the needs of socioeconomically disadvantaged students and later reauthorizing it as the No Child Left Behind Act (NCLB) and now as The Every Student Succeeds Act (Ford & Russo, 2016). NCLB established stricter standards for schools to ensure that all students progressed according to annual standards (Byrnes, 2013). The Every Student Succeeds Act (ESSA), signed into law on December 10, 2015, represents a recently renewed commitment to equal opportunity for all students, irrespective of race, ethnicity, or socioeconomic status (ESSA, 2015).

As schools became accountable for the progress of all students, special education programs became more prominent. Schools could no longer ignore the performance of students with disabilities. In 1975 Congress established the Education for All Handicapped Children Act (EAHCA) as additional legislation to ensure equal opportunity, specifically concerning issues of students with disabilities. The EAHCA mandated the requirement for children with disabilities to be taught in the least restrictive environment, to the greatest possible extent, in accordance with what is outline in the child’s IEP (Ford & Russo, 2016).

Through an amendment process in 1990, the name EAHCA was changed to the Individuals with Disabilities Education Act (IDEA) and renamed in 2004 to the Individuals with Disabilities Improvement Act (Etscheidt, 2013). Subsequent reauthorizations of IDEA were the legal mechanism by which the needs of individual students with disabilities were met (IDEA, 2004). IDEA establishes additional special education mandates. For example, IDEA requires parental involvement by law in the planning and implementation of an Individualized Education Program (IEP) for students in special education programs (34 C.F.R. §300.345). The IEP serves as a legal contract between parents and school leadership and is the essential pillar of IDEA (34 C.F.R. §303.302). Upon the initial IEP meeting and subsequent acceptance of the IEP provisions, parents and the collaborative team of educators are required by IDEA to meet annually to review developmental needs, goals, and progress (34 C.F.R. §300.345).

The law issues specific guidance on the requirements and safeguards surrounding implementation of IDEA. As previously mentioned, included are procedures for school leadership to provide students with disabilities a learning environment that is least restrictive in accordance with their specific needs [34 C.F.R. § 300-550(b)(1) and (2)]. Procedurally, IDEA affords parents a degree of assurance that children with disabilities will be properly assessed at all levels (Etscheidt, 2013). In meeting the most fundamental requirement, schools implement Response to Intervention (RtI)—a scientific, research-based response—to promote academic performance improvement (Bineham, Shelby, Pazey, & Yates, 2014). Through RtI procedures, all students are regularly screened and assessed (Byrnes, 2013). Students who fail to show the expected improvements are further assessed and, with parental consent, are evaluated for identification of disabilities (Byrnes, 2013; Daves & Walker, 2012).

Special education laws establish the authority of parents in working with school staff to determine both special education eligibility and the appropriate improvement programs for their child with disabilities [34 C.F.R. §300.300(a)]. The involvement of parents in the IEP, as established by law, is designed to recognize the power and authority parents should possess in helping to chart appropriate educational paths for their children [IDEA, 2004, §601 (c)(5)(B)]. By law, parents are viewed as equal partners with school leadership in the specification of each student's individualized educational goals and services [IDEA, 2004, §601 (c)(5)(B)]. Special education law mandates the requirement for parental consent regarding the conduct of evaluations, the IEP, and placement decisions, giving parents full declination authority throughout the process (34 C.F.R. §300.9). Despite the comprehensive procedures established by law to ensure that students are properly assessed and supported, at times parents decline Special Education Services and choose a different path for their child.

### **Special Education as a Civil Rights Issue**

Providing protections for members of society with disabilities is a civil rights issue first codified into legislation through Section 504 of the Rehabilitation Act of 1973 (Winzer, 1993). Prior to 1973 no specific educational protections for children with disabilities existed. Children with disabilities were routinely excluded from public education or were placed in segregated schools or classrooms, often to their detriment both cognitively and socially (Ong-Dean, 2009).

As the Civil Rights movement of the 1960s focused on injustices and discrimination due to race, the Disability Rights Movement mirrored those efforts and worked toward ending discriminatory practices against individuals with disabilities (Kirby, 2017; Strassfeld, 2017). In 1954 the historic civil rights decision *Brown v. Board of Education* transformed the American public-school system by mandating desegregation in schools, stipulating that *separate is*

inherently unequal (Kirby, 2017). The landmark Civil Rights Act of 1964 helped pave the way for the Rehabilitation Act of 1973, which also addressed issues of discrimination, specifically those issues affecting people with disabilities. The Education of All Handicapped Children Act (EAHCA) of 1975 provided legal safeguards specifically for students with disabilities, but civil rights protections for people with disabilities advanced with the Americans with Disabilities Act (ADA) of 1990 and the Individuals with Disabilities Education Act (IDEA) in 1997. IDEA was then renewed in 2004 and serves as the current legislation outlining the procedures for how students with disabilities are ensured a free and appropriate public education, equal protections against discrimination, and accessibility to all public facilities and institutions (IDEA, 2004).

The Civil Rights Act of 1964 is inextricably linked to a broad spectrum of societal issues concerning equality and justice for all Americans. The act provides protections against discrimination based on race, ethnicity, gender, national origin and religion, as well as offering voting rights protections (P.L. 88–352). Parents who observe violations of these rights within the broader society might generally view society as not committed to ensuring equal rights and protections for all individuals in the school system. Within the current and historical context of the struggle for civil rights, parents of a child identified with a disability might therefore be skeptical of the intentions of a system categorizing their child as disabled.

### **Societal Views of Disability**

People with disabilities often contend with exclusion or limitations based on societal attitudes (Anastasiou et al., 2014). As social construction applies to disabilities, it became useful as a method for people with disabilities to “define themselves” (Gallagher, Connor, & Ferri, 2014, p. 1122). Parents of children with a disability found a sense of empowerment believing that their children could in many ways chart their own destiny and see greater achievement

absent societal labels and categorizations that seemed to constrain them (Gallagher et al., 2014). Disability was formerly defined as “the inability to do something that most others can do as a result of a specific impairment in physical, psychological, or intellectual functioning” (Gallagher et al., 2014, p. 1122). Such categorizations rendered children feeling excluded, discriminated against, and thus incapable of success (Gallagher et al., 2014).

Key to the social model of disability is the conceptual framework of constructivism, also referred to as social constructionism (Gallagher et al., 2014). Social constructionism paralleled the 1960s Civil Rights Movement in many ways. As the emphasis was on fighting against racial inequality during the Civil Rights Era, the fight began within society to eliminate discriminatory practices against people with disabilities. Efforts were made to establish new laws increasing accessibility and fighting for basic human rights (Gallagher et al., 2014).

The concept of social construction views behavioral disorders, learning disabilities, and certain mild intellectual disabilities as “judgmental” categories of disabilities allowing society to draw arbitrary versus concrete lines and distinctions about children with disabilities and their ability to learn (Gallagher et al., 2014, p. 1124). Learning disabilities have particularly been viewed by some as overreaching and controversial since its categorization as a disability (Etscheidt, 2013). Some critics claim that learning disabilities are socially constructed and created as a misguided attempt to provide resources to students lacking a disability but who are otherwise academically low performing (Etscheidt, 2013).

Social model supporters contend that problems associated with disabilities, including intellectual, learning, and emotional disabilities, are primarily due to society’s generalized response to their deficiencies (Gallagher et al., 2014). In view of the notion of societal conceptions of disabilities and the disproportionately high representation of African American

students identified in these “judgmental” categories of disability (Gallagher et al., 2014), there remains predictable skepticism among some African American parents as to the validity of such diagnoses and related recommendations offered relative to their children (Bean, 2013).

### **Cultural Considerations**

Assurance of educational equality for all students was the mandate established through the 1954 *Brown v. Board of Education* Supreme Court ruling. However, the pervasive and longstanding disproportionality of African American students in special education (Ford & Russo, 2016) and the negatively associated effects can create a perception of overall racial inequality in education even after more than 60 years. African American students are vulnerable to overidentification for certain categories of disability, particularly high-incidence disabilities such as specific learning disabilities, emotional or behavior disorders, and cognitive impairments (Jonak, 2014). The stigma surrounding special education labels can compound the challenges to positive future outcomes for such students (DeRoche, 2015), creating further opportunity gaps in access and achievement (Cramer, Little, & McHatton, 2017)

**Labeling.** Research reveals a connection between reaching the acceptance stage of a disability diagnosis and recommended Special Education Services and the emotional impact of labels, which includes a process of “understanding/negotiating” labels (Higgins et al., 2002, p. 3). The modified labeling theory (Link, Struening, Cullen, Shrout, & Dohrenwend, 1989), adapted from Scheff’s (1966) labeling theory, examines the effect of labels on patients diagnosed with mental illness; however, the findings reveal negative outcomes also for others labeled with disabilities (Link et al., 1989). The commonalities between the modified labeling theory (Link et al., 1989) and Scheff’s (1966) work concern the consequences of labeling. Two primary tenets include the notion that labels create a categorization which solicits “uniform responses” by

others and that “individuals internalize societal conceptions” (Link et al., 1989, p. 402). Simply stated, during the socialization process, those who are labeled internalize what they perceive are thoughts, attitudes, and behaviors of the “generalized other” toward them (Mead, 1934, “Universality,” para. 13). Subsequently, if people believe the sentiments of others will lead to their victimization, devaluation, or discrimination based on their perceived status, shame and withdrawal can occur (Link et al., 1989). The label therefore can lead to a stigmatizing status for the labeled (Albert, Jacobs, & Siperstein, 2016; Kayama & Haight, 2018, Link et al., 1989).

The connection of stigma to labels and the negatively associated outcomes often experienced by the labeled are partly accounted for through labeling theory (Marsh & Noguera, 2018; Shifrer, 2013). Negative perceptions internalized by the labeled may trigger a “self-fulfilling prophecy” (DeRoche, 2015, p. 4), where outcomes begin to align with the negative expectations associated with the label. Further, expectations of others, including parents and teachers, are decreased as they perceive decreased achievement potential of students labeled with disabilities (Kayama & Haight, 2018; Marsh & Noguera, 2018; Shifrer, 2013). Gold and Richards (2012), in acknowledgement of the history of labeling among the African American community and based on Becker's (1963) classic labeling theory, suggested that vestiges of racial discrimination could affect others' responses to those who are labeled. Despite the legal dismantling of racial segregation and the end of the notion of separate but equal, African American parents may still perceive disability labels as a tool for schools to racially discriminate against them (Ford & Russo, 2016).

Theorists contend that labeling of individuals negatively affects self-esteem and self-perception (DeRoche, 2015). Presumably, parents who experience negative feelings associated with a disability label for their child first determine that the relative benefits of such a label

outweigh any perceived costs before they consent to their child receiving services (Algraigray & Boyle, 2017). As parents navigate through the grief process, perhaps the acceptance phase is delayed by a struggle to conclude that the labels are beneficial to their child.

Labels are a method of categorizing individuals by descriptors that distinguish them from others based on “selected behavioral and/or physical characteristics” (Gold & Richards, 2012, p. 144). Students are deemed eligible for special education and individualized education programs when their behaviors or descriptive characteristics are evaluated and aligned with the legal criteria for a particular disability category (e.g., mildly mentally disabled; Marsh & Noguera, 2018). Special education labels serve as a guide for the development of plans and services appropriate for meeting each child’s individual needs (Gold & Richards, 2012; Marsh & Noguera, 2018).

For decades, labels were generally viewed negatively by theorists due in part to the social stigma that often accompanies labels (Albert et al., 2016; DeRoche, 2015; Kayama & Haight, 2018). Goffman’s (1963) seminal work further developed the labeling theory by addressing negative social impacts of stigma associated with labels. Stigma is an attribute characterized by negative perceptions and treatment by others toward those who possess qualities judged dangerous, objectionable, or unworthy (Marsh & Noguera, 2018). Stigma often translates to targeted and systemic discrimination of individuals or groups (Sharma, 2018).

However, the use of mental health related labels has significantly increased since Goffman’s (1963) work, as labels have been used to better categorize various conditions warranting medical and educational interventions (DeRoche, 2015). Terms like depression, anxiety, and learning disability are now well incorporated into the lexicon of society at-large (Furedi, 2004), as a vast array of special education labels are used for purposes of establishing



disability determinations (DeRoche, 2015). Although stigma related to special education remains closely associated with decreased expectations and diminished prospects for future success, labels are prevalent (Marsh & Noguera, 2018; Shifrer, 2013). Perhaps for parents, challenges related to labels and thus associated stigma are mitigated by the active involvement of parents in their child's education.

Some studies have assessed parents' perceptions of the benefits and internal struggle experienced when acquiring special education labels for their children (DeRoche, 2015). Ong-Dean (2009) examined the relationship between "economic and cultural capital" (p. 5) and access to Special Education Services. The researcher noted that wealth and privilege are a strong predictor of a parent's likelihood to fully access special education resources, including classroom accommodations and therapeutic services (Ong-Dean, 2009). DeRoche (2015) noted similarly that parents with substantial resources and capital actively engage in acquiring labels and services for their child throughout the special education process. Ong-Dean (2009) described an evolution of parental roles in special education where parents with privilege actively advocate for educational resources and accommodations as both a disability and education movement. Although special education labeling generally remains a challenging prospect for parents, Gold and Richards (2012) contended that many White, professional, college-educated, upper income level parents more readily accept the labels their children are assigned versus African American parents, finding them useful toward the acquisition of better services and support, in meeting their child's educational needs (Gatlin & Wilson, 2016).

Sociologists generally view labeling negatively due to adverse individual consequences (Kayama & Haight, 2018; Marsh & Noguera, 2018; Shifrer, 2013). For example, labeling could be used to create barriers to peer interactions, employment, and a healthy self-esteem (DeRoche,

2015), creating less successful outcomes for students with special education labels (Gatlin & Wilson, 2016). Moreover, African American students with disability labels are more likely to be segregated into more restrictive educational settings, like separate classrooms or schools, where behaviors targeted for intervention are often reinforced (Arishi et al., 2017).

**Disproportionality.** Disproportionality is characterized as a significantly different proportion of a group's representation in a category, such as special education, versus in the total population (Strassfeld, 2017). In special education, disproportionate representation is specified as a distinctly different proportion of culturally and linguistically diverse students identified with disabilities (Ford & Russo, 2016; Wiley et al., 2013). An overrepresentation of culturally and linguistically diverse students receiving Special Education Services indicates they are represented in larger proportions (Byrnes, 2013).

A significant amount of research over the past 40 years supports the claim of an overrepresentation of African American children in special education (Jonak, 2014). For example, a seminal article by educational researcher Lloyd Dunn (1968) challenged whether special education procedures for the mildly retarded, as routinely practiced, were justifiable. Dunn claimed that 60–80% of students taught in self-contained special schools or classes were low-income minority students deemed mildly retarded. Further, Dunn alleged that such children were often improperly labeled as mentally retarded and inappropriately placed in segregated “special” (p. 6) programs. Dunn viewed those practices as ineffective, in some cases harmful, and thus morally wrong. According to Dunn, the intent of special education practices was two-fold: first, to provide a more appropriate learning environment to accommodate for the supposed learning deficiencies of socially and economically deprived children, allowing them to be

successful; and second, to relieve pressure on the general classroom environments for more capable students to learn (Dunn, 1968).

In addition to literature advanced by researchers, governmental policy also reflects the concern of overrepresentation of racial minorities in special education programs. The most recent amendment to IDEA requires each local education agency to establish prevention policies and monitoring procedures as a systematic approach to address the issue of overrepresentation (Byrnes, 2013). However, “inappropriate identification” is not clearly established by IDEA. Instead, individual states or local education agencies independently decide which identification procedures might be considered improper (Strassfeld, 2017). Additionally, special education eligibility qualifications vary by state. States, therefore, might differ concerning the strictness of standards for disability classifications (Byrnes, 2013).

Finally, case law underscores the concerns of those who sought redress through the court system regarding inappropriate special education identification practices affecting their children. For example, in *Blunt v. Lower Merion School District—U.S. District Court for the Eastern District of Pennsylvania*, the plaintiffs claimed the school district racially discriminated against African Americans by disproportionately identifying them for special education programs (Strassfeld, 2017). The combination of special education literature, governmental policy, and case law point to the validity of concerns among parents, schools, and state and local governments over issues of disproportionate representation of minorities in special education (Sullivan & Bal, 2013).

According to Ford and Russo (2016), African Americans are “overreferred, overidentified, and overrepresented in special education” (p. 50) unlike any other racial group. Despite numerous education mandates and other legislation, some contend that the

overrepresentation of African American children in special education has not improved (Ford & Russo, 2016). However, it is important to note that appropriate identification of disabilities creates opportunities for students with a legitimate need to receive valuable resources that aid in their success (Sullivan & Bal, 2013).

According to Ford and Russo (2016), overrepresentation should be negatively viewed if students are identified for Special Education Services when better options exist, if students are identified due to inadequate instruction in the general classroom setting, or if students are provided instruction that impedes their opportunity to transfer back to the general classroom setting. In 2014, the Department of Education submitted a Request for Information, under section 618(d) of IDEA, seeking public comments on ways to address the issue of significant racial and ethnic disproportionality, involving special education identification, placements, and disciplinary actions (Strassfeld, 2017). Successful efforts led to revised regulations that include a standardization of methods states must use to identify the existence of disproportionality, as well as requirements to correct it (Strassfeld, 2017).

Although disproportionate representation of culturally and linguistically diverse students in special education is a well-established issue dating back decades, the perceptions of parents and children regarding programs, issues of justice, and long-term impacts have routinely been disregarded (Williams, 2007). A perception of overrepresentation of African American students in special education might lead some to believe that these diagnoses are not accurate, but rather an attempt to impose a form of racial injustice within schools (Ford & Russo, 2016). Parents who believe this might be the case would likely be less receptive to accepting what they perceive as an unfair special education label applied to their child.

**High-incidence disabilities.** IDEA establishes distinct disability classifications that include intellectual disabilities, a hearing impairment including deafness, a speech or language impairment, a visual impairment including blindness, serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities [20 U.S.C. §1402(3)(a)]. Research indicates that despite the significantly increased numbers of culturally and linguistically diverse students in the United States, this population remains “underassessed, misdiagnosed, and placed into special education unnecessarily” (Jonak, 2014, p. 42), especially for high-incidence or judgmental disabilities, such as specific learning disabilities (SLD), emotional disabilities (ED, including emotional and behavior disorders), or cognitive impairments (CI, formerly mental retardation). Research focused on the disproportionality among African Americans in the high-incidence disability categories is especially important to consider (McKenna, 2013; Sullivan & Bal, 2013).

Certain disability diagnoses can be viewed as subjective, where assessments are made as a series of judgments regarding academic performance and behaviors during the referral, evaluation, eligibility determination, and placement (Gold & Richards, 2012; Marsh & Noguera, 2018). High-incidence disabilities are particularly challenging to assess, given their definitions in accordance with IDEA (Gold & Richards, 2012; Marsh & Noguera, 2018). However, research consistently reflects racial disproportionality and policy intended to correct such disparities (Sullivan & Bal, 2013).

One category of high-incidence disabilities in which African Americans are continually found to be disproportionately represented is the category of emotional and behavioral disorders (EBD), and statistically speaking, it appears that African Americans males are most vulnerable to

such a classification (Sullivan & Bal, 2013). Typical behaviors associated with EBD include “aggression, acting out, fidgeting and squirming, out-of-seat behavior, noncompliance, and impulsivity” (Harrison, Bunford, Evans, & Owens, 2013, p. 553). Disproportionate placement of culturally and linguistically diverse students is concerning due to the subjective nature of the identification process (Harry & Klingner, 2014), associated stigma (Albert et al., 2016), and poor outcomes (Artiles et al., 2010). However, Wiley et al. (2013) were careful to note conversely that failure to identify and treat students with EBD often results in future treatment “as criminals in the legal system” (p. 44).

Perhaps more critically, of the high-incidence disabilities, SLD is consistently the largest category of classified disabilities under IDEA (NCES, 2012). Like EBD, some contend that learning disabilities, as a subjectively identified disability, are “socially constructed and created by misdirected efforts of educational reform” where students are “instructional casualties and not truly disabled” (Etscheidt, 2013, p. 181). The term *specific learning disability* refers to a “perceptual impairment” (Idler, 2015, p. 30) and is a disorder, noted by discrepancies in intellectual ability versus achievement, manifested in verbal or written language deficiencies or mathematical problem solving.

In the 1970s, learning disorder was most frequently diagnosed among children of more affluent backgrounds but eventually shifted in predominance to less privileged children (Ong-Dean, 2009). Similarly, throughout the 1980s, students diagnosed with learning disorder increased, along with a rapid increase in the rate of their placement in restrictive settings (Kirby, 2017). By 2018, seven million students were receiving Special Education Services, and nearly 34% were diagnosed with a learning disability (U.S. Department of Education, 2019).

Prior to the IDEA 2004 reauthorization, the method of determining diagnoses for learning disabilities required “determination of a significant discrepancy between measured potential and displayed academic achievement” (Bineham et al., 2014, p. 230). Political pressure to address the increasing numbers of children identified for special education and receiving services led to development of response-to-intervention, an early intervention process to better identify reasons for unsuccessful academic performance (Etscheidt, 2013). With the reauthorization of IDEA, response to intervention (RtI) was created as a new method of determining the factors causing poor academic performance in students through implementation of research-based interventions (Bineham et al., 2014). The premise of RtI was that students genuinely in need of Special Education Services would be more accurately identified (Bineham et al., 2014).

Nevertheless, as recently as 2013, an annual report to Congress revealed African American students are twice as likely to be identified with both intellectual and emotional disabilities, twice as likely to be diagnosed with a developmental delay, and 1.5 times more likely to receive a diagnosis for specific learning disability than other students (Ford & Russo, 2016). Within the context of overall issues of disproportionality, parental perceptions of educational inequity for culturally and linguistically diverse students might appear reasonable and defensible (Cartledge & Robinson-Ervin, 2016).

### **Design of the Special Education System**

There are specific safeguards for parents built into special education procedures, as outlined through IDEA, which might serve as a mechanism for providing parents with confidence in the process that leads to a determination of eligibility for special education and related services for their child, including the accuracy and appropriateness of the determination, and the plan to ensure their child receives the free and appropriate public education they are

guaranteed by law. For example, within the mandates of IDEA, parents are involved throughout the implementation of special education procedures. Specifically, parents are required to be notified of a referral and must provide their consent before an evaluation for special education eligibility and related services can be conducted. Similarly, parental consent is required elsewhere throughout the process as well.

Additionally, there are methods, outside of IDEA mandates, that are designed to help assure parents their child will receive the free and appropriate public education guaranteed to each child. The most significant mechanisms are RtI models, which are used to augment the effectiveness of the special education evaluation process. Researchers and practitioners use RtI models as a scientific-based intervention, aimed at identifying specific factors leading to poor academic performance (Kirby, 2017). Overall, RtI has been considered effective in reducing racial disproportionality in special education (Robinson, 2016).

**Parental involvement.** A significant amount of the literature supports the view that parental involvement overall is important to the academic achievement of students K–12 (de Apodaca et al., 2015; Jeynes, 2012). Parental involvement is often broadly defined in terms of resources expended by parents in their child’s educational experience (de Apodaca et al., 2015; Epstein, 2010; Jeynes, 2012). Parental involvement is also often defined as a categorization of parental functions that include providing support to children and encouraging participation in school, volunteering, providing homework support, communicating with schools, participating in school-based committees, and participating in school and community activities (Epstein, 2010). Alternatively, parental involvement is frequently defined more generally as parents’ active



engagement in assisting with the educational pursuits of their children (Murray & Mereoiu, 2016).

Many studies reflect the importance of parental involvement as a factor in a child's development (Burke & Hodapp, 2016; Epstein, 2010; Jeynes, 2012). For example, parental involvement is positively associated with academic self-concept (Harding, Morris, & Hughes, 2015; Ju, Zhang, & Katsiyannis, 2013), and parents' hopes and expectations for their child's educational achievement correlate strongly with actual academic achievement (Park & Holloway, 2013). Regarding special education, parental involvement is mandated by law and is clearly delineated in executing the requirements of the special education process.

However, research indicates that parental involvement in general varies relative to socioeconomic and cultural backgrounds of families (Daniel, 2015). Research indicates that parents of low socioeconomic status tend to be less involved in their child's education due to conflicts with work or responsibilities related to younger children or ill family members, thus hindering the family-school partnership experience (Calzada et al., 2015). In addition to economic disadvantage as a factor, partnership barriers are also typically more common among the culturally diverse (Daniel, 2015; Williams & Sanchez, 2013; Wolfe & Durán, 2013). In a study conducted by Williams and Sanchez (2013), the researchers found that parents and school personnel of a predominantly African American urban school identified parental barriers to children's education, categorizing them as issues of time, access, financial resources, and awareness. Finally, in a study conducted by Lindberg (2014), the researcher found that 51% of the 212 student teacher participants in the study perceived that parent-school conflict was due to teacher-related obstacles and nearly 45% of a group of 144 participants assessed that the difficulty was due to parent-related obstacles (p. 1357). Various factors were cited by

participants as perceived root causes of the conflict, ranging from beliefs that teachers viewed parents as ill equipped for constructive involvement and others cited the unwillingness of parents to become involved despite teacher encouragement (Lindberg, 2014).

Within the realm of special education, Haley et al. (2013) conducted a study to examine parental reactions to requests for evaluations for special education eligibility for their child and the IEP process. The researchers noted that half of the participants indicated they felt unprepared to receive the notice of eligibility, describing their emotions as shock, anger or frustration, or worry (Haley et al., 2013). Palawat and May (2012) described difficulties related to parental involvement as one of three main barriers that challenge the special education process. The three barriers concern cultural beliefs regarding disabilities; perceptions of parent–school collaboration; and special education procedures regarding referral, evaluations, and special education placement.

Parents have an important perspective regarding their child and their child’s educational needs. As established by IDEA, parental involvement is critical to a successful special education process from the referral stage to decisions on appropriate services. Therefore, regardless of the source of parent–school difficulties, it is essential that school leadership understands the potential positive outcomes to improving parent participation and that school leadership sees good parent–school relations as a critical component of the special education process.

**System safeguards.** Despite the well-intentioned design of the special education system, safeguards are necessary to ensure parents and their children are protected; IDEA provides needed safeguards (Etscheidt, 2013). Procedural safeguards incorporated throughout the history of special education legislation included important parental rights and protections. A free and independent educational evaluation (IEE) is one of those rights afforded to parents as an extra

measure of protection to guard against what parents might perceive as unfair decisions concerning their child. Parents might choose to exercise their right to an IEE for several reasons. For example, a parent might challenge the appropriateness of a least restrictive environment decision, disagree with the school's evaluation identifying their child's disability, question the school's determination of their child's progress, or fail to effectively communicate with the team. Finally, it is important to note that Congress also provided parents and schools with the right to initiate a due process hearing to ensure rights and protections are enforced (Imber, 2013). However, parents have the right to revoke consent for initial provisions of special education and related services and are permitted to revoke consent for those services at any time (Etscheidt et al., 2012).

***Response to intervention.*** Despite the challenges to ensuring all students receive a free and appropriate public education (FAPE), there are mandatory steps within the special education eligibility process designed to reassure parents that their child will be treated properly and equitably. Due in part to the political pressure to properly identify students with diagnosable disabilities and to minimize the numbers of students improperly categorized with learning disabilities, a response-to-intervention (RtI) approach was adopted (Etscheidt, 2013). The RtI is an early and intensive intervention (Etscheidt, 2013; Sullivan & Castro-Villarreal, 2013) viewed by many as effective in identifying children with an SLD in accordance with IDEA (Daves & Walker, 2012). IDEA recognizes RtI's scientific, research-based interventions as effectiveness in accelerating successes among low-achieving students, thus more accurately identifying those who should be further assessed for special education eligibility (Daves & Walker, 2012).

RtI was designed as an early intervention mechanism to identify struggling students in the general education setting; however, IDEA does not establish legislative guidelines

concerning collaboration between general and special education in RtI's implementation (Bineham et al., 2014). The goal of RtI is to determine root causes of low academic performance using research-based interventions, distinguishing between causes related to a disability versus other factors (Kirby, 2017). RtI is also useful in addressing issues of disproportionality through implementation of IDEA's requirement for states to examine instances of disproportionality by factors of race, ethnicity, and disciplinary actions (IDEA, 2004). Given occurrences of significant disproportionality, IDEA (2004) directs public reporting of state data, implementation of appropriate modifications to state policies, and a commitment of funding for early interventions aimed at affected student populations.

RtI is a three-tiered approach implemented first through use of "school-wide positive supports and quality instruction" within Tier 1 (Reschly, 2014; Robinson, 2016). Tier 2 is comprised of data-driven instruction provided within the general classroom setting (Reschly, 2014). After a period of observations and review, determinations are made concerning students' progress; however, states vary in their model of Tier 3, with some providing additional resources and services without a special education determination included (Reschly, 2014). To the contrary, other states use Tier 3 as the stage for special education referrals (Reschly, 2014).

***Evaluations and eligibility meetings.*** Subsequent to the implementation of RtI measures, an evaluation can be conducted under specific guidelines to further assess children for special education eligibility. The evaluation process used to determine disabilities, including learning disabilities, incorporates numerous assessment tools and strategies in determining special education eligibility (Etscheidt, 2013). The post-evaluation process requires that a team comprised of parents, teachers, and school leadership collaborate to share their views and expertise regarding the evaluation associated with the child's referral. During that process, the

needs of the child are identified and suggested strategies for the child's improvement are offered (Palawat & May, 2012). Parents play a key role in this phase of the process by ensuring that important factors are addressed and considered by the team as strategies are developed and decisions are made concerning their child (Murray & Mereoiu, 2016). Early and accurate determinations help children to obtain appropriate services and improve their opportunities to achieve success (Macy, Marks, & Towle, 2014).

The next important phase in the process after a child is deemed eligible for special education and related services is the IEP meeting. The IEP meeting is designed to determine the child's special education placement, which includes where a child receives Special Education Services. During the IEP meeting, parents confer with the collaborative team of school leaders to review results from formal evaluations, discuss the various recommendations of the team members, determine educational goals, and approve special education placement decisions. It is at this meeting where parents are offered the opportunity to consent to the individualized plan, referred to as the IEP, created during the collaborative IEP meeting. Perhaps the greatest area of authority within the special education mandates for parents to exercise is their rights within the IEP process. Parents share an equal role with other team members in the special education process. Parents have a great deal of authority and responsibility among the collaborative team of school staff in determining special education improvement programs for their child (Byrnes, 2013; Cheng, Tuchman, & Wolf, 2016).

Special education placement and services are offered subsequent to parental consent to evaluations and the IEP, both of which parents have the right to decline (Etscheidt et al., 2012). Ultimately, a parent's lack of consent anywhere in the process is grounds for termination of the procedures. All members of the parent-school collaborative team are charged with advocating

for children and promoting what is in each child's best interest. However, parents are arguably their child's best advocate. Parents have a perspective of their child that perhaps uniquely equips them to know best the supports and resources needed to help their child succeed (Palawat & May, 2012). Parent-school teams that establish and maintain open communications, as well as a fair and collaborative environment, are likely to be more productive (de Apodaca et al., 2015). Effective partnerships "can reduce disparities in school outcomes" (Hinojosa, Hinojosa, Nguyen, Bright, & University of Central Florida Child Health Research Group, 2017, p. 583).

***The role of school psychologists.*** Additional mechanisms incorporated into the special education system to help parents navigate the critical process of ensuring their child receives a FAPE include the role of school psychologists. School psychologists are key to helping parents understand the evaluation and referral process and are helpful in obtaining parental consent for an evaluation for eligibility (Etscheidt et al., 2012). Often psychologists create relationships with parents that result in parents feeling reassured about the need for testing and confident in testing results (Amend & Peters, 2015). The lack of a positive relationship with the school psychologist might contribute to the prospect that parents perceive harm to their child from an evaluation, fear a stigma associated with a disability designation, question the credentials of the evaluator, or have concerns surrounding issues of predetermined placement decisions (Etscheidt et al., 2012).

***Parental consent and due process.*** Etscheidt et al. (2012) presented scenarios from their research in which parents failed to consent to an evaluation for their child but were overridden by a hearing officer. In one example, a parent failed to consent to an evaluation for her son, believing that the school district had predetermined that her son would be placed within the school system rather than in the parent-preferred home school environment. Due to compelling evidence, the hearing officer determined that the psychologist should complete the evaluation.

In fact, in six of seven cases reviewed, the hearing officers overruled the parents and conducted evaluations, in an effort to provide a FAPE (Etscheidt et al., 2012). Despite the apparent good intentions of all parties, school districts may seek and gain approval via a hearing to proceed with an evaluation without parental consent. However, parents still maintain the right to refuse Special Education Services offered to their child when deemed eligible (Etscheidt et al., 2012).

### **Parent–School Conflict**

Despite the promising parent–school partnerships Congress envisioned, sometimes the collaborative process is not a positive experience for all involved (Burke & Hodapp, 2016; Haley et al., 2013). Sometimes the parent–school relationship breaks down beyond repair (Imber, 2013). In fact, special education court actions have increased over recent decades (Zirkel & Hetrick, 2017). However, most often parent–school partnerships are successful and widely associated with improved student success (Daniel, 2015). In the effort to best promote the success of students with disabilities, IDEA mandates parent–school collaboration. Specifically, IDEA affords parents a shared decision-making role with schools in planning and implementing an appropriate educational program for their children (IDEA, 2004). However, differences of opinion sometimes arise as all parties attempt to pursue what is both correct and legal in advocating for students with disabilities.

Francis, Blue-Banning, Haines, Turnbull, & Gross (2016) conducted a study to understand parents’ perspectives on the nature of successful parent–school partnerships within their schools. The researchers looked at groups of parents both with children with disabilities and those without. The following emerged as themes that most influence successful partnerships: communication; feeling a sense of belonging, professionalism, competency, and commitment; and family leadership (Francis et al., 2016).

Conversely, Lake and Billingsley (2000) conducted a frequently cited study of factors that lead to parent–school conflict in special education. The researchers defined conflict as differences arising from specific educational circumstances and viewed it as both inevitable and representative of the human condition. Lake and Billingsley found that differing views of a child’s needs, overall knowledge, delivery of services, resource constraints, views of human value, the dynamics of power, communication, and trust were common factors that intensify conflict (p. 240). Such differing views between parents and school leadership are the most common factors in parent–school conflict accounting for 90% of the conflict in cases studied (Lake & Billingsley, 2000). The seminal work of Deutsch (1977) reveals other important factors that escalate or deescalate conflict, such as struggles for resources, personal preferences, disparate values, concepts of reality, and the nature of the relationship between parties. Finally, it is important to note that some causes of parent–school conflict simply result from genuine disagreement on what strategies are best for creating successful outcomes for children with disabilities (Murray & Mereoiu, 2016).

**Parental perceptions.** Parents’ perceptions of what is best for their child is of paramount importance, and IDEA reflects this importance via the delineation of the role of parents in the special education process. Parents’ perceptions of their ability to effectively advocate for their child are influenced by their expectations of schools, their perception of the school’s willingness to collaborate, the school’s expectations of students and parents, and the degree of differences between school and home cultures (de Apodaca et al., 2015). There are



many factors that serve as potential roadblocks for effective parent–school collaboration during the special education process (Burke & Goldman, 2017).

In research conducted by Zeitlin and Curcic (2014), the researchers interviewed 20 parent participants regarding their perceptions of the IEP. Predominant themes that arose from parents' responses were feelings of dissatisfaction, frustration, and sadness (Zeitlin & Curcic, 2014). Some parents expressed “feelings of invisibility” (Zeitlin & Curcic, 2014, p. 378) and a belief that their views were not valued. Other parents believed school leadership was overbearing in nature, designed to “keep their children down” (Zeitlin & Curcic, 2014, p. 379), instead of being supportive and helpful. Additionally, parents report feeling dominated during IEP meetings (Zeitlin & Curcic, 2014). Parents who feel less efficacy in advocating for their child are less capable of contributing to a healthy parent–school collaboration (Burke et al., 2016). Many parents viewed the IEP experience as a strong emotional event that brought out predominantly negative feelings (Zeitlin & Curcic, 2014). However, it is particularly noteworthy that Ong-Dean (2009) asserted that parents are thus reluctant to strongly challenge the school's special education judgements and determinations, “even when convinced that their children have been incorrectly diagnosed or that they are receiving the wrong treatment” (p. 28).

In addition to feeling intimidated by educational professionals present at IEP meetings, parents may also be suspicious of school personnel and question their intentions or involvement in the IEP process (Zeitlin & Curcic, 2014). In research conducted by Strassfeld (2017), parents expressed great doubt about the legitimacy of special education programs, conveying a view of special education as a primary mechanism used by schools to remove less desirable students from general classroom settings. This notion is supported by the disproportionately high number of African American children diagnosed with high-incidence disabilities associated with

“aggression, hyperactivity, and oppositional defiance” (Williams, 2007, p. 258), who are often removed from general education classrooms. Further, parents are skeptical of the identification process for such disability diagnoses and believe children who are placed in special education classrooms are unlikely to return to general education classrooms settings (Williams, 2007). As a result of parents’ lack of trust of a system they perceive may not be working in their child’s best interest, parents may be less likely to work with the collaborative team in the special education process (Idler, 2015; Turnbull & Turnbull, 2015).

To improve negative special education experiences, parents recommended that schools provide parental training to increase their overall understanding of certain special education processes and therefore aid in parents’ ability to effectively participate as equal members of the parent–school team (Palawat & May, 2012). A healthy, collaborative effort where teams value parents’ thoughts and concerns will likely lead to more appropriate educational programs and effective outcomes for students (Palawat & May, 2012). According to the researchers, trusting parent–school partnerships is the fundamental factor that minimizes conflict and contributes toward positive outcomes for all parties (Francis et al., 2016).

**Personal struggles or factors of stress.** There are personal struggles that parents of children with disabilities might face as they make decisions concerning their child’s education. For example, parental stress is an important consideration for understanding barriers to strong parent–school collaborative relationships. For many parents, the special education process can be quite stressful (Haley et al., 2013). Although the law is clear in its intent that parents be given an equal voice with all other members of the parent–school collaborative team, the process of advocating for children can appear quite challenging (Burke & Hodapp, 2014). Parents are often faced with unfamiliar school settings and special education terminology, an intimidating

environment, and a lack of confidence in challenging a team of educational leaders on differing views of what is best for their child (Zeitlin & Curcic, 2014).

Additionally, Burke and Hodapp (2014) examined maternal stress as another important factor in identifying predictors of challenges to parent–school collaborative efforts within special education environments. The level of stress felt by mothers of children with developmental disabilities is closely correlated with family–school partnerships. Mothers with lower stress levels experienced more effective parent–school collaboration (Burke & Hodapp, 2014). Burke, Chan, and Neece (2017) also related the correlation between less maternal stress and higher levels of parental advocacy during the IEP meeting and in the IEP process. Additionally, parents expressed a feeling of less stress and more positive parent–school partnerships when they felt respected by other members of the collaborative parent–school team (Burke et al., 2017). Finally, the researchers concluded that a crucial factor to parents experiencing lower stress levels was a “good-to excellent parent–school relationships (vs. poor-to-fair partnerships)” (Burke & Hodapp, 2014, p. 13).

Research also reflects how parents’ experiences and memories of school can influence their attitude and level of involvement in their child’s school experience. Research indicates that memories of stressful school experiences for parents contribute to the degree to which they monitor their child’s learning and education (Miller, 2015). Parents’ reactions to their child’s introduction to school vary depending significantly upon parents’ recollection of their own experiences (Haley et al., 2013). Many of the parents who personally experienced the special education system in their childhood expressed a desire to support their children. However, many of these parents lacked confidence in their ability to properly address their child’s academic needs, especially those regarding special education programs and services (Miller, 2015;

Williams & Sanchez, 2013). The participants who reported negative memories related to their academic experiences primarily recalled a school identity characterized by a special education label. In research conducted by Miller (2015), 24 parent participants (16 mothers, eight fathers) from lower socioeconomic backgrounds were asked to reflect on their child's introduction to kindergarten and their memory of their own school experiences (Miller, 2015). Special education labels arose as a significantly meaningful memory of parents relative to their perception of their child's transition to school (Miller, 2015). Parents offered insights into connections between memories of their experiences and their impact on thoughts and behaviors affecting their child's school transition and current parent-school relationships (Miller, 2015).

**Socioeconomic factors.** It is much more challenging for poor parents to provide adequate supports for children, particularly children who clearly need additional supports (Lee, Clinton, Rispoli, & Lee, 2017). Issues of socioeconomic status (SES) are sometimes relevant to discussions of parents raising children with disabilities (Park & Holloway, 2013). A significant number of studies indicate that, in general, low-income parents are less likely to be involved in their child's school experience (Lee et al., 2017; Park & Holloway, 2013). Poor families are less focused on providing parental supports for children with disabilities when they are overwhelmed with daily challenges to survival (Lee et al., 2017). Economic vulnerabilities in the family pose significant risks for family functioning and child developmental outcomes, and the challenges are even greater for families raising children with developmental delays in urban settings (Park & Holloway, 2013).

Poverty can be displayed in homelessness or lack of adequate housing, difficulty in meeting basic family needs such as food and clothing, and insufficient wages. More pertinent to this study is that poverty is often closely associated with poor decision making and problem-

solving skills and that anger or hopelessness is a frequent response to everyday stressors (Geronimus et al., 2015). Parents often feel marginalized in the special education process; however, poor and minority parents are perhaps more vulnerable to hinderances to effective parent–school relationships due to dissimilarities with schools in overall “assumptions, beliefs, desires, and styles of interaction” (Ong-Dean, 2009, pp. 28–29). SES is assessed by parents’ level of education, income, and employment status (Ong-Dean, 2009) and is well reflected as a major factor in understanding education outcomes (DeRoche, 2015; Sharma, 2018).

Research reflects that lower income families have limited resources available in addressing issues concerning disabilities, as opposed to middle- and upper-income families (Davies & Rizk, 2018). SES is a strong predictor of educational achievement (Davies & Rizk, 2018). Researchers refer to this dynamic as cultural capital, explaining that parents with higher levels of SES possess privileges that afford them resources which enable them to better advocate for their child’s success (Davies & Rizk, 2018). Such parents use their money, social connections, educational backgrounds, and status to understand their child’s diagnosis and to advocate for resources, such as medical treatments, therapies, social and physical activities, and educational supports for their child (DeRoche, 2015).

Parents considered disadvantaged from this perspective often experience circumstances that interfere with their ability to intervene in a manner similar to their higher SES counterparts (Davies & Rizk, 2018; Ong-Dean, 2009). Due to possible extended work hours, multiple jobs, and other responsibilities regarding support for their family, some parents have limited ability to attend meetings and otherwise collaborate with schools on their child’s behalf (Lee et al., 2017). Thus, schools might consider factors affecting parents’ availability and overall knowledge of special education program and services.

## School Choice

As societal views evolve and social constructivist ideas expand, more options exist for students with disabilities to attend schools in different educational settings. Additionally, parents fighting for the rights of their children with disabilities has led to more accessibility of public funding and resources in non-public school settings (Cheng et al., 2016). In addition to homeschooling, there are a host of options available to parents of students with disabilities in the realm of private schooling. Such options include voucher programs, tax-credit scholarships, and education savings accounts totaling over a dozen different private school choice programs, and many of these options provide public funds to parents to assist with educational resources, an option particularly useful for homeschooling families (Cheng et al., 2016).

Although more school choice options are often viewed favorably, little research exists concerning their effectiveness, especially regarding students with disabilities (Cheng et al., 2016). Parents of children with disabilities who seek a homeschool option in lieu of their child receiving full Special Education Services at a local public school may forfeit the support of a robust collaborative special education team and instead function alone in the process of determining what is best for their child (Cook, Bennet, Lane, & Mataras, 2013). The prospect of foregoing the support of a team of educators and service providers tasked with providing their experience and expertise might indeed be quite daunting for homeschool parents (Cheng et al., 2016).

Cheng et al. (2016) did not examine homeschool parents as sole providers of the resources and services required for their children, but rather looked at homeschool families who received local school, government, or health care provider support. However, most private school choice options are not mandated to provide an IEP to children with disabilities (Cheng et

al., 2016). IDEA (2004) does require that states or local education agencies “identify, locate, and evaluate students with disabilities in private schools” (Cheng et al., 2016, p. 383), but there is no federal requirement to do so for students who are homeschooled. Parents of homeschooled students with disabilities are only provided with a mechanism within the legal language of IDEA to receive evaluations and some support for services (Cheng et al., 2016).

Researchers offer clear examples of circumstances in which a parent may elect to home school their child rather than participate in a public school special education program. For example, Danforth and Rhodes (1997) cited from Taylor’s (1991) work, *Learning Denied*, where a child was determined to qualify for Special Education Services based on the child’s performance on a diagnostic reading evaluation. However, the parents, disagreeing with the conclusion of evaluations, fought against the disability label and placement and elected to home school, as opposed to undergoing expected future due process challenges from school personnel. This scenario is increasingly reflective of the decisions parents make when encountering challenges in the special education environment (Cook et al., 2013).

Parents sometimes elect a homeschool option rather than accept Special Education Services for their child from the public-school system in order to avoid issues such as dissatisfaction with services offered by their public school or issues of bullying, stigma, and other negative school situations (Marsh & Noguera, 2018; Shifrer, 2013). In a homeschool environment, parents sometimes feel better equipped to provide an effective learning environment while successfully protecting their child from the negative effects of special education labels and harmful associated outcomes (Marsh & Noguera, 2018; Shifrer, 2013).

Additionally, charter schools are an option that almost every state offers and an increasing number of parents of children with disabilities choose to use these resources

(Naclerio, 2017). Like public schools, charter schools are funded by taxpayer dollars, but charter schools operate with more flexibility than public schools due to private management (Naclerio, 2017). Public schools are required by law to strictly enforce implementation of comprehensive special education programs, affording every student a free and appropriate public education; on the other hand, charter schools are granted more flexibility in this regard (Naclerio, 2017). An important feature that distinguishes public schools from charter schools is the absence of strong accountability mechanisms for charter schools, which may allow charter schools to deny access to children with disabilities (Naclerio, 2017). Nevertheless, charter schools can be a feasible option for some parents of students with disabilities who are not satisfied with a public-school choice.

### **Summary**

A significant amount of research reveals the importance of a positive parent–school relationship in creating successful special education experiences (Houser & Fontenot, 2015; Murray & Mereoiu, 2016; Zeitlin & Curcic, 2014). Parents/guardians who received notification of eligibility for Special Education Services are specifically of interest for the purposes of this study; therefore, it was important to examine factors that influence parental views and decisions regarding the special education process. More, Hart, and Cheatham (2013) wrote concerning the extra efforts required by schools to bridge gaps between parents and schools concerning cultural challenges. More et al. (2013) contended, “It is nearly impossible to address all of the cultural differences that must be considered when working with families from diverse backgrounds” (p. 118). However, ultimately the purpose of such studies is in part to suggest appropriate response strategies for school leadership to maintain healthy engagement and involvement of all parents.



When schools make the effort to treat parents as equal members of the collaborative team, educators are viewed by parents as less adversarial and intimidating (Zeitlin & Curcic, 2014). Therefore, all parties benefit from a more productive experience. The chasm sometimes created by cultural differences can only be diminished by recognizing and acknowledging those differences and demonstrating the skills and willingness to overcome them. Society would benefit from any extra effort exerted to determine how best to help all students achieve at their highest levels. Taking the extra effort required to overcome these challenges would be beneficial to all students, but particularly those children most vulnerable and truly in need of Special Education Services. Parents and schools must understand their influential role and help their children set and achieve the highest standards possible.

## **CHAPTER THREE: METHODS**

### **Overview**

The purpose of this hermeneutic phenomenological study was to investigate the decision-making experiences of parents/guardians relative to an offer of Special Education Services for their child. This chapter describes the methodology of the study. It also includes a description of the design, a review of the research questions, and an outline of the setting, participants, procedures, data collection methods and analysis, trustworthiness, and ethical considerations.

### **Design**

A qualitative research design was used to conduct this study. Qualitative research allows for a close, comprehensive examination of the experiences of the participants of the research through methods such as interviews and one-on-one conversations (Creswell, 2013). Also, typical of qualitative research and present in this study was the use of rigorous and varied data collection procedures and methods (Creswell, 2013). This design allowed parents of children identified with disabilities to discuss their experiences with Special Education Services in both a general and intimate manner. More precisely, the process gave voice to parents who received notification of eligibility for Special Education Services.

There are four common assumptions associated with qualitative research that further support its appropriateness for this study. One philosophical assumption associated with qualitative research is the ontological assumption of multiple realities (Creswell, 2013). The assumption is that as qualitative research is conducted, each researcher and the participants are expected to reveal different realities based on their varying individual experiences and views relative to the research problem. Interconnected with the philosophical assumptions of qualitative research are interpretative frameworks that guide this researcher's interpretation of

the data (Creswell, 2013). In the case of this research, social constructivism is the interpretative framework that best describes this researcher's intent to understand participants' personal experiences and the various, multiple, and often complex associated meanings of those experiences regarding aspects of special education (Creswell, 2013).

Further, within the context of qualitative research, the use of a phenomenological approach allowed this researcher to explore the experiences of parents who were offered Special Education Services for their child as a phenomenon (Creswell, 2013). A phenomenological approach requires the researcher to "suspend all judgments about what is real . . . until they are founded on a more certain basis" (Creswell, 2013, p. 77). Creswell (2013) refers to this process conducted by the researcher as bracketing. Each family and each individual parent has experiences that, when explored, provide insight into the factors parents consider when making decisions concerning Special Education Services. This researcher wanted to understand their lived experiences and ultimately inform the greater academic community of factors that potentially hinder effective parent-school relationships in special education.

Finally, using the hermeneutic approach (Moustakas, 1994) in understanding the human experience as a type of phenomenology, this researcher carefully listened to the stories of the participants. Moustakas (1994), in describing hermeneutical phenomenology, acknowledged the influence of political and economic factors as a reflection of historical context, which provides depth to the meaning of experiences. Hermeneutic phenomenology requires the researcher's interpretation of those experiences as opposed to transcendental which is more focused on descriptions of participants' experiences (Moustakas, 1994). This researcher examined common themes to convey what the participants described as meaningful and then provided the reader with an interpretation of participants' experiences as appropriate. For example, the reader may

view the participants' stories within a historical context, allowing them a deeper understanding of the experiences based on the influence of political, economic, and social factors (Moustakas,1994). However, it would be the researcher's job to be reflective and make such connections and interpretations, using the hermeneutic approach.

### **Research Questions**

Central Question: How did parents/guardians in one suburban county in the northern Virginia region who received notification of eligibility for Special Education Services determine whether they would or would not use those services for their child?

Sub-question 1: How, if at all, did the perception of special education designations impact the decision of parents/guardians in one suburban county in the northern Virginia region to use Special Education Services for their child?

Sub-question 2: How, if at all, did the quality of parent–school collaboration impact the decision of parents/guardians in one suburban county in the northern Virginia region to use Special Education Services for their child?

### **Setting**

The setting for this research was one suburban county in the northern Virginia region of the United States. Interviews occurred at locations mutually agreed upon by both the parents and the researcher. Typically, interviews for qualitative studies are conducted at a location where participants encounter the relevant events or experience the issues (Creswell & Poth, 2018). The goal was to provide a familiar environment to observe the participants in the context of where they live or function. However, regarding issues of special education, parents may be more inclined to openly discuss views concerning school leadership given a clear separation between the researcher and the school system. Therefore, this researcher served in the role as an *outsider*

and interacted with parents/guardians at a location away from school settings where Special Education Services were offered. Participants were sought from sites within one suburban county in the northern Virginia region. The initial site this researcher used to find participants and begin snowballing was a church actively involved with the local community in northern Virginia. This church attracts parishioners from various schools within the targeted county in the northern Virginia region. After understanding the purpose and scope of the research, church leadership agreed to contact several potential participants to ascertain their interest in participating in the research. Subsequently, this researcher connected with several parishioners.

### **Participants**

Phenomenological research requires a sampling population ranging from 3–4 to 10–15 (Creswell, 2013). For the purposes of this research, this researcher used a criterion sampling of 10 parents with children identified as eligible for Special Education Services. Criterion sampling requires that participants meet the specified criterion (Creswell, 2013). Selection criteria included parents/guardians of a child identified with a disability who were offered Special Education Services. This researcher recruited participants through a small church located in the northern Virginia region. As potential participants were identified, this researcher asked for referrals to others who met the criteria necessary for the study. This type of sampling is referred to as snowballing (Creswell, 2013). This researcher requested assistance from established contacts in identifying other possible participants; thus, a snowball sampling was used (Creswell, 2013). The number of participants was 10, with participants added until thematic saturation was reached (Creswell, 2013). Creswell (2013) described saturation as the point where no new information results from interviews of additional participants. The sample included parents of male and female students of varying ages and disabilities.

Table 1

*Description of Participants*

Pseudonym	Age	Marital Status	Children	Level of Education	Disability
Bobby	50	Married	3	B	ADHD
Carol	60	Married	2	B	Learning Disability
Cedric	76	Married	2	M	Learning Disabilities
Damon	37	Single	2	B	Autism
Gwen	62	Married	2	M	ADHD
Janie	78	Married	2	M	Learning Disabilities
Kelly	43	Married	4	A	Intellectual Disability
Kevin	62	Married	2	DDS	ADHD
Michael	45	Married	4	B	Intellectual Disability
Shelly	42	Married	3	M	ADHD

*Note.* Level of education is designated as associate degree (A), bachelor's degree (B), master's degree (M), and doctor of dental surgery (DDS). ADHD indicates attention deficit hyperactivity disorder.

### Procedures

No data were collected until Liberty University's Institutional Review Board (IRB) approval was received (see Appendix A). The procedures in this research included steps to find participants who were willing to discuss their experiences regarding offers of special education and related services for their children. This researcher made initial contact with prospective participants to explain the study and their role in the process. Prospective participants were told that the researcher was not affiliated with their child's school and that their participation was voluntary. To those who were deemed eligible to participate in the study, the researcher issued a consent form and a short questionnaire that captured basic demographic information about themselves and their child. Additionally, the questionnaire contained two short open-ended

questions regarding the participant's impression of Special Education Services. The researcher asked all participants to sign an informed consent form (see Appendix B) prior to their participation in the study.

This researcher requested that after signing the informed consent form, participants return it along with the completed questionnaire (see Appendix C). Where possible, this researcher met with participants at a mutually agreed upon location to complete these procedures in person. Two participants received and returned the forms by email. Those who received the forms through email downloaded the attachments, printed, completed, and scanned them for return to the researcher through email. Participants were also offered the opportunity to complete the documents through use of an online PDF annotator and document signing platform, such as DocHub. Participants were also provided with a letter or flier containing introductory information about the researcher and basic information concerning the study.

After receiving the signed informed consent forms and completed questionnaires, 10 participants were selected. The researcher interviewed 10 participants individually, at which time thematic saturation occurred (Creswell, 2013). Interview questions were designed to understand the stories of the parent participants. Prior to conducting the research, the researcher piloted the interview with two non-participants to further ensure the questions were suitable and clear. Interviews were recorded to ensure all details were properly captured. The researcher then transcribed the interviews.

Parents were then asked to complete a parental reflection form in which parents identified factors that influenced their decisions concerning the offer of Special Education Services for their child. The information contributed to the researcher gaining further insight into the decision-making processes parents used in making special education decisions regarding their

child. The participants were asked to rank order a list of factors presented on the form from greatest to least importance in terms of factors they considered in their decision-making process. Additionally, on the form parents/guardians were asked to provide a written reflection in their own words further describing the most predominant factors they considered when determining whether to accept Special Education Services for their child. Participants were offered an opportunity to write-in other factors not listed on the form. The completed forms were returned to the researcher by various means, including email, hand delivery, or via postal service. During a final interaction with select participants, the researcher discussed data collected from questionnaires, interviews, and the parental reflections. Participants had the opportunity to provide further feedback and clarification of the preliminary findings (Creswell, 2013). As necessary, final revisions were made in accordance with clarifications provided by participants.

### **The Researcher's Role**

One of my roles was to be a “key instrument” of the research, primarily through questionnaires, semi-structured interviews, and parental reflections (Creswell, 2013, p. 45). Creswell and Poth (2018) suggested that researchers in qualitative studies tend not to replicate questionnaires or instruments designed by previous researchers. Therefore, I created original instruments. The instruments were primarily comprised of open-ended questions to engage participants. I served as an interviewer and observer. The interviews were semi-structured to gain as much insight from the participants as possible. I audio recorded all interviews and sessions with participant permission. I provided the participants with their transcribed interviews to ensure accuracy. I then coded and categorized the interview content into themes. My social constructivist view influenced my desire to “look for the complexity of views rather than narrow the meanings into a few categories or ideas” (Creswell, 2013, p. 24).



During the interview process, my job was to listen attentively and as free as possible of biases and record the experiences of the participants. Throughout the research process, I frequently reflected on personal experiences, biases, and assumptions with respect to special education through re-reading journals containing personal stories (Creswell, 2013). I am an African American parent of a twice-exceptional child who was enrolled in a full-time Advanced Academics program but who also received Special Education Services. Creswell (2013) describes this “positioning” of the researcher as an axiological assumption, characteristic of qualitative research. I maintained a reflective log as data were collected and analyzed and included an excerpt in Appendix G of the dissertation. I bracketed out experiences to hear the voice of the participants; I did so by acknowledging prior experiences, preconceived thoughts, and biases and setting them aside to hear each participant, as much as possible, absent prior judgments (Creswell, 2013).

### **Data Collection**

Data were collected from 10 participants primarily using comprehensive interviews to address the central and two sub-research questions. Creswell (2013) emphasized the importance of interviews as the primary method for collecting information in phenomenological research. The researcher sought participants through contacts at a local church and then by using snowballing to connect with additional prospective participants. A letter was provided to church leadership, both hand-delivered and by email, to explain the research and to request permission to seek volunteers for the study. A flier advertising the search for participants was attached to the request. The flier contained contact information for the researcher and information regarding the questionnaire and the informed consent form.

Basic information was collected on each participant through the questionnaire offered with the informed consent form. The researcher requested that both the signed informed consent form and completed questionnaire be returned together, either in person, by email, or through postal delivery, before the researcher began conducting interviews. In addition to primarily demographic information, the questionnaire included two questions regarding participants' experiences with Special Education Services.

Next, the researcher arranged with the selected participants to conduct a semi-structured interview at an agreed upon time at an agreed upon location, to ask questions concerning the participants' personal experience making decisions regarding an offer of Special Education Services for their child. To gain additional insight, the researcher requested that participants complete a parental reflection form (see Appendix D) that allowed them to rank order listed factors and reflect in paragraph form the most predominant factors that influenced their decision-making regarding their child's eligibility to receive Special Education Services. Finally, the researcher re-connected with participants as a final opportunity to confirm preliminary findings. The researcher expected a corroboration of evidence from these varied sources of data, referred to as "triangulation" (Creswell, 2013, p. 302). Triangulation is achieved when evidence through different sources of data, such as questionnaires, interviews, and parental reflections, exists to establish clear themes (Creswell, 2013).

### **Questionnaires**

The questionnaire confirmed that prospective participants were eligible to participate in the study. Prospective participants were deemed eligible based on confirmation of their experience as a parent/guardian who received notification of eligibility for Special Education Services. The questionnaire was issued along with the informed consent form. The researcher

requested that both items be returned together to the researcher. Another purpose of the questionnaire was to gain basic demographic information while establishing a rapport with the participants. The requested information included the participants' name and contact information, gender, age, ethnicity, profession/career field, highest educational degree obtained, income level, their child's gender, current age and grade, age and grade when Special Education Services were offered, the school the child attended, and the category of disability diagnosed for their child.

The second purpose of the questionnaire was to begin to discover the participants' experiences with Special Education Services. The first question addressed the participant's overall impression of the school leadership involved in the special education process. The second question addressed the participant's overall thoughts concerning the willingness of school leadership to try to understand his or her child's educational needs. The researcher sought early indications as to how well the participant felt treated as an equal partner in the parent-school partnership. The answers to these questions helped the researcher begin to characterize the participant's experience with the special education process.

The questionnaire outline was as follows: Please provide the following information concerning yourself: name and contact information, gender, age, and ethnicity, profession/career field, highest educational degree obtained, annual income level (less than \$25,000; \$25,000–\$46,000; \$47,000–\$68,000; \$69,000–\$90,000; \$91,000–\$112,000; greater than \$112,000). Please provide the following information concerning your child: gender, age and grade, age, grade, and school attended when Special Education Services were offered, and the disability diagnosis. Income information was used to identify those below the poverty line of approximately \$25,000, as reflected in the census data for families of four with two children (U.S. Census Bureau, 2018). Additionally, captured in the income data of the questionnaire were

families who may have met the federal eligibility criteria for free and reduced lunch, which was \$46,435 for a family of four (U.S. Department of Agriculture, 2018). Lastly, the researcher captured those below and above the county median income. The county median household income for 2017, based on a five-year estimate (2012–2016), was \$114,329 (U.S. Census Bureau, 2018).

The open-ended questions were as follows: 1) Overall, what is your impression of the schoolteachers and administrators you worked with during the special education process? 2) Overall, how willing were schoolteachers and administrators to try to understand your child's educational needs?

### **Interviews**

The purpose of the interviews was to discover more detailed information about participants' experiences. The researcher asked parents/guardians to elaborate on their perceptions of the special education collaborative effort, their level of trust in the ability of the collaborative team to meet the educational needs of their child, and their personal values concerning education (see Appendix E). Face-to-face interviews began with the following two broad and general questions (Moustakas, 1994):

1. Please tell me about your child, including your son or daughter's strengths and favorite activities.
2. Please tell me about any specific challenges your child may experience.

Other specific, open-ended interview questions were as follows:

3. What are your thoughts concerning special education programs in general?
4. How familiar were you with the special education program before the experience with your child?

5. What were your concerns, if any, about your child receiving Special Education Services?
6. How did you feel emotionally when you received notice of your child's eligibility for Special Education Services?
7. Prior to making the decision on whether to accept Special Education Services for your child, how did you anticipate your child might benefit from such services?
8. How do you view school leadership's understanding of your child's educational needs?
9. How willing were teachers and school administrators to understand your child's unique educational needs?
10. Describe any circumstances where you feel teachers or school administrators did not treat you or your child fairly.
11. How well were teachers and school administrators able to assess your child's strengths and weaknesses?
12. How well did teachers and school administrators consider your views of your child's strengths and weaknesses?
13. Please discuss the disability for which your child was eligible to receive Special Education Services.
14. What was the rationale provided for why your child was eligible to receive Special Education Services?
15. What was your impression of the IEP?
16. What about the IEP experience, if anything, led to your decision whether to accept Special Education Services?

17. What doubts, if any, about purported benefits of special education made you consider not accepting Special Education Services for your child?
18. What factors most influenced your decision whether to receive Special Education Services?
19. What effect did you feel an experience with special education may have had on your child's future success?
20. What alternative assistance, if any, outside the realm of Special Education Services would you like to have seen your child receive?
21. Describe how satisfied you are with your decision relative to the offer of Special Education Services for your child.
22. What are your general privacy concerns regarding the information you provided in this study about your child?
23. What else would you like to share?

Questions 1–2 were designed to establish a rapport with the participants. Parents offer a unique perspective of their child, including an understanding of their child's strengths and challenges, needs, capabilities, and potential (Wolfe & Durán, 2013) and often appreciate opportunities to promote their child's positive features and reflect a favorable view of them. Demonstrating such a positive interest in their child is contrary to what some parents perceive as an unfair focus by school leadership on their child's weakness, frequently expressed during IEP meetings (Zeitlin & Curcic, 2014).

Questions 3–7 were intended to address participants' views of special education. More specifically, Question 3 allowed participants to express their most prominent current thoughts concerning special education. Questions 4–5 allowed the researcher to examine parents'

perceptions of special education prior to experiences with their child. Some parents have preconceived notions about special education programs and services that influence their response to offers of services for their children. Question 4 addressed the familiarity of parents/guardians with the special education process prior to becoming personally involved on behalf of their child. Research reveals that some parents report feelings of fear, intimidation, and a lack of confidence as they encounter a system with which they are unfamiliar (Zeitlin & Curcic, 2014).

With Question 5, parents were invited to describe any concerns they may have faced with accepting special education identifications for their child (Algraigray & Boyle, 2017; DeRoche, 2015). Special education is often associated with issues of negative self-perception and limitations to future success (Algraigray & Boyle, 2017; Arishi et al., 2017; Gatlin & Wilson, 2016; Shifrer, 2013). Additionally, negative associations can be reflected in negative views of students' abilities and potential by teachers and administrators, referred to as deficit thinking. Question 6 allowed the researcher to examine the actual experiences expressed by the participants. Question 6 addressed the emotions the participants experienced. Parents experience a wide variety of emotions as they begin their experience with special education. These emotions are often associated with emotions individuals experience when undergoing the grief cycle (Haley et al., 2013; Krishnan et al., 2017). Negative feelings expressed by parents sometimes accompany experiences with educational leaders with whom they differ concerning what is best for their child (Zeitlin & Curcic, 2014). Finally, Question 7 allowed the parents to reflect more deeply on past thoughts and actual experiences to delineate more clearly the decision-making process they used regarding the offer of Special Education Services for their child. This question also allowed the participant to reveal whether any particular elements of the special education program were not available or otherwise problematic regarding their child.

Questions 8–12 allowed the participants to express their experiences concerning issues of trust in school leadership. Of specific concern was parents' assessment of school leadership's ability and willingness to understand their child and to accurately assess their child's educational needs, as well as their child's strengths and weaknesses (Turnbull & Turnbull, 2015). Parents had the opportunity to address conflicting views with school leadership on what was educationally appropriate for their child. Questions 8–12 allowed parents to express concerns that delve gradually deeper into potential parent–school conflict regarding their child's educational needs. Effective parent–school partnerships are best based on trust (Turnbull & Turnbull, 2015).

Challenges to meeting the needs of students may be “related to cultural differences that school personnel are unable to assess or address” (Jonak, 2014, p. 42). Therefore, it was important for participants to be given the opportunity to discuss sensitive issues of race, such as African American overrepresentation and other racial disparities in special education that potentially impacted whether their child's educational needs were appropriately met. Without trust, “historically marginalized groups may interact with school personnel in ways that evince resistance” (Trainor, 2010, p. 246). Despite a noticeable African American overrepresentation in special education, minimal literature addresses African American perceptions of special education (Harry & Klingner, 2014). Questions 8–12 helped address this specific void in the literature.

Question 12 was intended to allow parents the opportunity to discuss concerns regarding how well they were treated as equal partners on the parent–school collaborative team. A concern of some parents involves the devaluing of parental expertise among school leadership (Wolfe & Durán, 2013). All parents have a unique point of view concerning their child's strengths and



weaknesses, needs, and abilities (Wolfe & Durán, 2013). Parents had the opportunity to address what many consider a rare opportunity within the special education environment to describe their child's strengths versus an emphasis only on their weaknesses (Wolfe & Durán, 2013).

Questions 13–16 were intended to allow participants to discuss eligibility determinations and any experiences with the IEP. Questions 13–14 provided the participants with the opportunity to discuss the disability with which their child was diagnosed. Parents do not always agree with their school leadership's conclusions concerning their child's disability. Both questions allowed parents the opportunity to address such perceptions of incongruence. Questions 15–16 addressed the conduct of the IEP. Parents do not always agree with their school leadership concerning whether the IEP appropriately addresses their child's disability. For some parents, the IEP is not a pleasant experience; rather, it is sometimes viewed as depersonalized, focused on “paperwork and compliance rather than collaboration with parents” (Zeitlin & Curcic, 2014, p. 373). Additionally, parents sometimes express feeling disadvantaged when challenging the expertise of their professional counterparts on the IEP team (Zeitlin & Curcic, 2014).

Questions 17–20 were designed to allow the participants to reflect once more on their decision to receive Special Education Services. Research identifies common issues that explain parents' refusal to consent to evaluations for Special Education Services. Five common reasons include the following: perceived harm from evaluations, the stigma associated with disability designations, unqualified evaluators, intent to refuse Special Education Services, and predeterminations for placement (Etscheidt et al., 2012). The intent of Questions 17–19 was to determine whether such factors were present in parents' thinking during the decision-making process regarding acceptance of Special Education Services for their child. The intent of

Question 20 was to reveal whether the participants identified a need for additional assistance for their child. Presumably, if no need was identified by a parent, then no need for special education would exist. If a parent identified a need for additional assistance, it is important to note what assistance outside of the realm of special education was deemed by them to be more appropriate. Question twenty was designed to address that important matter. After asking the participants to consider which factors impacted their decision regarding services (Question 18) and what effect they anticipated an experience with special education might have had on their child's future (Question 19), the researcher used Question 21 as a final attempt to address the participants' thoughts about their decision to accept services, despite the possibility of early misgivings. Question 22 was included to reassure participants that their identity and that of their child's would be kept confidential. Finally, Question 23 allowed the participant to address any further concerns prior to completing the interview.

### **Parental Reflection**

The purpose of the parental reflection was for parents/guardians to reflect on factors that influenced their decisions regarding their acceptance of Special Education Services for their child (see Appendix D). The parental reflection, an original instrument created by the researcher, included a list of factors that research indicates parents commonly struggle with concerning perceptions, attitudes, and concerns they face relative to special education related decisions (Burke & Hodapp, 2016; Murray & Mereoiu, 2016). Parents could also include factors not already listed on the form. Parents were asked to then rank order all factors most to least prominent in influencing their special education decisions. The parental reflection also afforded an opportunity for parents to write, in paragraph form, a reflection describing the most prominent

factors they considered when determining whether to accept Special Education Services for their child.

### **Data Analysis**

The researcher bracketed out personal experiences with Special Education Services. The researcher acknowledged personal biases and assumptions, while attempting to gain access into the lived experiences of the participants. Through an extensive review of questionnaires, parental reflections, and interviews, compiling quotes, and horizontalization of the data, the researcher developed clusters of meaning and looked for specific themes (Creswell, 2013). Creswell (2013) describes the development of themes as beginning with a process of memoing and coding the data. Memoing is the process of the researcher annotating thoughts or ideas directly on field notes or transcripts as ideas emerge during comprehensive reviews and analyses of participants' recorded and transcribed comments (Creswell, 2013). Next, the researcher should begin "reducing the data into meaningful segments" (Creswell, 2013, p. 180), creating codes. In this phase of the process, the researcher categorizes the codes into themes that are then depicted on graphs, tables, or charts. Creswell (2013) characterized the coding, development of themes, and graphic representations as the principal components of data analysis in qualitative research.

Moustakas (1994) described a process of broadening the perspective of the researcher by hearing the perceptions offered by participants through analyzing the transcripts. Upon reviewing the transcripts, horizontalization allows the researcher to capture the most meaningful statements provided by participants (Moustakas, 1994). After horizontalization, the researcher begins to categorize the statements into themes called "meaning units" (Creswell, 2013, p. 193). These steps allow the researcher to describe "what" the participants experienced relative to the

phenomenon and “how” the participant experienced it, known respectively as “textural description” and “structural description” (Creswell, 2013, pp. 193–194). This process of discovering the textural and structural descriptions is designed to convey to the researcher the “essence” of the participants’ experience (Creswell, 2013). Describing the essence is the final step in the data analysis process.

### **Trustworthiness**

The researcher adhered to Lincoln and Guba (2013) for issues of trustworthiness by implementing measures to increase dependability, confirmability, transferability, and credibility. Trustworthiness refers to the overall confidence in the quality of the research results attained through a cogent, systematic research process that yields trustworthy findings and interpretations (Lincoln & Guba, 1985). Measures the researcher used include “prolonged engagement in the field and the triangulation of data sources, methods, and investigators to establish credibility” (Creswell & Poth, 2018, p. 256).

### **Credibility**

Credibility describes the level of confidence about aspects of the data collection and data analysis, to include researcher observations and conclusions (Creswell, 2013). The researcher conducted member checks, which is a method that allows participants to confirm the findings (Lincoln & Guba, 1985). Specifically, the researcher made available to participants a copy of their transcripts for review. Upon permission, granted by the participant, the researcher emailed each participant a copy of his or her transcript (see sample transcript in Appendix F). The researcher asked the participants to confirm the accuracy of their transcribed statements. Other important data collection methods the researcher used included obtaining a sufficiently large number of participants (10–12) who met the criteria for participation, conducting multiple

interviews of participants, and bracketing out the experiences of the researcher (Creswell, 2013). These steps helped to ensure the credibility of the research.

### **Dependability and Confirmability**

The dependability and confirmability of the research was determined as the research findings were authenticated by the data (Creswell, 2013; Lincoln & Guba, 1985). The researcher compiled the raw data collected from questionnaires, interviews, and parental reflections, as well as from findings and interpretations to create an audit trail (Lincoln & Guba, 2013). A review of the raw data throughout the research process revealed a consistency of the process (Lincoln & Guba, 2013). Additionally, a dependable procedural process allowed confirmability of research findings and interpretations (Lincoln & Guba, 2013). A reliable audit trail as well as triangulation and a reflective journal created by the researcher provided for an accurate determination of confirmability (Lincoln & Guba, 2013).

### **Transferability**

The researcher took deliberate steps to achieve transferability as determined by the readers of the study (Lincoln & Guba, 1985). Transferability refers to the degree to which findings can be transferred to settings that share similar characteristics with the research (Creswell, 2013). Although this study included only African American parents, it is transferrable to other settings in understanding special education related decision-making experiences of parents of all races. The researcher used thick descriptive data by including very detailed descriptions of the participants, procedures, and setting for the research to improve transferability (Creswell, 2013). Additionally, the researcher included variation in the ages of the students, provided observations when possible, and developed comprehensive findings.

### **Ethical Considerations**

The researcher gained IRB approval prior to collecting data. The researcher did not conduct interviews with participants or request parental reflections until participants provided the researcher with signed informed consent documents. All participants were informed that their participation was strictly voluntarily and that they could withdrawal consent at any time. The researcher ensured confidentiality of all participants by limiting access to information, using password protection on all computer devices and through use of pseudonyms for both parent participants and their children, as well as for sites or settings described. The researcher conducted a debriefing of all participants at the conclusion of the research. All data were properly secured including maintaining all transcripts in a locked cabinet. Although no participants raised questions or sought guidance from the researcher during the course of this study, a plan was in place to connect them with appropriate professional authorities if requested. For example, if during the process of the research, issues of parental due process had arisen, the researcher would have assisted parents in finding the assistance they sought toward resolution.

### **Summary**

This chapter provided a summary of the methods for conducting this hermeneutic phenomenological study. The design, research questions, site and participants, procedures, the researcher's role, data collection, trustworthiness, and ethical considerations were all discussed. The methods were designed to generate rich data to understand the voice of the participants and to gain insight into the decision-making process of parents/guardians regarding Special Education Services for their child.

## **CHAPTER FOUR: FINDINGS**

### **Overview**

The purpose of this hermeneutic phenomenological study was to investigate the decision-making experiences of parents/guardians relative to an offer of Special Education Services for their child. Chapter Four presents the results of the data analysis the researcher conducted in this study. Included in this chapter are the findings that explain important factors that parents considered in making special education related decisions. A description of the study participants is presented, and the results include a discussion about thematic development along with a summary of the data, presented in various forms. This chapter also includes answers to the research questions in accordance with the themes generated. The central research question asked, “How did parents/guardians in one suburban county in the northern Virginia region who received notification of eligibility for Special Education Services determine whether they would or would not use those services for their child?” The sub-questions asked, 1) How, if at all, did the perception of special education designations impact the decision of parents/guardians in one suburban county in the northern Virginia region to use Special Education Services for their child? 2) How, if at all, did the quality of parent–school collaboration impact the decision of parents/guardians in one suburban county in the northern Virginia region to use Special Education Services for their child? This chapter ends with a summarization of the results.

### **Participants**

There were 10 total participants included in this study, ranging in age from 37–78 years. All participants were African American fathers and mothers of children who were offered Special Education Services. The participants included five fathers and five mothers, all of whom were married, except one. Included in the group were four married couples, and one participant

who was single, but raising his child with the child's mother within the same household. All participants, except one, had a college degree. Of the college graduates, four participants possessed a bachelor's degree, four possessed a master's, and one was a doctor of dentistry, possessing a DDS. Eight of the 10 parents—Bobby, Cedric, Damon, Gwen, Kelly, Kevin, Michael, and Shelly—expressed unfamiliarity with special education prior to the experience with their child. However, one parent, Carol, had past experience with an older child receiving Special Education Services. For the purposes of this study, this participant chose to focus on the younger child whom she did not believe should have received Special Education Services. Additionally, two of the parents in this study expressed that they are now contemplating making such decisions for a second child in the near future. All parents accepted fully the Special Education Services recommended for their child although the pace with which they recognized the need for services and their level of comfort with the services accepted varied.

### **Bobby**

Bobby is 50-year-old African American information technologist who possesses a bachelor's degree. Bobby and his wife are the parents of three children, including his 18-year-old stepdaughter, who received Special Education Services beginning at the age of 11 due to a diagnosis of attention deficit disorder. Bobby expressed that “for all intents and purposes, I have raised her with her biological mother,” noting that he helped raise her since she was 11 months old and simply sees her as his daughter. Throughout the interview, Bobby voiced very strong opinions about most topics, including the fact that he was never “a fan of the special education program” for his daughter and that he believes schools are generally not providing an appropriate education for children, based on current societal demands.



Prior to his experiences with special education with his daughter, Bobby taught as a substitute teacher in the county where his daughter later attended school. He stated that during his time of substitute teaching, he “became familiar with the special education opportunities that are out there for kids.” He expressed his belief that many parents were inappropriately availing themselves of the special education system and gaining unfair advantages for their child.

Bobby shared that he was diagnosed with dyslexia as a child, but stated, “My parents never put me in special education or anything like that. And I graduated.” He revealed that his dad used physical punishment to “beat the focus into [him].” He felt his daughter “focused on what it was that she liked, what she wanted to do. And she was able to do that without medication.” Bobby had a strong aversion to his daughter taking medication, stating, “Even all the medication in the world isn’t going to change what her heart’s desire is to focus on.”

Bobby was reluctant to speak favorably about his impression of school leadership, as he noted on his questionnaire, “They were ok. No complaints.” However, he conceded, as indicated on his parental reflection, that he relied on a level of trust in school leadership’s recommendations as the most important factor influencing his decision to accept Special Education Services for his child. Ultimately, Bobby clearly expressed his belief that his daughter “would have been successful regardless” whether she used Special Education Services or not.

### **Carol**

Carol is a 60-year-old, married, African American mother of two. Although Carol had two children who were in special education, she only focused on a discussion of her younger child who was deemed eligible for services. Due to previous experience with her older child, Carol considered herself knowledgeable about Special Education Services and felt equipped to

assess whether her second child needed services. She was therefore satisfied that “he did not need those services.” Carol further added, concerning her son’s eligibility for services,

I was not happy. I went to school and I spoke with the teachers and things concerning that. And they said, “Well, [Carol] we voted no.” And that’s what the teachers told me. She said we voted no. I said well I told her no too because she asked me right there at the table and we were all sitting around there, and I said, “No, because I have the right to either refuse or accept the special education.” I said no.

Although Carol considered herself an unwilling participant in the process by which her son received Special Education Services, she felt overwhelmed by the notion of exercising her right to refuse services, by “petitioning the school board,” which she was told was her only recourse. Carol stated that the time away from her job likely required to fight the placement of her son in special education was not something she could do. Carol expressed that generally speaking, regarding special education, “I think it’s good that they have those in place, for children who need them.” Carol insisted that she did not have a “negative impression” of special education and that she had “other family members in the program.” However, for her son, she expressed,

I’m upset now because even as an adult, he carries that stigma because he still does not challenge himself. He still is afraid to challenge himself now, because he was never taught it was all right to do it. Because I’m teaching one thing at home, and they’re like, “Well, you know, you really don’t have to do that.”

Carol was clear in expressing her belief that special education forever stifled her son’s motivation to work to his full potential.

**Cedric**

Cedric is a 76-year-old African American retired federal government auditor with a master's degree. Cedric moved with his family from the northeastern region of the United States to Virginia in the late 1970s to fill a highly paid governmental position. He and his family moved into a new housing development in an affluent, predominantly White neighborhood, in a predominantly White county. Cedric and his wife (also a participant in this study) are the parents of two adult children. Although Cedric and his wife both possessed graduate level degrees and worked as professionals, he described their household as traditional in terms of the husband being the primary "bread winner" and their practice of childrearing being the primary responsibility of the mother.

Their 48-year-old daughter was eligible to receive Special Education Services at the age of 7 due to a learning disability. Cedric explained that he was not aware of special education programs prior to his daughter's experience and did not consider himself very knowledgeable about special education while she received services or now. Cedric described his wife as well suited for handling educational matters within their family, due to her experience at the time as a school social worker. Cedric expressed high confidence in his wife's expertise in making such decisions and overseeing the processes concerning their daughter. Cedric said he had no hesitation in his belief throughout the process that Special Education Services were appropriate and beneficial for his daughter, specifically stating, "I think it's good for those that need it and the additional support, so they can be on par with everybody else."

Although Cedric's family was only one of two African American families in their predominantly White community, he did not voice significant concerns relative to past issues involving race. However, Cedric did discuss vague memories of his daughter dealing with racial

matters in school. Cedric verbalized minimal concern about stigma during the interview; relative to his daughter, he rated stigma number two as a factor along with his perception of long-term benefits as important factors on his parental reflection. Ultimately, Cedric stated, concerning his daughter, “I’m glad she did receive services because I don’t think she would have gotten as far as she’s gotten without services.”

### **Damon**

Damon is a 37-year-old, African American father of two. He holds a bachelor’s degree and works as a senior facilities specialist. He is unmarried but is raising his 9-year-old son with his children’s mother. At 5 years old, his son was eligible for Special Education Services after a diagnosis of autism spectrum disorder. He described the reason for his son’s eligibility as primarily behavioral. He did not consider himself knowledgeable about Special Education Services prior to his son’s experience, saying he “never had a clue about it . . . the IEP . . . I didn’t even know that existed before my son was put into this program.” However, Damon did not hesitate to accept services for his son, saying, “I had no doubts about it.” Damon expressed that he has always enjoyed a great relationship with teachers and believes “the teachers are great” and “very understanding” and that special education “was just a chance for him to succeed to me and that’s what was best for him at the time.” Damon stated concerning his son’s teachers, “I really listen to their input. I trust them because they’re there. They’re the educators. They’re paid to be there. I kind of always trust their opinion.” Damon expressed comfort and confidence that his son’s teachers had his son’s best interest at the forefront of their actions taken on his behalf. Overall, Damon expressed in his parental reflection that “the special education program is great and much needed.”

**Gwen**

Gwen is a 62-year-old, African American mother of two. She holds a master's degree and works as a chemist but has recent experience working as a special education teacher at the high school level. She and her husband (also a participant in this study) raised their 20-year-old daughter who became eligible for Special Education Services at the age of 9, following a diagnosis of attention deficit hyperactivity disorder (ADHD). Gwen currently considers herself knowledgeable of the special education program and understands the potential benefits of Special Education Services for children who are deemed eligible for services. She considers herself completely open to Special Education Services, despite a prolonged resistance when the process of identification was first initiated for her daughter. Gwen described the uncertainty she experienced when facing decisions regarding acceptance of services for her daughter, stating, "I didn't. I didn't know, I was just really lost. I was accepting that she needed it . . . I didn't know." However, she expressed gratitude for the advice and assistance offered to her by the friend who accompanied her and her husband to the initial IEP, stating, "I came with someone that was in the school system, knew the system, and was a counselor. And she got me everything my child needed. I can never thank her enough." As professionals, she considered herself and her husband "pretty astute when it comes to stuff like that" further stating "I always research and find out and I know my rights." Nevertheless, she acknowledged that she was not well equipped to understand and navigate the special education process on behalf of her daughter. She reflected that "if you were cognizant and knowledgeable about it, you got good services. But if you were not, you usually did not get good services." Because of the assistance offered from her friend, the experience she gained with her daughter in Special Education Services, and her recent experience as a special education teacher, Gwen now feels that she

understands parents' rights and even expressed a desire to advocate for other parents facing choices similar to those she and her husband had to make concerning their daughter.

### **Janie**

Janie is a 78-year-old African American retired school social worker with a master's degree. She and her husband, also a participant in this study, are the parents of two adult children. Their 48-year-old daughter was eligible to receive Special Education Services at the age of 7 due to learning disabilities. Janie is considered a trailblazer in establishing the integration of social workers in her county school system, working alongside school psychologists as colleagues in providing Special Education Services. Because of an opportunity her husband had to fill a highly lucrative position with the federal government, Janie and her family moved from a more northern state to northern Virginia. "Because of this Black-White thing, which really opened our eyes coming from the north. I mean, we knew up there, they didn't want you, but they weren't as rough about it as they were, you know, here," Janie recalled. Janie related that she was highly concerned about how her daughter was handling the transition to this new environment. Janie felt her daughter "was feeling not a part of the group . . . it just came through very strongly for her because she was the only one." Her daughter struggled with cultural issues at the hands of other children, stating, "Again, like I said, I was having to deal with the fact that they don't want us here." Janie also expressed that "we went to the hairdresser because, you know, they made fun" of her hair, which was different from theirs. Additionally, her daughter "wasn't that outgoing. She kind of internalized everything." She described her as quiet, somewhat introverted, and socially isolated in their new community and at school. Furthermore, Janie's daughter attended an elementary school outside of their neighborhood because a school had not yet been built in their new community. She therefore felt further

isolated from children with whom she was more familiar and who were more accepting of her. Janie explained that there was only one other minority family in her neighborhood and that those children went to a private school in Washington D.C., but noted, “We didn’t come in with that kind of money.” Sending her daughter to a private school was not a feasible option. Janie worked with children, teachers, and administrators daily in the special education program. She routinely visited families in their home in order to better assess the needs of their child and offer important special education resources to parents. Janie felt well-equipped to make decisions regarding acceptance of services and expressed no doubt that her daughter would benefit from the small, more intimate classroom setting and structured curriculum.

### **Kelly**

Kelly is a 43-year-old, married, African American mother of four. She is a retired military service member who holds a high school diploma. Kelly is the mother of a 22-year-old daughter deemed eligible to receive Special Education Services at the age of 7 due to an intellectual disability. Kelly and her husband Michael (also a participant in this study) are the parents of four children. Although Kelly’s daughter is her husband’s step-daughter, he has raised her with Kelly since her daughter was 4 years old. Kelly’s mother also lived in the home and traveled with the family nearly 14 years, serving as a primary caregiver for Kelly’s children during much of her daughter’s elementary school years.

Kelly expressed a disconnection with and lack of understanding of the special education program during a significant amount of time of her daughter’s eligibility for services. Kelly’s daughter was born with a heart defect which entitled her to early medical interventions through the military health care system. Once her daughter “finally got in a preschool setting. The teacher might have noticed some milestone delays, but she was like, ‘It’s kind of too early to

determine.” Kelly recalled that kindergarten “was the first time I ever saw the IEP form come to the house. But I really didn’t know. It was like, okay, she might be delayed or something.”

However, as an active duty service member with a busy work schedule, Kelly did not recall attending IEP meetings as her daughter progressed through elementary school. Kelly stated, “I think I probably went to one meeting at elementary school.”

It was not until Kelly and her family moved to northern Virginia and her daughter was in high school that Special Education Services became a focus. According to Kelly, “We see that we kind of failed her between middle school. Because elementary school, I think she was getting it.” Kelly further recalled, “I was deployed” during the middle school years. “So I was working. I wouldn’t say I blocked it out, I just didn’t think anything of it until she got to high school.” During that period of time, Kelly became aware that her daughter also suffered from depression and epilepsy.

Kelly’s only previous impression of special education was from observing the limitations of her younger sibling, who is slightly younger than her daughter, and from memories of a school in her hometown “that dealt with just kids with special needs. So they really didn’t interact with you in school. And if they were really disabled, they were going to this school.” Kelly stated she considered herself “kind of clueless” about special education until recently, but advocated for additional services for her daughter once she recognized the need. Kelly expressed that she believes special education is important for those who need it, like her daughter.

### **Kevin**

Kevin is a 62-year-old, African American father of two. He holds a Doctor of Dental Surgery degree and currently works as a civilian dentist after retiring as a military dentist. Kevin and his wife (also a participant in this study) are raising his twenty-year-old daughter who



became eligible for Special Education Services at the age of 9 due to a diagnosed of ADHD. Kevin expressed difficulty in accepting Special Education Services initially, stating, “I had to first overcome the biases I had concerning special education and toward the students who were in special education classes.” Kevin reflected on the extent of those feelings, saying,

Many of the misconceptions I had about special education were based on firsthand observations on how these students were treated during my junior and senior high school days. They were called “dummy,” “slow,” “retard” and other unmentionable names. They were laughed at, made fun of and the brunt of many off color jokes. I did not want this for my daughter. I wanted to protect her from this meanness. This was my first priority.

Kevin expressed that after receiving reassurance from the staff at his daughter’s school that “this type of behavior would not be tolerated and would be swiftly dealt with,” he was “all in.” Kevin conducted “exhaustive Internet research, read books on ADHD and talked with special education professionals” to become more knowledgeable about decisions he faced concerning his daughter. Additionally, he and his wife received assistance and advisement from a friend who was a counselor in the school system and his wife began working as a special education teacher. Kevin explained that concerning services, his daughter “was reluctant because she did not want to be labeled but after many family discussions and assurances” from the school, she “was willing.” To further ensure their daughter had a positive experience, Kevin expressed that he and his wife “constantly offered positive encouragement to [their daughter] during her high school days and continue to do so as she matriculates through college.” When asked whether he was satisfied with his decision to accept Special Education Services, Kevin said, “Oh my goodness gracious, yes.” He views special education as important for those who need the additional supports.

**Michael**

Michael is a 45-year-old African American man, married to a retired military service member (also a participant in this study). He holds a bachelor's degree and works as a director of a military-affiliated youth program. Michael is the stepfather of a 22-year-old daughter deemed eligible, at the age of 7, to receive Special Education Services due to an intellectual disability. Michel helped raise his daughter from the age of 4. His daughter is a high school graduate and is currently enrolled in a community college. Michael was offered myriad services for his daughter, through the military, prior to the identification of a disability. However, after Special Education Services were initiated, the schools did not actively engage him and his wife in the special education program and they did not actively participate in IEPs until high school. Additionally, his daughter was not properly tracked and failed to receive services through the special education program between elementary school and high school. Michael explained that he was not familiar with special education, stating, "I didn't know much. The military has a million services for your kid but you don't know. You know EFMP." Michael's daughter qualified for the military's Exceptional Family Member Program (EFMP), which he described as "a service that provides monetary support . . . that will ease the struggle." He stated, as an example, if a service was not offered "through the hospital, they would outsource. So it didn't come out of our pocket." Michael expressed that he does not feel well equipped to address special education matters regarding services offered to his daughter, except that he "didn't want them to give her medication" and given the severity of her health issues and her disability he expressed a concern that special education has not equipped her to someday live independently as an adult.

**Shelly**

Shelly is a 42-year-old African American woman who possesses two master's degrees and works as a Department of Defense contractor and part-time as a real estate agent. She and her husband are the parents of three children, including an 18-year-old daughter, whom her husband has helped raise since she was 11 months old. Her daughter received Special Education Services beginning at the age of 11 due to a diagnosis of attention deficit disorder (ADD). Shelly expressed that she was resistant to submitting her child to testing but somewhat eager to accept services once her daughter was diagnosed with a disability. By working with her daughter, especially consistently reading to her beginning at a very young age, Shelly was hopeful that her daughter would gain the educational skills that she seemed to be lacking. Shelly expressed, "I worked with her often . . . she had help even before she was on the IEP, she had extra help. . . . She would get special help with stuff sent home." She was significantly fearful that a diagnosis might include a recommendation for the use of prescription medications for her daughter. She specifically stated, "I did not want my daughter getting diagnosed with ADD, even though we kind of suspected that . . . because I didn't want her on medication." Shelly expressed that ultimately accepting Special Education Services was the "best decision" for her daughter.

**Results**

The results of this study were organized according to a discussion of theme development and the research questions investigated in this study. Theme development was reflective of the steps the researcher used for data analysis and includes the data collected from each of the three data collection methods used in this study. The research question responses are addressed primarily as a discussion of relevant themes. The researcher used participants' quotes as a

primary means to support both the theme development and the responses to the research questions. However, as a hermeneutic phenomenology, the researcher also discussed underlying dynamics of participants' experiences to provide the reader with further understanding of phenomena.

### **Theme Development**

The researcher conducted an analysis of the data and subsequently developed themes that were representative of participants' experiences. Themes were primarily developed by the researcher from codes, which were words or phrases that captured perceptions revealed through participants' own verbal or written words (see Table 2). Additionally, the researcher developed themes through observations of the participants and through inferences made while examining information collected through all data collection methods. As codes were categorized, subthemes and themes emerged and were described by the researcher in theme development. Descriptions were based largely on what the researcher interpreted as the essence of meaning participants attached to their experiences. As each theme and subtheme were discussed, the researcher carefully developed for the reader the underlying meaning of participants' experiences. Outlined below are the themes and subthemes, as well as explanations for their existence and interconnectedness with the codes. Table 3 depicts the themes, subthemes, and codes.

It is important to note that the participants in this study were very open and helpful in all aspects of their participation in this study. The participants provided the researcher with insight into their personal decision-making experiences regarding acceptance of Special Education Services for their child. The steps for the researcher's analysis of the data in this study included a thorough review of questionnaires, interviews, and parental reflections to develop themes.

Beyond this process, there were certain areas where the researcher's use of the verbatim transcripts from interviews and written annotations from questionnaires and parental reflections were not adequate to capture the essence of what the participants communicated through body language, voice inflection, sighs, and pauses. The researcher used journals to capture such perceptions. After reading through each source several times, the researcher then organized the data by compiling participants' quotes from all sources and reviewing journal entries, identifying words, sentences, or entire stories for further analysis (Creswell, 2013). The researcher then sought to identify codes or categories that reflected participants' experiences. Throughout the data analysis process, the researcher was careful to bracket preconceptions and biases related to personal experiences with the special education process.

The central and sub-research questions in this study influenced the coding process. For example, because the researcher embraced the ontological assumption of multiple realities, embedded in the research were questions that address the nature of participants' "realities" (Creswell, 2013, p. 20). Participants were asked to share their perceptions and more broadly, their "lived experiences" (Creswell, 2013, p. 78) concerning special education decisions. More specifically, the researcher asked questions that encouraged participants to reflect on perceptions and emotions connected with their personal views of special education and school leadership's role throughout the decision-making processes. Therefore, the researcher used a combination of naturally associated coding methods, namely *in vivo*, process, and emotion coding (Saldaña, 2016). The researcher also used initial coding as an initial means of "splitting the data into individually coded segments" (Saldaña, 2016, p. 55).

This use of a combination of coding methods, referred to by Saldaña (2016) as eclectic coding, provided a process for the researcher to more effectively home in on a range of diverse

factors that provided insight into parents' special education related decision-making experiences. For example, initial coding served as a starting point where the researcher could begin the task of making sense of and categorizing the data, which then led to further analysis and coding. In vivo coding guided the researcher in the process of closely examining the participants' exact words for purposes of further categorizing the data. Emotion coding guided the researcher's focus on capturing both explicit and implicit emotions related by participants. The coding process led to the emergence of four themes: awareness, negative perceptions, advantage, and trust.

Table 2

*Themes and Subthemes and Key Quotes*

Themes and Subthemes	Key Quotes
Awareness	
Emotional responses	"Really scary, like what are we gonna do?"
Parental efforts	"I read to her all the time and we worked on learning."
Other interventions	"Once we took that action step of going through the testing, we knew we had to do something."
Negative perceptions	
Societal pressures	"We don't want to go and ask for help because we don't want our child stigmatized."
Negative self-perceptions	"I wasn't worried about me, but I was worried about how she was going to feel."
Medication	"Taking Adderall and all this other stuff I'm not big fan of."
Advantage	
Parental knowledge	"You have to know your rights. If their leadership knows that you know your rights, you're not going to have any problems. Not at all."
Program supports	"He was gonna be in a smaller classroom, he's gonna have more help there . . . this might get his attention span back together."
Privileges	"Let's use this to our advantage, as so many other people have . . . let her take IB classes and rack and stack against everybody else and let her look like she's the superstar."
Trust	
Trust in school leadership	"I trust them because . . . They're the educators."
Trust in the system	"No one can deny you of what's in your IEP."
Trust in outcomes	"She has come from low places to now advocating for herself and I owe that to . . . special education."

Table 3

*Themes, Subthemes, and Codes*

Themes	Subthemes	Codes
Awareness	Emotional Responses	Fear Anger Pride Denial
	Parental Efforts	Personal Interventions Insufficiency of Parental Intervention Degree of Detriment
	Other Interventions	Evaluations Confirmation Prognosis
Negative Perceptions	Societal Pressures	Deficit Thinking Stigma Bullying Limitations Labeling
	Negative Self Perceptions	Not Intelligent Different Not Capable
	Medication	Side Effects Issues of Privacy
Advantage	Parental Knowledge	Familiarity Rights
	Program Supports	Classroom Structure Pace of Instruction
	Privileges	Current Accommodations Future Testing Accommodations
Trust	Trust in School Leadership	Fairness Collaborative Experience
	Trust in the System	Rigor Eligibility Determinations IEP Contract Quality Education
	Trust in the Outcomes	Long-Term Success Short-Term Success

**Theme 1: Awareness.** One of the four themes that emerged from this study as a common element of parents' experiences with special education related decision-making dealt

with the notion of becoming aware. Participants conveyed stories of varying experiences in how they reacted to learning that their child was experiencing challenges in their social, emotional, or intellectual development. Some parents quickly understood the nature of their child's difficulties and implemented appropriate and effective interventions, while others needed more time to process inputs, such as feedback from others and personal observations in making those determinations. To best capture this important dynamic, the researcher entitled this theme awareness.

Based on the range of factors that emerged from participants' accounts, as reflected in interviews, questionnaires, and parental reflections, the researcher ascertained that awareness was best characterized as parents' determinations of the level of magnitude of their child's learning or behavioral challenges and a perspective on the need for intervention. To be clear, awareness was not characterized solely as one single assessment and a follow-on decision to accept Special Education Services, but rather, it was a process where some parents repeatedly gauged the reality of their child's needs and decided on alternative interventions prior to accepting special education for their child. Parents who are confronted with learning or behavioral challenges regarding their child routinely judge the breath and scope of those challenges. In this study, there were common factors that impacted the clarity of those perceptions.

Specifically, three common factors emerged as impacts to parents' awareness of their child's difficulties. The first factor was the experience of an emotional response by parents to their child's learning or behavioral challenges, such as anger, fear, or denial. The second common factor involved parental efforts to improve their child's difficulties and a subsequent estimation of the results of those efforts. The third factor was the receipt of results of other



interventions, such as formal evaluations, consultations with professionals, or feedback from knowledgeable associates. As a result, the researcher identified associated subthemes as emotional responses, parental efforts, and other interventions. Parents in this study experienced a single subtheme, a combination of two subthemes, or all three subthemes.

*Emotional responses.* Through interviews and parental reflections, parents described their emotional responses to being confronted with their child's learning or behavioral challenges. Additionally, parents' emotional reactions were also related to the prospect of needing or using Special Education Services as a consequence of their child's learning or behavioral challenges. Specifically, reflecting on their reactions to first recognizing concerning issues of learning or behavior from birth or infancy, contemplating evaluations for a suspected disability, or considering special education choices due to a diagnosed disability, six of 10 parents—including Bobby, Carol, Damon, Gwen, Kevin, and Shelly—expressed emotional reactions of various types. Some parents' emotional reactions were gauged by the researcher according to participants' words and based on their effect, including body language, facial expressions, and tone of voice while responding to questions related to feelings and perceptions during their interview.

The primary impact of those emotional responses on parents' awareness was the speed with which they gained a more accurate understanding of their child's challenges and a clearer perspective on the need for intervention. In the case of three of the six parents, Shelly, Gwen, and Kevin, they shared that their emotional responses unnecessarily slowed the speed by which they concluded that Special Education Services were appropriate and right for their child. For example, Shelly, whose daughter was diagnosed with ADHD, stated, "I knew she was gonna be an active child, one in the womb and even when she was born." She stated that concerning

behaviors began prior to preschool and continued into elementary school, explaining, “I knew that she was unique, and I knew that we were having some issues in school from the very beginning.” However, she confessed her struggle in agreeing to testing for her daughter, stating,

Yeah. So, you know, we finally decided to submit to the testing, and that was a hard decision for me. Like it was a very difficult one. I felt like there was a shortcoming on my part as a mom, as a parent, as a teacher, you know, to her. And I didn’t know what they were going to find.

Kevin expressed his difficulties related to his child’s challenges. Kevin shared that upon realizing his child was diagnosed with a disability, he was distraught. Kevin stated,

Initially, you feel . . . Being honest, you feel crushed. You feel hurt. You feel like wow, what did I do wrong? Was it something I could’ve done early on? Was it something in the gene pool? You know, this has never happened to anybody in the family before.

What went wrong? What went wrong? That’s your initial . . . At least my initial response was what went wrong, and then when you realize that it’s nothing that went wrong, it’s just the way God made her.

Kevin projected, in his tone of voice, a sense of relief as he revealed that he was more accepting of special education once he understood “there was nothing ‘wrong’ . . . she just learned differently.” Kevin acknowledged that after a gradual process of overcoming denial, he admitted that his daughter “had a medical condition that needed to be addressed, and there’s no need putting blinders on.” He stated that “once you come to grips with . . . what it is . . . how we can treat it and this is what can occur with treatment and how she can be successful . . . it’s like hey, we’ve got to do this.”

Both Bobby and Carol also experienced emotional responses connected with their special education related experiences. For example, upon learning that his daughter was diagnosed with ADHD, Bobby stated, “At first, I felt like, they’re saying that she’s not gonna be a success, you know? You feel like they’re saying she’s a dummy.” Bobby further expressed, proudly, “She’s a lot like me. I’m a hands-on learner. . . . I had dyslexia and my parents never put me in special education or anything like that. And I graduated.” Bobby reiterated that he saw his daughter much like himself, stating, “I know me. Being that same child that was a challenge to deal with in school.” He simply viewed his daughter as average in many respects and felt “it’s just the type of child she is . . . a friendly child. She’s a talkative child.” Bobby adamantly and rather convincingly expressed his viewpoint; nevertheless, the researcher viewed his comments as consistent with denial. Bobby clearly struggled to believe his daughter needed Special Education Services in order to be successful in school and in life, despite testing results, multiple diagnoses, and prolonged struggles in classroom settings.

***Parental efforts.*** Parental efforts were determined by this researcher to mean an individual sustained effort by parents to assist their child in overcoming learning or behavioral challenges, though sometimes followed by the realization of an insufficiency in making acceptable progress. Several parents, specifically three mothers—Carol, Gwen, and Shelly—expressed how extensively they personally worked with their children to help them overcome their struggles. Following a prolonged process of doing so, each conveyed a better understanding of their child’s challenges.

Gwen and Shelly reflected on their experience of seeing their child continue to struggle, despite their own personal best efforts to change their child’s situation. Shelly revealed that recognizing her daughter’s struggle was frustrating: “It was hard. It was so hard because I saw

the intellect and I saw the person that she was because she was such a thoughtful, intuitive young girl, you know, big heart.” However, Shelly shared that eventually she realized that her reading comprehension was very much below grade level. She declared, “I knew I was doing a lot with her. Did I do everything that I could have done? No. You know, some of that was money limitations. Some of it was time limitations, because the job that I had.” She acknowledged that despite her sustained efforts, her daughter needed more support than what she alone could provide.

Gwen shared a similar experience. She reflected on how she worked with her daughter and how challenging it was for herself and her daughter, stating, “And I was like, if you could just stick to the story. And at that time, I was worried about well that word is not spelled right. I know now let her go ahead on and go.” Gwen stated that for many of those formative years, she did not know her daughter had ADD. As Gwen noted in her parental reflection, “I did not want my child left behind and regret not getting her assistance. It was not an easy decision, but I had worked with her and knew that I needed help.”

***Other interventions.*** “Other Interventions” was the third subtheme of the theme awareness and referred to parents’ receipt of formal or informal feedback that significantly contributed to their awareness of their child’s learning or behavioral challenges and the need for interventions. Parents received feedback in various forms, including formal evaluations, consultations with professionals, or from knowledgeable associates. All participants involved in this study—Bobby, Carol, Cedric, Damon, Gwen, Janie, Kelly, Kevin, Michael, and Shelly—by

virtue of accepting Special Education Services, received results of formal evaluations for their child, which is characterized in this study as other interventions.

Not all interventions led to parents gaining a clearer understanding of their child's needs. Several parents relayed stories of teachers, friends, or others encouraging them to submit to evaluations to determine their child's eligibility for Special Education Services long before deciding to do so. For example, Shelly described an interaction with her child's third-grade teacher who shared the story of his parents' struggle to get him tested at an early age. He explained that he was in the sixth or seventh grade when his parents finally realized there was a problem, so "they tested me and saw what my issues were and I just did so much better." Nevertheless, despite hearing this story, Shelly was not prepared to allow her daughter to be tested and receive services until the end of her daughter's fifth and sixth grade years. This scenario highlights the importance of interventions, and in some cases illustrates the need for multiple interventions before parents truly acknowledge the severity of their child's needs.

Two participants, Cedric and Janie, referred their child for an evaluation to determine her eligibility for Special Education Services prior to initiation by the teachers or school leaders. The results of the formal evaluation were simply an acknowledgement of the need for the services they sought for their child. Even though Janie specifically sought services for her daughter to help alleviate her daughter's struggles with social interactions, as Janie reflected in the parent questionnaire, the evaluation indicated that her daughter was eligible for special education based on learning disabilities.

Six of the remaining participants—Damon, Gwen, Kelly, Kevin, Michael, and Shelly—received both formal and informal feedback that they acknowledge helped to bring them to a more accurate level of awareness concerning their child's learning or behavioral challenges. For

example, a friend of Gwen's personally intervened and related the story of her own son for whom she regretted not enrolling in special education. Gwen explained that "we had private testing," which was helpful in providing a clearer picture of whether her daughter would benefit from Special Education Services. Gwen revealed that testing confirmed for her that "there was an issue" and she wished she had gotten her daughter help sooner. Although Gwen stated on her parental reflection "looking back I have no regrets," she mentioned several times during her interview and elsewhere on the parental reflection that she wishes she had not waited to get her daughter the help she needed. The enthusiasm she displays for wanting to help other parents, along with her expressed desire to do so, is indicative of her desire to help parents navigate the special education process better than she.

Kevin confirmed that testing had been done and stated,

The child psychologist had written up what his findings were in reference to what he thought accommodations should be made for her because of this condition. . . . He wrote it up very, very nicely in a nice little tight package. With that in mind and with the tests they gave her they both coincided with the diagnosis of this is what she needs to have in school to be successful in school.

Multiple testing that showed similar results gave Kevin a clear understanding of his daughter's challenges. Ultimately it resulted in Kevin being able to move ahead without further delay in getting his daughter the supports she needed through special education.

Shelly reflected on the testing that was done for her daughter, stating, "At that point, I knew, even though I still kept an open mind of maybe we won't do the IEP . . . I knew that we needed to do something." She shared, "I wish we had done it sooner honestly. Uh, but, you know, I was really scared. You know, there's a lot to handle, but I think that's why a lot of

parents don't do it. It's a lot." Agreeing to testing and acknowledging the results cleared the path for her to see more accurately her daughter's needs.

Damon revealed about his son that "with the struggles he already had those two [previous] years," he was relieved that testing determined his eligibility to receive Special Education Services and he was ready for his son to have "a fresh start." He reiterated about his son that "he's struggling there," and wondered, "How can I help him stop struggling and get him out of this position?" After testing revealed an autism spectrum disorder, Damon was focused on how his efforts could help stop his son from experiencing further difficulties.

**Theme 2: Negative perceptions.** The second of four themes emerged as participants recalled experiences with pressures against their use of interventions that might otherwise be helpful in assisting their child with learning or behavioral challenges. Through interviews and parental reflections, it became clear that eight of 10 parents—Bobby, Carol, Cedric, Damon, Gwen, Kevin, Michael, and Shelly—made determinations regarding their child's need for special education supports in consideration of factors that included external pressures. Parents shared that some factors that complicated their decision to accept special education for their child included common societal stereotypes historically connected to certain disabilities and special education. Also included among the most predominant factors affecting parents' decisions were fears that their child might experience negative self-perceptions due to special education labels, and fears regarding medications prescribed for their child. As a result, the second theme in this study was entitled negative perceptions and the three subthemes were societal pressures, negative self-perceptions, and medication.

***Societal pressures.*** Parents revealed societal pressures as common societal stereotypes about disabilities and special education that affected parents' perceptions and decisions regarding

Special Education Services. Historically, special education has been negatively associated with undesirable terminology such as stigma, bullying, labeling, and deficit thinking (Kayama & Haight, 2018). The most common societal pressure expressed by parents in this study related to stigma. Eight of 10 parents—Bobby, Carol, Cedric, Damon, Gwen, Kevin, Michael, and Shelly—raised a concern specifically about fears regarding stigma.

For example, Shelly expressed that in her opinion “there’s a stigma to special education” and parents of children who have “cognitive issues or attention deficit issues or even are on the autistic spectrum . . . or social anxiety issues, even, but yet are not in that same full on category for full services” might be discouraged from accepting Special Education Services. Shelly reflected her fear concerning her daughter that she “just wasn’t sure whether she would be stigmatized.”

Further, Shelly inserted into the discussion the issue of pride, specifically cultural pride. She explained that as an African American woman, she felt an extra pressure concerning her daughter’s success and her responsibilities relative to that success. She stated,

But, um so societal, what people would think about her, you know, as a Black girl, you know, as a Black mom, I still felt like you know, . . . you’re Black. You have to do better than other people in order for you to be seen as equal or better, you had to be better. Like there was no choice for me. You know, that’s how my mom, my family, did things. You have no choice. You were going to do well. And so for me, I think maybe I still took some of that stigma and not even stigma, but that belief that we’re Black. People are judging us. You have to do better. And so maybe, you know, she wasn’t doing better. So like dang. What did I do wrong?



Bobby expressed a common concern about stigma and bullying that several other participants also echoed, stating, “I didn’t want her to be stigmatized by that, stigmatized going forward in her career. And I didn’t want her stigmatized or bullied by her peers, you know, by that. Those were my biggest concerns.” Although Cedric had no previous impression or knowledge of special education prior to his experience with his daughter, he expressed, “We know that, or we’ve seen that children who are a little different one way or another are quite frequently bullied,” as he described a concern he had with his child receiving Special Education Services. “When I was growing up, we were always calling those kids special or whatever,” Damon reflected. Kevin expressed in his parental reflection that many of his misconceptions about special education were based on “firsthand observations on how these students were treated during my junior and senior high school days. They were called ‘dummy,’ ‘slow,’ ‘retard’ . . . They were laughed at, made fun of and the brunt of many off color jokes.” Kevin stated, “I did not want this for my daughter. I wanted to protect her from this meanness.”

Concerning labeling and deficit thinking, Carol declared, “They’re always hindered . . . when we label a child, a child only lives up to your expectations. And that’s my personal belief there that a child lives up to your expectations.” Michael conceded that he had concerns for his daughter, relative to “bullying or anything like that,” but stated that he felt the benefits to his daughter’s overall well-being outweighed those concerns. In light of the intellectual disability his daughter was diagnosed with, as well as a host of significant medical conditions, Michael articulated the hard truth, as he saw it, that “if stigma gets the benefits, yeah, I’m for [special education]. You know?” In fact, on Michael’s parental reflection, he eliminated nearly half of the factors provided on the form, indicating that those factors did not significantly impact his

decisions relative to special education. However, although Michael included concern for stigma on the form as a relevant factor, it was the least of his six remaining concerns.

Further, Bobby and Carol introduced a cultural component into the discussion about societal pressures, with Bobby stating, concerning African American students, “I’ve also seen students get labeled and kind of get held back or not have the same opportunities that other students would have or not have been treated the same way other students with similar plans are treated” in special education. Carol stated, “Unfortunately, you know, like I said, I think too many of the kids get labeled, and I’m saying about my particular son being a young Black male.” Carol reflected that “a lot of the young Black males that were at my church within the same age group, within two to three years” would have people tell them that “making Ds was acceptable as long as you pass.” Carol expressed the outrage she and her church members felt concerning such stories regarding deficit thinking and, invariably, they would ask the boys, “Who told you that?”

Such cultural concerns weighed heavily on those parents. Generally, parents who experienced the most hesitation in accepting Special Education Services for their child also related strong external pressures. For these parents, stigma connected with special education was compounded with issues of race and thus was an important aspect of their decision-making considerations. Although each parent deeply wanted their child to be successful, clearly special education was not the solution they desired for their child. Parents whose child demonstrated the least visible disability or the least obvious need for Special Education Services were more likely to explore alternatives to special education as a first resort.

*Negative self-perceptions.* The second subtheme of the theme negative perceptions was negative self-perceptions. The researcher related negative self-perceptions to an unfavorable perception of oneself based on a special education related disability or enrollment in special

education. Four of the participants in this study—Carol, Gwen, Kevin, and Shelly—communicated a concern that their child might see themselves as not intelligent, not capable, or not able to measure up, by virtue of having imposed upon them the special education label or a special education related disability.

Negative self-perceptions was a subtheme closely associated with the subtheme societal pressures. However, the subtheme societal pressures focused more on how parents responded to special education related societal pressures, while negative self-perceptions was reflective of the negative view children may have had of themselves based on similar societal and other outside pressures. It is important to note that negative self-perceptions were judged based on parents' observations and perceptions and not necessarily based on the reality of their child's circumstances.

Carol related early concerns about her son being identified for special education. She shared that she was not opposed to special education in general, but she did not believe her son should have ever been found eligible. She very clearly expressed that from the time her son was enrolled in special education, against her objections, she anticipated and later realized that his experience would not be a positive one, unlike the experience of her daughter. Carol stated, "I had one previously in and it did well for her, but for him it was not, it was not well because like I said, it had negatives. He just gave up trying because he wasn't challenged." She revealed that she "didn't like it that he learned from the school environment that he didn't have to try as hard."

Carol believed that her son adopted the posture that "Y'all want to treat me like I'm stupid. I'll show you how stupid I can act." She explained that unfortunately "that was his attitude about a lot of things. He only lived up to whatever expectation you have of him, that's what he gave you." Carol explained her belief that "they're susceptible to having these negative

things implanted in them from the grade school years, the elementary school years, because they really assess who they are during that time.” Carol explained,

If you label them during that time, they really don’t ever come up out of that. Very few do, because that’s that little voice in the back of their head going, “You can’t do it.

You’re not gonna do it. You’re not gonna amount to anything. You’re not gonna do this.

You’re not going to college. You’re not college material.” You know? And

unfortunately, those things get implanted when they’re young.

Carol clearly had unresolved issues that she had not spoken about in years and was very eager to participate in this study in order to address some of her long-standing concerns. She spoke about her concerns at length. During the researcher’s initial contact with Carol, she shared many of her concerns and was very willing to repeat them again during the actual interview. Unlike all other participants in this study, Carol is convinced that her son’s enrollment in special education was detrimental to him and that the negative self-perceptions he suffered were lasting.

Gwen related a similar fear, stating, “I thought it was going to hurt or go against her. Her self-esteem would be low. And that kids would tease her and pick on her.” She also recounted, “I wasn’t worried about me, but I was worried about how . . . [my daughter] was going to feel.” Her perception was that “most of the kids in Special Ed . . . have behavior problems, more in the Special Ed classrooms. Because you’re dealing with kids who have been pretty much beat up and felt bad about themselves.”

In describing her daughter’s experiences with teachers and the impact of those relationships on her daughter’s academic performance, Gwen explained that her daughter “had one teacher that really encouraged her. And just knowing that that teacher had faith in her, she

excelled in that, that was History. She made an A.” Gwen felt that “the teachers that had faith in her, she worked hard for. The ones who felt like she couldn’t do it, she didn’t work for.”

**Medication.** Concerns about medications were closely associated with the theme negative perceptions and therefore emerged as a subtheme. The researcher characterized medication as a treatment consisting of a prescription drug intended to address a disability that qualified a child to receive Special Education Services. Interestingly, although none of the parents were specifically asked about the topic of medications, five parents—Bobby, Damon, Gwen, Michael, and Shelly—expressed strong views concerning medications prescribed or potentially prescribed for their child. For these five parents, medication was clearly a factor significant to their experience. Two of those five parents, Gwen and Shelly, expressed that they delayed the use of medications in addressing their child’s disability and regretted that decision.

Medication was an issue about which Michael and Damon did not have a favorable opinion. Michael stated about his daughter, “When we first talked about her seeing a psychologist, I didn’t want them to give her medication.” Michael viewed medication as limited, stating, “To my understanding I could be wrong, [medication] has never cured. Medication if they have depression or ADHD only slows them down. The rehabilitation is what I wanted.” Michael discussed his thoughts regarding medication after being asked by this researcher about any concerns he may have had about his daughter receiving Special Education Services.

Damon expressed a somewhat stronger view. At the end of the interview, when asked, “Is there anything else you would like to share?” Damon, completely unprompted, said, “Everybody always recommends medication. That’s gonna be the only way to get him to calm down.” However, he insisted, “That was me and his mother’s biggest thing. We weren’t gonna do the medication. We were gonna sit there and let him figure it out.” Although Damon’s

scenario was hypothetical, two other parents actually faced having to make decisions concerning medication for their child.

For example, Gwen described how her pediatrician worked with her concerning her daughter's possible need for medication, stating,

Because I was like, "I don't want to put her on medicine." I did not want to put her on any medicine. So we worked with behavior modification and some other things. And you know, watched what she ate and all that kind of stuff. And after a year, he said . . . "it's time."

Gwen revealed that she wishes she had not waited: "Cause you know the child is very frustrated. And so we did [use medication] and it was like night and day. It really was."

Shelly conveyed a similar reluctance to the idea of her daughter taking medication prescribed for a diagnosed disability. She described feeling "afraid because I knew then there was probably gonna be a medical response to [her diagnosis] . . . That was my main reason why I did not want my daughter being diagnosed with ADD." Shelly reflected on a "couple of kids at school who were on Ritalin. Boys. Both boys." She recalled, "Man, they were like zombies in school until after school, riding the bus. And they were crazy. They were nut cases." Aside from the personal observations, she also researched "all the different medications," insisting she did not want her "daughter to be different, to be changed and have problems and, you know, not be herself." She described her reaction to the medical prescription for her daughter as a very mixed reaction. Shelly subsequently proclaimed in even stronger terms, "I hated it. Like the idea of giving my daughter who was only 11 at the time. Medication? Nah, not happy." She was also concerned about privacy issues, explaining, "And then, of course . . . having to tell the teachers because . . . it was so hard . . . I felt like it was too personal."

Bobby expressed great concerns regarding medication prescribed for his daughter, deeply questioning its value in helping his daughter, stating, “They say it’s supposed to help her focus, but I don’t think it helps her focus. Like a child, a child focuses on what they want to focus on.” Bobby cited as an example, “When she’s 7 or 8 or 9 or early teens, all she cares about is makeup and stuff like that. She spent a lot of time focused on what it was that she liked, what she wanted to do. And she was able to do that without medication.” Bobby is convinced that “she would have graduated whether she was on the meds or not.”

Regarding his observation of negative effects of the medication, Bobby stated, “I still do [see negative side effects]. To this day, I still do. And you know, it’s all in the papers now too. Adults taking this Adderall and its negative side effects.” Bobby insisted that “now the discussions are on how we are going to wean her off of it” and he believes “you shouldn’t be having these discussions with 18-year-olds. This almost sounds like another epidemic that we’ve created in America for money.” Bobby expressed that his bottom line is that he does not think the benefits of the medicine outweigh what he and his daughter are dealing with now.

**Theme 3: Advantage.** Advantage was the third theme that emerged in this study. As reflected in interviews and parental reflections, parents related a feeling of advantage in terms of a perspective by parents that benefits to their child existed through Special Education Services. Whether parents ultimately believed that special education was the proper choice for their child or not, nine out of 10 parents—Bobby, Cedric, Damon, Gwen, Janie, Kelly, Kevin, Michael, and Shelly—communicated a belief that advantages existed. For example, although Bobby still questioned his daughter’s need for special education, he expressed, concerning his conclusion to accept Special Education Services, “Yeah, we just thought let’s just use it to our advantage.”

Advantage was closely associated with parents' emphasis on the importance of understanding parental rights regarding special education. Some parents believed that such an understanding was key to tipping the scales in favor of them believing the benefits of accepting Special Education Services outweighed possible detriment to their child. Not all parents were inclined to accept special education for their child simply because it was offered as a solution to their child's challenges. In fact, several parents spoke about a process by which they eventually arrived at knowing *how* the system would provide benefits to their child before moving toward acceptance of special education as a feasible intervention for their child. Through the participants' stories, the researcher discovered that parents greatly valued knowledge concerning the special education process, including supports offered and overall benefits provided. Therefore, the subthemes were entitled parental knowledge, program supports, and privilege.

***Parental knowledge.*** Parents related parental knowledge as a level of familiarity with the special education process, gained through means such as personal research, consultation with parents, teachers, or experts, or by simply learning from experiences with their own child. Parental knowledge was judged in this study by parents' ability to express an understanding of benefits of the special education system whether they agreed on the need for services for their child or not. Parental knowledge was communicated as a range of familiarity described as knowledge of greater access to opportunities for their child to having a comprehensive understanding of parental rights under the system. In general, as parents gained more knowledge of the special education system, they eventually expressed more positive views of special education and increasingly saw advantages for their child. In this study, eight of the 10 parents—Bobby, Cedric, Damon, Gwen, Janie, Kelly, Kevin, and Shelly—communicated a belief that benefits existed for their child through Special Education Services. It was a more



gradual process for some parents to gain the knowledge that allowed them to conclude that at least some aspects of special education would be beneficial for their child.

For example, Kevin related a sense of confidence he eventually felt with gaining familiarity with the special education process. After acquiring knowledge over time, Kevin suggested to other parents that they also gain knowledge because, “as a parent you’re your child’s biggest advocate, and if you don’t advocate for them, . . . the school system . . . will give them what the law requires them to give them. Nothing less, nothing more.” Kevin was clear that as a parent, if you want more for your child, you have to be deeply involved in your child’s education. Kevin reflected a sense of empowerment and pride in his role as an effective primary advocate in his daughter’s success.

Shelly reiterated some of the same sentiments as Kevin, stating, “I feel like the services are severely modified, the benefit is modified based on the involvement of the parent and based on the advocacy of the child.” Shelly gradually became knowledgeable as she attempted to navigate the special education system when her daughter became eligible for special education services. Also, she taught as a substitute teacher and had some limited experience as a substitute teacher in a special education classroom. However, she considered herself not very knowledgeable about Special Education Services, but she was determined to learn the process.

Although Bobby thought his daughter did not need to be enrolled in special education, he believed that special education offered benefits. Bobby stated, “I look at her having a better chance to have the same opportunities or better as her peers at the end of four years or whatever the time period they would feel that she didn’t need these services.” Cedric expressed a similar sentiment, stating, “I think it’s good for those that need it and the additional support, so they can be on par with everybody else.” Janie related in her parental reflection, “It was clear to me that

Special Education Services was needed for my daughter.” As a certified school social worker, Janie was responsible for executing provisions of special education on behalf of children enrolled in special education and their parents, as well as on behalf of school leadership. Janie received a master’s degree in social work and therefore was well versed on the special education system and without any expression of doubt, understood that her daughter would benefit greatly from Special Education Services.

Damon realized benefits early in the process as well, stating, “I had no doubts about it. It was an easy decision because the [new] school was going to be a chance for him to go here and try to get himself together.” Damon described it as a “chance for him to succeed” and clearly believed “that’s what was best for him.” Damon also discovered advantage through a recognition of the level of control he had in the process, stating, “They always told me this is his base school. ‘So, if you feel like he doesn’t need services anymore, you can always take him out and bring him back.’”

Gwen now considers herself very knowledgeable about special education matters. However, as she reflected on the initial IEP experience, she did not feel confident, stating, “I didn’t know, it’s like, not knowing the right questions to ask, and if I wouldn’t have had someone with me that was very knowledgeable about the thing, I would not have asked the right questions.” Gwen considered herself extremely fortunate that her friend “was in the school system, knew the system, and was a counselor” and insisted that her friend got her child everything she needed. She shared the sentiment that if you are a parent who knows your rights, you’ll get good services. Gwen declared, “I tell you the truth, a lot of parents come with lawyers” because parents understand how important it is to understand the special education system.

According to Gwen, based on the knowledge she acquired over time, the bottom line was “it’s very important to understand that everything that’s in . . . [the IEP] is the law.” Prior to her experience with special education, she considered herself “pretty astute,” but with special education she felt ill-equipped to properly navigate the system on behalf of her child. Gwen believed that parents were much like how she initially was, when she was new to the special education process, stating, “They don’t know what they can get. They don’t know anything. IEP means much of nothing to them. It didn’t mean a whole lot to me until I saw . . . [my advocate friend] going through, then learning more about it.”

Bobby spoke about knowledge that he gained through an experience with disciplinary issues involving his daughter. Bobby insisted that “the only reason that they didn’t expel her, they say, was because she was on an IEP. So that kind of wound up working out in our favor.” Bobby recalled, “They didn’t tell us about it. Another one of our friends, who is a principal in the county, told us that they’re not gonna be able to do that because she does have an IEP.” Bobby questioned how things would have been handled if they had not known to challenge the school. He questioned how the school would have treated the situation.

***Program supports.*** The second subtheme for the theme advantage was program supports. The researcher characterized program supports as an acknowledgement of special education program features that assist a child with a disability in receiving the individualized education entitled to them by law. The individualized education determined for each child is identified in the IEP. Eight of the 10 parents—Cedric, Damon, Gwen, Janie, Kelly, Kevin, Michael, and Shelly—expressed an appreciation for the supports offered to assist their child,

which were made available through the IEP. Many parents who recognized advantages available to their child cited supports offered through of the IEP as factors.

For example, Damon was happy to have his child start school in the new school environment, established as part of his IEP, when he was first identified with a disability and deemed eligible to receive Special Education Services. He reflected on the opportunity his son was given to implement his IEP at a new school, stating, “At the center where he was going, there he struggled. I just always thought there’s got to be a benefit from it. I thought he could benefit behavior-wise, he’d be able to control himself more in a smaller setting.” Damon conceded that he did not understand much more about special education or his rights as they pertained to his son, but he “just knew that it was school and . . . he was gonna be in a smaller classroom, he’s gonna have more help there.” He addressed also the improvements he now sees in his son, sharing that he is seeing him “gradually move towards being back in a regular classroom setting.”

Janie spoke favorably about the special education supports provided to her daughter, stating, “In terms of inclusion and the teacher working with her and things like that,” it was much of what Janie sought for her daughter when she initially referred her for evaluations to determine eligibility for Special Education Services. She reflected on progress reports from teachers that she had stacked on her kitchen table as proof that her daughter progressed well using the services. Janie communicated also about “the climate in the classroom” and the fact that the smaller class size was more conducive to her daughter’s interactions with other children, a critical component of what Janie saw as her daughter’s needs. Janie stated, concerning the small group settings, “That’s their purpose for them all to work together.” Janie felt the small

group structure helped build cohesion, which was beneficial for her daughter who previously suffered from social isolation.

Kevin conveyed satisfaction with the progress his daughter showed, citing the following as examples: “The way they’re taught. Slow pace, repetition, a lot of repetition. Understanding the concepts. Understanding the material before you move on. One on one, a lot of one on one interaction.” Kevin felt that it was “just a better academic environment. You don’t have 30 kids and students in the class. Most times they’re like eight to nine in a class, so the teacher can give you a lot of individualized attention.” He also reflected favorably that “the classes were a little bit longer.” Kevin expressed that he felt the school was very supportive in honoring their requests as well, stating, “Everything we asked them to do, they did . . . every recommendation that we made or they came up with after family consultation.” Kevin was also grateful that his daughter was also “included in that consultation.”

***Privilege.*** Privilege is the third subtheme related to the theme advantage. Privilege was closely associated with knowledge and supports. Privilege referred to parents’ perceptions of *added* advantage provided to their child through Special Education Services often beyond what might be considered fair relative to their child’s peers. Although most parents were initially aware of accommodations commonly associated with special education, such as separate classrooms or smaller class sizes, parents did not necessarily view those accommodations as beneficial, at least not initially. To the contrary, some parents first viewed those accommodations as a means to easily attach special education labels and thus subject their child to bullying. However, other accommodations, such as additional testing time, modified tests, or

retests were more readily viewed by some parents as worth any risks they believed were associated with their child's participation in special education.

The perception of privilege that some parents in this study related, they attributed to their improved knowledge of how the IEP should be crafted, specifically knowing the accommodations available and then ensuring that the IEP reflected the most advantageous provisions possible for their child. As parents reflected back on their improved understanding of the IEP over time, they described the vast differences between the accommodations they now know to request versus the *regular* accommodations that those with no knowledge of special education automatically received for their child. Four of the 10 parents—Bobby, Gwen, Kevin, and Shelly—shared experiences related to privileges of this nature.

For example, Bobby spoke about his experiences as a teacher in the county where his daughter went to school. Prior to his experiences as a teacher, Bobby expressed that he “was not very familiar at all with the [special education] program or what they offered at the time.” However, as a teacher he became a “little more familiar with the special education opportunities that are out there for kids like word banks or additional time on tests, or, these other helps, these other aids for them to get through school.” It was this experience as a teacher, where he was responsible for making accommodations for children in his class, that helped shape his thinking about acceptance of Special Education Services for his daughter. Bobby did not believe his daughter needed Special Education Services, but ultimately, he concluded that she should take advantage of it, “to the extent that it won't stigmatize her,” because, in his opinion everybody else did.

Bobby stated,

I listened to their parents talk about it. And I felt, to me, like they were taking advantage of the system. When you rack and stack them against other kids, it looks like your daughter performed better when your daughter had a 20-foot start on a 50-foot race.

Bobby not only expressed that some parents were “taking advantage of the system,” he articulated that culturally speaking, advantages were not “given out fairly or offered fairly to all students.” It was his belief that “some races benefit more from special education . . . the individual education plans and stuff like that.”

Gwen spoke about privilege from two perspectives. Gwen explained about the importance of understanding the special education system and understanding how to ensure her child’s IEP included exactly what she needed. Gwen was accompanied at the IEP by a well-informed, knowledgeable friend who “got really specific about the services” to include in the IEP for Gwen’s daughter. Gwen expressed that with proper knowledge of what she could demand for her daughter, her daughter would gain more advantage, and those who were not so well informed had less advantage. Gwen also recounted an experience as a high school teacher teaching “IB kids in Chemistry . . . who had IEPs and 504s.” She declared that “they got extra time. That’s the law . . . and no one can deny you of what’s in your Individual Education Plan or your 504 Plan.” According to Gwen’s parental reflection, she was focused on the extra advantages she wanted for her daughter as well, stating that she wanted what was best “in preparing [her child] to succeed in school and beyond high school.”

**Theme 4: Trust.** Based on information gleaned through interviews, questionnaires, and parental reflections, the researcher established trust as the fourth theme to emerge from this study. Parents expressed the integral role positive relationships with school leadership played in their ability to enjoy favorable special education related experiences. Additionally, parents

described their reliance on enforcement of proper special education procedures, particularly concerning execution of the IEP. Parents expressed beliefs that special education programs would produce the right educational outcomes for their child when schools act in good faith and properly engage with parents. As a result, the researcher determined that there were three appropriate subthemes that captured participants' major concerns relative to trust. The first subtheme was trust in school leadership; the second was trust in the system; the third was trust in outcomes.

All parents in this study—Bobby, Carol, Cedric, Damon, Gwen, Janie, Kelly, Kevin, Michael, and Shelly—expressed that either issues of trust in school leadership, the special education system, or a confidence in the outcomes of their child's special education experience were meaningful aspects of their special education decision-making process. However, although trust was a meaningful aspect of their experiences, only seven parents—Cedric, Damon, Gwen, Janie, Kelly, Kevin, and Shelly—had positive experiences regarding trust.

***Trust in school leadership.*** Trust in school leadership was associated with parents' beliefs that teachers and administrators would treat their child fairly, work collaboratively with them, and provide the appropriate amount of academic rigor to adequately ensure their child's short-term achievement and long-term success. Eight of the 10 parents—Bobby, Cedric, Damon, Gwen, Janie, Kelly, Kevin, and Shelly—conveyed views specifically about trust regarding school leadership.

For example, Janie expressed a general feeling of trust regarding teachers and school leadership. On her questionnaire, Janie indicated her belief that teachers demonstrated interest in working with her daughter throughout the special education process. Janie also noted the school's willingness to understand her daughter's needs, as was "reflected in their notes to us."



Janie acknowledged that the school's efforts contributed to her high level of satisfaction that her daughter was treated fairly, and Janie was clear that she enjoyed an effective collaborative experience. Cedric also related a level of trust in school leadership's recommendations, as noted on his parental reflection. Cedric listed trust in school leadership as one of three primary factors in his positive experience with special education. He indicated on his questionnaire that school leadership was helpful and concerned with addressing his daughter's special education needs.

Damon related a similar level of trust, stating in his questionnaire, "The teachers are great, they understand my child's needs. They are very understanding. They know my child well. They know his strengths and weaknesses." Additionally, Damon expressed in his parental reflection that he trusted his son's teachers and believed "they will always be honest and caring." However, he insisted that not all teachers had the same level of effectiveness in assisting his son. He attributed differences in effectiveness to issues of cultural relatability, stating, "They don't come from the same background. They don't understand the students." Damon explained that much of his concern resulted from decisions made early in his son's special education experience to suspend him for minor behavioral infractions.

Damon related his expectations of rigor within the subtheme trust in school leadership, which reflected a less positive overall effect on his level of trust. Damon described a concern that his son may not have been challenged enough, stating, "I think he has been held back in this program now because the work that he's being given now hasn't prepared him for his grade level." Damon observed that recently "when he goes in a regular classroom setting and they're doing something, it's like he looks around and now he's bogged down because he doesn't know this stuff because it's kind of new to him." Damon clearly expressed a limit to his level of trust

in school leadership. As much as Damon enjoyed an amicable and favorable relationship with teachers, he had an expectation that he would continue to see good results.

In terms of his most recent decision regarding whether to have his son placed back into a regular classroom, Damon revealed, “I had to call the teachers. I just wanted their opinion because, I think we are a team . . . me and the teachers. And we have a good understanding.” The teachers recommended that Damon give his son “another year . . . or at least half a year” and Damon decided, “That’s what we’re gonna have to go with because I mean I trust their opinion. I really listen to their input. I trust them . . . I kind of always trust their opinion.” Still he insisted, “I think what he received is good. Like I said, I think my biggest [concern] would’ve been, like, more challenges for him. See him challenged more as a student.”

Kelly expressed satisfaction with collaborative efforts with school leadership. Concerning elementary school, Kelly stated, “I would get an actual letter on what they were going to focus on and stuff like that. I think it was consistent. The teachers . . . they always had her best interests. I think we worked together.” Kelly related her comfort that teachers were open to her input, stating, “Because if I didn’t agree with something, I would ask.” Kelly was especially satisfied with collaborative efforts during her daughter’s time in high school, as she wrote on her questionnaire: “They worked together with . . . [my daughter] to establish what she wanted to do.” Also reflected in her questionnaire was Kelly’s belief that school leadership was “always ready to assist with goals to further . . . [her daughter’s] needs to go on to better things.”

Shelly spoke of trust from the perspective of two different experiences with school leadership. First, she was pleased with the level of concern teachers and administrators showed when her daughter was in elementary school. She explained that the “vice principal at my daughter’s school . . . he actually was such a significant driving force and assistance for me.”

She felt she “had an advocate in the administration. It was really helpful because . . . you know, he was like . . . he saw her. He saw her. The good and the challenging.” She expressed that he understood “the things that really needed to be worked on. He was there, I really appreciated that.” Shelly further expressed her thanks that someone was there to help them feel properly supported and encouraged especially during the early years of her daughter’s special education experience.

The second situation Shelly identified involved a combination of understanding and demanding her rights, in accordance with her daughter’s IEP, and the dissatisfaction with the frequent breakdown of collaborative efforts with teachers. For example, during her daughter’s high school years, Shelly experienced several occasions where teachers did not handle her daughter’s testing accommodations while also failing to communicate with her in a timely manner. Shelly noted that corrective actions were not taken by teachers until she challenged them, based on her daughter’s IEP. Shelly explained, “As an involved parent . . . of a child with an IEP where we know executive functioning is low. Okay, I do have to know some things so I can help her get her executive functioning up.” Shelly expressed her need to maintain effective communications with school leadership as an important aspect of preserving trust.

Kevin also spoke about building trust through collaborative efforts with school leadership, stating, “My goal is the same as your goal. Educate my child to the highest level capable bringing out the best qualities of academic acumen he or she may have and letting them be the best they can be.” Kevin explained that once they understand that “you’re an advocate and you’re going to be in their corner to help them get to that point where you want to get your child, it’s a whole new ballgame.” Kevin further maintained that such an understanding affects “how they treat you and your child, and what information they give you.” Kevin noted that “the

administration, as well as, the guidance counselors they knew that . . . we understood the educational system . . . We understood what was available.” As a result, Kevin stated, “They listened, and that’s the best thing I can say. They listened . . . and they implemented when we made suggestions because no one knows your child better than a parent.”

***Trust in the system.*** Trust in the system was the second subtheme of the theme trust. The researcher found that trust in the system was reflective of parents’ belief that the special education system is structured in a way that will provide their child a quality education. Seven of the 10 parents—Cedric, Damon, Gwen, Janie, Kelly, and Kevin, and Shelly—expressed trust in the system based on their perceptions that eligibility determinations and IEPs pertaining to their child were accurate, meaningful, and properly adhered to by schools.

Carol described a strong lack of trust in the system, relative to her disagreement over her son’s eligibility determination that qualified him for Special Education Services. She explained that “at the IEP we all said no. Teachers we all said no. They said they didn’t think that he needed it. I said, I don’t think he needs it either.” She further shared,

You know while you’re all sitting around and the lady from, I guess from the Board of Education, or whatever is there. They’re sitting down talking to you about the child’s eligibility for it, and they’re saying we don’t think he needs it. And I said, “I don’t think he needs it.” So, we were all very surprised when we found out that he was on the list that he had been recommended and that they were supposed to place him in those programs. So, they were just as surprised as I was.

Carol characterized her son as “very introverted, you know. He didn’t have much to say. He was one of those children who just observed everything that’s going on around him. And . . . he didn’t interact all the time.” She expressed relief that his teachers “just ignored the fact. They

just kept doing, you know, whatever they had to do. Because they're like, 'He doesn't need this.'" Carol reflected, "I know his elementary school teachers just ignored the whole thing. They said, 'I don't care where you put him, he doesn't need it.' So they didn't treat him like that when he was in elementary school." Carol noted in her parental reflection that "the only way to fight was to petition the school board for a change."

Carol had her son tested twice, but articulated confusion, stating, "I don't know where their disconnect was . . . I don't know if he went on a total shutdown with them. I was not in the room . . . during the testing . . . or when he talked to the school psychologist." Carol insisted, "I don't really know what happened with that because there's no way in the world they could have tested him and not known." She expressed disappointment that she had "never seen the criteria they used to make these judgment calls." She explained that she did not know what they asked her son because she was not allowed to observe. It was her belief that, if she would have been allowed to observe when the psychologist talked to her son, she would have known if there were mitigating factors contributing to his poor testing results. She remained convinced that her son should never have been diagnosed with a learning disability and that the special education system failed him.

Michael also had a concern related to trust in the system. Michael conveyed a feeling of disillusionment with the system where he noted a breakdown in the school's tracking of his daughter between her elementary and high school years. Even after Michael's daughter entered high school and was being properly tracked through the special education program and receiving secondary transition services, Michael noted his skepticism that his daughter was receiving all of the services that she needed. Michael was adamant that as a system, "We need to be looking at services for that child that will help that child as an adult." Although his daughter was receiving

myriad services since early freshmen year, Michael still lacked trust that the system was effectively meeting his daughter's needs.

Kevin related a trust in the system due in part to his confidence in the eligibility determination regarding his daughter. Kevin stated, "They were real good doing that. They were good at that. They were outstanding at doing that." Kevin reflected on "some of the same things our child psychologist had told us years ahead years ago . . . about her abilities, about her learning abilities, and about how she cognitively learns, and it was like right on point." Kevin stated, concerning the evaluations, "It was like right on point, and we never told them or never shared this information with them." Kevin asserted similarly regarding the initial and subsequent IEPs, stating, "Yeah, it was on point. I mean it covered everything." Janie reflected, "All I wanted was that paper," referring to the IEP. Janie further expressed that she had no concerns about her daughter receiving Special Education Services because it was her belief that she was "going to get the things that she needed" because of the IEP. Janie conveyed full trust that the system would work for her daughter as it was designed.

***Trust in outcomes.*** The third subtheme related to the theme trust was trust in outcomes. Trust in outcomes related to parents' views of short-term and long-term outcomes for their child as a result of receiving Special Education Services. All parents—Bobby, Carol, Cedric, Damon, Gwen, Janie, Kelly, Kevin, Michael, and Shelly—expressed strong views concerning their trust in outcomes involving their child's use of Special Education Services. Most parents described optimism concerning either short- or long-term goals or both. However, three parents, —Bobby,

Carol, and Michael—articulated significant concerns regarding unfavorable outcomes for their child.

For example, Damon had a favorable expectation for short- and long-term outcomes for his son. He stated, “I just always wanted to see my child do the best out of it, you know, see him gradually move towards being back in a regular classroom setting.” Damon described in his parental reflection that his son’s “future success and the way people would see him” was an important factor in establishing his expectations for outcomes. Also noted in his parental reflection, Damon expressed, “My child has an issue that I’m willing to help with and preparing him for a regular life. So I do everything for my kids. I know he will come out of this stage soon, confident.” He is pleased that his son is finding short-term success that makes him even more optimistic about continued future success.

Janie indicated on her parental reflection that her perceived short-term and long-term goals were primary factors in her decision to accept Special Education Services for her child. Janie remained hopeful concerning her daughter’s success throughout the process. Kelly was also optimistic about her child’s future success. Kelly reflected that during her daughter’s “sophomore and junior year,” her daughter began attending the IEPs and she was then involved in “the actual conversations. So she established what she wanted to do and what she thought was good, what she liked to do as far as a job.” Kelly expressed, “We’re saying, okay, if she couldn’t go to college, what are your other options?” Kelly stated that her daughter worked at a few jobs “an hour or two during school hours to see what she liked.” Kelly also explained that her daughter was enrolled in a program where she “learned how to do a resume, they took trips to learn how to use public transportation, be it Uber, be it Lyft, be it the bus, be it the train and they learned about budgeting.” Kelly revealed that during the IEP, a member of the team stated,

concerning these skills, “That’s what empowers her [to be] independent to do stuff on her own.” Kelly declared, “I don’t think she’d be where she is right now” if not for the special education program. As Kelly reflected on the parental reflection, “As she has grown, the Special Education team enabled her to be bigger than her disability.”

Michael conveyed some doubt that his daughter was being taught the right things to live independently one day, stating, “The education . . . should be how can we help this person be a productive citizen in life.” Michael stated, “Algebra is not going to do it. English is not gonna do it. I mean, formal, yes. But you know, they have it today. Tomorrow it’s gone.” Michael further explained, “So we already know if a child is deemed mentally challenged, scores below 70 then we need to be looking at services for that child that will help that child as an adult.” Michael stated that his primary goal is that his daughter be “a productive citizen . . . just be productive. To take care of herself.”

Cedric described overall contentment with the outcomes his daughter experienced through Special Education Services, stating, “I’m glad she did receive services because I don’t think she would have gotten as far as she’s gotten without services.” Cedric further expressed, “I’m just happy she got her education. It was a struggle, but she got a degree . . . seems to have a halfway decent job.” Cedric articulated the successful outcomes that nine of the 10 parents in this study trusted their child would receive as a result of their acceptance of Special Education Services for their child. Cedric noted on his parental reflection that perceived long-term benefits for his child was the number two factor in his agreement to enroll his daughter in special education. Although he considered himself disengaged from the educational experience of his daughter, he was consistent in his commitment as a father to supporting her needs.



## Research Question Responses

There was a central research question and two sub-questions in this study. The researcher addressed each question relative to a discussion of the themes and subthemes that emerged. Themes and subthemes were reflective of the perceptions of a full range of special education matters participants addressed and thus they were helpful in understanding each of the three research questions included in this study.

**Central research question:** The central research question asked, “How did parents/guardians in one suburban county in the northern Virginia region who received notification of eligibility for Special Education Services determine whether they would or would not use those services for their child?” Four salient themes that emerged from this study helped explain the process parents used to determine whether they would or would not use Special Education Services for their child. These themes underscored common factors that parents considered and provided a structure that described parents’ decision-making experiences. The themes were the following: awareness, negative perceptions, advantage, and trust.

The themes reflected an organized structure to the information parents revealed as pertinent to their decision-making processes regarding special education decisions made on behalf of their child. This researcher referred to elements of this organized structure as principal categories of the decision-making process. Nine of the 10 parents involved in this study—Bobby, Cedric, Damon, Gwen, Janie, Kelly, Kevin, Michael, and Shelly—experienced all four categories to varying degrees, as distinct and meaningful components of their decision-making process, regarding the use of Special Education Services for their child. It is important to note that the categories identified are not sequential in nature; rather, they are simply representative of major groupings of factors that emerged as significant to parents’ experiences.

The first principal category was awareness, which mirrors the first theme of this study. At a single point or at various points, parents who were confronted with learning or behavioral challenges concerning their child determined the level of magnitude of their child's challenges and a perspective on the need for supports. Common factors, which emerged as subthemes, impacted parents' awareness and served as either a hinderance or impetus to parents' ability to gain a more accurate understanding of both their child's level of difficulty and the need for interventions. Three factors related to awareness concerned parents' emotional reactions to suspected disabilities, prolonged singular efforts by parents to personally intervene in reversing their child's difficulties, and feedback in the form of outside inputs through various mechanisms.

A second common principal category in the process of parents contemplating decisions regarding Special Education Services correlated with the second theme of this study, which was negative perceptions. Negative perceptions related to the presence of counter pressures, which hindered some parents from choosing special education interventions to help their child, even when those interventions were reasonable and prudent. In this study, eight of 10 parents—Bobby, Carol, Cedric, Damon, Gwen, Kevin, Michael, and Shelly—acknowledged personal experiences with confronting such hinderances and expressed how those hinderances impacted their decisions concerning special education. The predominant factors that emerged as counter pressures and which correlated with the three subthemes of negative perceptions were societal pressures, such as labeling, stigma, and deficit thinking; negative self-perceptions, related to issues of self-esteem; and fears concerning medications prescribed for their child, namely issues of side effects and maintaining privacy.

A third principal category of the decision-making process for parents regarding special education decisions was advantage. Advantage was also the third theme and was related to

parents' beliefs that advantages existed in special education, regardless of whether parents believed that special education was the best choice for their child. Three subthemes emerged as primary factors associated with advantage. For example, the first subtheme concerned parents' knowledge concerning the special education process. As parents perceived more familiarity with the special education process, including their rights under the law, parents more clearly recognized advantages and were empowered to negotiate aspects of the IEP on their child's behalf. The second subtheme dealt with the benefits of special education related to factors such as classroom structure and pace of instruction. The third subtheme was associated with a perception of privilege derived from their child's participation in special education. Parents who actively engaged in monitoring the implementation of their child's IEP, especially concerning testing accommodations, more easily recognized advantages offered to their child, advantages their child's peers may have even considered an unfair advantage.

In fact, based on the perceptions of four of the 10 parents—Bobby, Gwen, Kevin, and Shelly—such advantages surpassed what they considered normal accommodations and were thus perceived as privilege relative to students without disabilities. It is important to note that privilege was determined by the perceptions expressed by parents and not based on the reality of the types of accommodations offered through their child's IEP. However, the notion of privilege impacted those parents' decision-making experiences.

The final principal category of the decision-making process, which also correlated with the final theme that emerged from this study, was trust. In this study, parents considered issues of trust relative to school leadership, the special education system, and short-term and long-term outcomes. These factors were also the subthemes connected with the theme trust. Specifically, parents' optimism concerning expected successful outcomes for their child was largely

contingent upon parents' perceptions of school leadership and their belief concerning whether the special education system worked as designed.

In summary, the overall decision-making process that emerged from this study was revealed as an outline of common themes of parents' experiences regarding special education decisions parents made on behalf of their child. The principal categories identified represented significant factors in parents' decision-making experiences. With the exception of one participant, each of the principal categories was representative of every parent's experience. However, each category was not necessarily representative of challenges to parents' decision-making processes. For example, two participants initiated a special education referral because they believed that Special Education Services would be beneficial for their child. In such cases, parents did not experience awareness concerns, such as emotional struggles or grapple with negative perceptions, such as labeling. Rather, because they perceived themselves to be fully aware of their child's challenges and viewed special education as a solution, they embraced the advantages they believed would be available to their child and trusted that the system would produce the positive outcomes they hoped for regarding their child.

**Research Sub-Question 1:** The first sub-question in this study asked, "How, if at all, did the perception of special education designations impact the decision of parents/guardians in one suburban county in the northern Virginia region to use Special Education Services for their child?" The primary manner in which parents' perceptions of special education designations impacted the decision of parents concerning Special Education Services for their child was reflected in the theme negative perceptions and the subtheme societal pressures. For the purposes of this discussion, the terminology special education designations was referred to as labeling. Special education labels are commonly associated with negative terms such as stigma,

the r-word, and deficit thinking (Kayama & Haight, 2018). Eight of the 10 parents in this study—Bobby, Carol, Cedric, Damon, Gwen, Kevin, Michael, and Shelly—addressed societal pressures as a concern relative to those and similarly negative or derogatory terms. Although parents' views and decisions regarding special education were reflected in other themes and subthemes, as well, parents who spoke more specifically about special education labels addressed more directly its impact on their perceptions of special education and their subsequent special education related decisions.

For example, as Gwen reflected on her own hesitations concerning special education, the researcher asked, “Would you say there might have been a part of you that might want to decline services?” Gwen responded, “Yeah, definitely. I wanted her to get help, but I didn’t want her to be labeled. That was the thing. I wanted them to help her but not label her as Special Education.” Shelly spoke about how “that [special education] label really discourages parents . . . to not seek services,” especially when their child needs “just a little bit more specialized services.” Further, Shelly conceded that the source of her concerns regarding special education included “societal [pressures] for sure. I mean, I’ll admit, you know, I was definitely concerned about what people would think about how I was doing with my baby.”

Carol expressed concerns about labeling with respect to deficit thinking, stating regarding her son,

Since he was a young, Black male . . . I’ve seen them get labeled and once they get labeled . . . they lose their enthusiasm for trying. Because in special ed, you don’t have to really try. You don’t have to really do anything because they’re not gonna challenge them.

Bobby expressed that his biggest concern regarding accepting special education was that his child might be “stigmatized or bullied by her peers.” Finally, Kevin expressed a similar sentiment, stating about his daughter that he “didn’t want her to become stigmatized because often times there is that stigma that an individual in special ed is slow, can’t comprehend things, they have to be taught at a second grade level, and this kind of stuff.”

A significant result of this study is that three of the five parents who expressed very strong concerns with respect to the theme, societal pressures, stated that they wish they had accepted Special Education Services sooner. Shelly’s statement was representative of the three parents whose child experienced a delay in receiving services. Shelly stated, “So overall, I was satisfied with the decision [to accept services], but it did take me a long time to get there.” Shelly further stated, “It was the best decision. I know it was a good decision. I wish I had done it sooner honestly, um, because I feel like it might have been better for her.” Shelly wishes she had “done it in the fourth grade and instead of fifth grade,” which she viewed essentially as “the sixth grade.”

This study found that parents’ perceptions of special education designations were a significant factor in their special education decision-making experiences. The aforementioned eight parents who expressed concerns about societal pressures primarily considered the effects of labeling, stigma, bullying, and deficit thinking on their child’s well-being. As a result, three parents admitted to delaying their decisions concerning the acceptance of special education interventions, for which they expressed regret. However, despite such challenges, ultimately all parents in this study accepted Special Education Services for their child.

**Research Sub-Question 2:** The second sub-question in this study asked, “How, if at all, did the quality of parent–school collaboration impact the decision of parents/guardians in one

suburban county in the northern Virginia region to use Special Education Services for their child?" Trust is the theme that emerged from the study relative to how the quality of parent–school collaboration impacted parents' decisions regarding Special Education Services for their child. Trust is an important factor to be present between parents and schools (Mereoiu et al., 2016). Additionally, strong relationships help build parents' trust in the special education process, which builds parents' confidence in the leadership and processes connected with the special education system. The collaborative relationships between parents and schools concerning special education is mandated by law [20 U.S.C. §1414(b)(1)(A)].

In this study, trust was associated with parents' beliefs that their child would benefit from successful outcomes when school leadership worked collaboratively with parents and remained accountable to ensuring children with a disability received a quality education. Parents related concerns revolving around issues of trust as trust in school leadership, trust in the system, and trust in outcomes. Eight of 10 parents in this study—Bobby, Cedric, Damon, Gwen, Janie, Kelly, Kevin, and Shelly—conveyed the significance of trust regarding school leadership or the special education system as important to their special education decision-making experience. Notably, seven of those eight parents—Cedric, Damon, Gwen, Janie, Kelly, Kevin, and Shelly—ultimately expressed overall satisfaction with their child's short-term and long-term success and the overall outcome of their child's special education experience.

Parents provided numerous examples of their experiences regarding issues of trust, mainly centered on schoolteachers' and leaders' broad range of expressions of regard for children. For example, while parents wanted to ensure their child was treated fairly, they also wanted to ensure their child received the appropriate amount of academic rigor. Kevin explained that the manner in which children were taught and the way in which children “were held

accountable for learning the material” was important and “just because you’re in special ed doesn’t mean that you’re going to get special treatment in the sense that you can do it.”

Damon spoke of trust in terms of the effort school leadership made to forge relationships with children and parents. He described a favorable scenario with his son’s school principal, whom he viewed as an approachable leader. Damon recalled that the principal “was outside playing basketball [with the children] . . . he was more hands on. He was trying to make sure everyone felt comfortable.” In addition to such issues of relatability, parents expressed a high level of satisfaction with the parent–school collaborative process when teachers demonstrated an understanding of their child, a confidence in their abilities. Gwen stated concerning her daughter,

I don’t think she would be as successful as she is right now. She had two teachers. An algebra teacher, a math teacher and her history teacher, that were very supportive. And they made her feel really good as she rose to the occasion . . . but that’s typical teenagers anyway. If they know you believe in them, they work for you. If they don’t think you believe in them, they’re just like, okay. Whether you’re Special Ed or not.

Janie was especially appreciative of opportunities for feedback between parents and teachers, explaining, “We had meetings to talk about whatever the issues were.” Even in her capacity as a school social worker, Janie enjoyed meeting with parents, understanding that it was important for parents and teachers to talk “and let them know about some of these services” offered at the school.

The findings of this research indicated that the quality of parent–school collaboration was connected to parents’ overall levels of trust, which in turn impacted parents’ special education decision-making experiences. Parents who viewed more favorably their parent–school



collaborative experience tended to gain that perspective when they believed schoolteachers and leaders were fair, committed to maintaining appropriate levels of academic rigor, engaged in efforts to understand their child, and were accountable to upholding requirements established through the IEP and special education procedures. Parents were then inclined to trust that the system would provide a quality education and otherwise favorable outcomes for their child.

### **Summary**

The purpose of this hermeneutic phenomenological study was to investigate the decision-making experiences of parents/guardians relative to an offer of Special Education Services for their child. A thorough description of each of the 10 participants was provided and the process of developing themes for this study was outlined. Finally, each of the research questions was answered in accordance with the four themes that emerged: awareness, negative perceptions, advantage, and trust.

## **CHAPTER FIVE: CONCLUSION**

### **Overview**

The purpose of this hermeneutic phenomenological study is to investigate the decision-making experiences of parents/guardians relative to an offer of Special Education Services for their child. This chapter includes a summary and discussion of the findings, implications in light of relevant literature and theory, as well as methodological and practical implications. It also outlines the study delimitations and limitations and recommendations for future research.

### **Summary of Findings**

This researcher conducted a hermeneutic phenomenological study to investigate the decision-making experiences of parents relative to an offer of Special Education Services for their child. The Central Research Question in this study was as follows: How did parents/guardians in one suburban county in the northern Virginia region who received notification of eligibility for Special Education Services determine whether they would or would not use those services for their child?

The parents in this study described their personal experiences with the special education process, which resulted in the emergence of four common themes: awareness, negative perceptions, advantage, and trust. Themes were representative of categories of factors that parents expressed as important considerations in their decisions regarding how to address their child's needs. Themes developed were not based on whether parents' particular experiences with the theme were good or bad. Rather, themes were based on the degree to which participants expressed their significance as an issue or concern as they made special education decisions.

Although the principal categories outlined in this study were not representative of a chronological process, the awareness category characterized a starting point in the decision-

making process of parents. Each parent began the special education decision-making process by assessing and determining their child's needs. The second category was representative of a period of grappling with negative perceptions characterized by societal pressures related to issues such as deficit thinking, stigma, bullying, and labeling; negative self-perceptions related to concerns that their child might view themselves as not intelligent, different, or not capable; and fears about their child's potential or actual use of medication prescribed in connection with their child's disability. Such fears were mostly connected with either actual or anticipated side effects and issues of privacy.

The third category represented an experience of parents viewing Special Education Services as advantageous to their child due to parents' familiarity with special education, knowledge about available resources and supports, understanding of their rights under the law, and an appreciation specifically for testing accommodations. As parents who were more reluctant to acknowledge their child's disability became more familiar with special education, they expressed greater awareness of advantages for their child. The fourth category represented parents' expressions of issues of trust in school leadership regarding matters of fairness, educational rigor, and parent-school collaboration; trust in the overall design of special education as a system, particularly due to their parental role in establishing their child's IEP; and trust in short- and long-term outcomes for their child.

The first sub-question was as follows: How, if at all, did the perception of special education designations impact the decision of parents/guardians in one suburban county in the northern Virginia region to use Special Education Services for their child? Perceptions of special education designations were a significant factor in parents' special education decision-making experiences. Although eight of the 10 parents in this study expressed concerns regarding special

education labeling, those who expressed strong sentiments were inclined to have more challenging special education related decision-making experiences. Five such parents—Bobby, Carol, Gwen, Kevin, and Shelly—expressed concerns similar to one another. Bobby stated about his daughter, “I didn’t want her to be stigmatized by that, stigmatized going forward in her career. And I didn’t want her stigmatized or bullied by her peers, you know, by that. Those were my biggest concerns.” The impact of those concerns for three parents—Gwen, Kevin, and Shelly—was reflected in those parents specifically stating that their struggle with stigma contributed to their delayed acceptance of special education related services for their child. Two of those five remaining parents, Bobby and Carol, expressed strong views concerning societal pressures, specifically stigma. Neither of them ever concluded that their child needed Special Education Services. Three other parents who related a minimal concern about stigma (Cedric, Damon, and Michael) as well as the two parents who communicated no concern regarding stigma (Janie and Kelly) expressed no delays or challenges with decision-making experiences regarding the acceptance of Special Education Services.

The second sub-question was as follows: How, if at all, did the quality of parent–school collaboration impact the decision of parents/guardians in one suburban county in the northern Virginia region to use Special Education Services for their child? The quality of parents’ collaborative experiences was related to factors of trust. Trust is critical to creating successful parent–school partnerships, constructive learning environments, and improved student outcomes (Turnbull & Turnbull, 2015). Eight of the 10 parents in this study—Bobby, Cedric, Damon, Gwen, Janie, Kelly, Kevin, and Shelly—indicated level of trust in school leadership, trust in the special education system, or trust in successful outcomes for their child. However, Bobby did not indicate a strong level of trust in either area. Trust in school leadership and the special

education system contributed positively towards parents' trust in successful outcomes for their child. Two of the three parents who did not express significant levels of trust (Bobby and Carol) also never believed their child needed Special Education Services and expressed dissatisfaction with the short- and long-term outcomes. The remaining parent, Michael, expressed a loss of confidence in the special education process after a middle school experience in which his child did not receive adequate Special Education Services. Parents who related favorable experiences concerning issues of trust spoke mainly regarding their collaborative experiences with teachers; their confidence in the IEP, as a contract between parents and schools; and their belief that their child consistently experienced favorable educational outcomes. Additionally, those same parents experienced a greater level of comfort in engaging in special education decision making.

### **Discussion**

Relative to the empirical and theoretical literature previously outlined, the researcher will discuss the findings of this study in the following section. How the current study extends or diverges from that previous research is also a topic this researcher will examine. The researcher reviewed a wide range of literature to consider perspectives pertinent to the subject of special education related decision-making experiences and will highlight a few relative to the finding of the current study.

#### **Theoretical Literature Discussion**

The grief model and decision theory were used in this study to explain factors that influence parental decision-making regarding special education and related services. Haley et al.'s (2013) stages of grief cycle and Dewey's (1910/1978) five stage decision theory were used as the theoretical framework for conducting this researcher's investigation into the decision-making experiences of parents relative to an offer of Special Education Services for their child.

Haley et al. (2013) sought to explore parents' initial reactions to a special education referral for their child from the perspective of the Kübler-Ross (1973) stages of grief cycle. Dewey (1910/1978) developed a five-stage sequential problem-solving tool that is still accepted as a modern approach to decision-making. This researcher will discuss the stages of grief cycle and the decision-making model theories with respect to the findings of the current study.

**Theory I.** The grief cycle outlines three common stages of grief that not only correspond to typical responses to death and dying but also are common among parents of children identified as having a disability. The grief cycle is widely recognized as a theory that explains delays in parents' acceptance of their child's disability diagnoses and referrals for special education (Allred & Hancock, 2012; Haley et al., 2013; Krishnan et al., 2017). Haley et al. (2013), using a modified version of the original Kübler-Ross (1973) stages of grief cycle, examined parental reactions to their child's referral for Special Education Services. Within the stages of grief, stage one typically included shock, denial, and anger; stage two was isolation and depression; and the final stage was acceptance and hope (Haley et al., 2013). The researchers captured parents' recent experiences and reflections of their thoughts and emotions concerning their child's referral and initial experiences with special education and found that nearly half of the participants expressed an experience with a stage one level emotional reaction. Most participants reported shock as a predominant stage one emotion, followed by denial, and anger; a small group experienced isolation and depression as an intermediate level stage; and just under half related an experience of immediate acceptance and hope, stage three emotions (Haley et al., 2013).

In the current study, six of 10 parents—Bobby, Carol, Damon, Gwen, Kevin, and Shelly—expressed some level of an emotional response when reflecting on their reactions to first

recognizing learning or behavioral challenges or issues related to suspected or confirmed disabilities; contemplating evaluations for a suspected disability; or considering special education choices due to a diagnosed disability. Parents' reactions were primarily consistent with fear and denial. Specifically, parents expressed fears concerning stigmatization, prescribed medications, testing, and concerns regarding next steps subsequent to the disability diagnoses. Parents who fit this category used expressions such as "I was really scared" and "There's no need [to continue] putting blinders on." The researcher also found that half of the parents who expressed significant stage one experiences admitted to delays in accepting Special Education Services for their child.

Although shock was noted as the primary emotion related by participants in the Haley et al. (2013) study, notably, this researcher found that none of the participants in this study specifically expressed feelings of shock as a predominant emotion in their experience. Despite this fact, this researcher discovered that the emotional experiences of parents in this study were quite similar in nature to what Haley et al. (2013) found in the grief model adapted from Kübler-Ross (1973). None of the participants in the current study related having an intermediate stage emotional experience, namely isolation and depression. However, this researcher found that nearly half of the participants' initial experiences in the current study were representative of stage three reactions. A similar number of participants in Haley et al.'s (2013) study related feelings of acceptance and hope during their initial experience with special education and related services.

It was clear from the current research that the grief model is a valid mechanism for predicting and understanding parents' initial responses to aspects of special education decision-making. Parents' emotions are real in these circumstances, just as they are in circumstances

where parents are confronted with issues of death and dying or other crises involving their child (Haley et al., 2013). Research indicates that parents typically navigate from stage one emotions to stage three over time, without much outside stimulus. However, the current research indicates that compelling evidence gained from eligibility assessments, good parent–school relationships built on trust, and increased familiarity with the special education process are all helpful in combating parents’ initial stage emotions.

**Theory II.** As a second theory, the researcher used elements of Dewey’s (1910/1978) five stage process as a framework to analyze parents’ decision-making experiences regarding offers of Special Education Services for their child. Dewey’s (1910/1978) five stage process includes recognizing that a difficulty exists, characterizing it, looking for solutions, evaluating solutions, and testing and accepting or rejecting solutions. Dewey’s process is a sequential model of the decision process (Hansson, 2005).

The Dewey (1910/1978) decision theory model provides an appropriate structure to assess the decision-making experiences of parents who face special education decisions on behalf of their child. In the current study, all parents ultimately decided to accept Special Education Services. Parents’ experiences varied most in terms of length of the process and the number of times the decision cycle was repeated. Those whose experiences seemed the most simplistic quickly recognized the nature of their child’s challenges, quickly evaluated solutions, and determined that Special Education Services would best address their child’s needs. Those parents then confirmed through observations and feedback that special education was the right choice for their child. Such responses and conclusions, as expressed by the parents, followed a straight-forward process as outlined by Dewey (1910/1978).



However, for parents who related a more complicated decision-making experience, the structure provided by Dewey's (1910/1978) decision theory was still helpful. Two themes identified in this current study that proved particularly burdensome for parents, as they navigated the special education decision-making process on behalf of their child, were awareness and negative perceptions. Parents who struggled with the category of awareness underwent challenges determining the actual level of magnitude of their child's learning or behavioral challenges and formulating an accurate perspective on the need for interventions. Similarly, parents who struggled with the category of negative perceptions experienced a more complicated decision-making experience due to the impact of pressures countering parents' acceptance of Special Education Services. Those parents assessed the existence and nature of their child's challenges, but just spent more time engaging in those efforts. In fact, those parents continually assessed whether a *problem* existed and engaged in a process of characterizing the nature of their child's issues. Those who strongly expressed fear and denial related a struggle to clearly assess the reality of their child's situation. They therefore struggled to find appropriate solutions.

The researcher found that although the structure of parents' decision-making processes was sequential in some respects, as outlined by Dewey (1910/1978), portions of the process were repeated before some parents in this study ultimately decided to accept Special Education Services. The remaining two themes identified by the researcher, advantage and trust, helped parents evaluate their solutions to determine whether to undergo the decision-making process again.

### **Empirical Literature Discussion**

There is a host of literature regarding effective parent-school relationships. The current study adds to a range of research that examines factors affecting parents who are faced with

making decisions regarding acceptance of Special Education Services for their child.

Specifically, this researcher will discuss how the current study relates to the body of literature that addresses parental involvement and parental perceptions that impact parents' special education related decision-making experiences.

**Parental involvement.** There is a substantial amount of research surrounding parents' involvement in their child's education (Burke & Hodapp, 2016; Daniel, 2015; de Apodaca et al., 2015), including the involvement of parents of children identified with disabilities (Mereoiu et al., 2016; Murray & Mereoiu, 2016). Parental involvement is closely correlated with child development (Burke & Hodapp, 2016; Epstein, 2010; Jeynes, 2012) and academic self-concept (Harding et al., 2015; Ju et al., 2013). Additionally, parental expectations and hopes for a child's educational achievements strongly correlate with actual achievement (Park & Holloway, 2013).

Importantly, research indicates that parental involvement varies generally relative to the socioeconomic and cultural backgrounds of families (Daniel, 2015; Epstein, 2010). Epstein (2010) compiled a framework of six major categories of parent involvement with schools from research conducted over numerous years with educators and families from elementary school to high school. Epstein's (2010) framework is often cited among researchers as a helpful tool in recognizing diverse types of support parents provide to their children regarding their education and involvement in schools. Included among the six types is a category called *learning at home*. Homework assistance is an example of this important parental support.

The current research showed that parents engaged in significant levels of personal interventions with their child involving teaching and supporting them, primarily in the home environment. Parents did not indicate involvement in more *traditional* approaches of parental participation, such as volunteering in the classroom. However, several of the parents reported

visiting the classroom to observe their child on various occasions. The current research revealed that parents took pride in their efforts to advocate for their child and when necessary would challenge school leadership in ensuring their child received all accommodations they were entitled to by law. As a result, parents expressed satisfaction with both short- and long-term outcomes in the child's performance and achievement. Several of the parents expressed that their child became adept at advocating for themselves. Thus, the current study was consistent with the research regarding the correlation between increased parent participation and improved outcomes for children.

**Parental perceptions.** Parents' fear related to stigma is a significant factor associated with special education labels (Albert et al., 2016; Algraigray & Boyle, 2017; DeRoche, 2015; Marsh & Noguera, 2018). Researchers have studied why parents do not consent to various aspects of the special education process, such as evaluations, the IEP, and placement decisions (Etscheidt et al., 2012; Zirkel & Hetrick, 2017). For example, Etscheidt et al. (2012) sought to discover reasons why parents do not consent to evaluations. After reviewing litigated cases, Etscheidt et al. (2012) discovered that parents are resistant to providing consent for evaluations due in part to fear of stigma associated with special education labels. Stigma is characterized by negative perceptions and treatment toward those who possess qualities judged dangerous, objectionable, or unworthy (Marsh & Noguera, 2018). Stigma remains a relevant issue to parents regarding special education labeling (Kayama & Haight, 2018).

The current research confirms this notion. Eight of 10 parents—Bobby, Carol, Cedric, Damon, Gwen, Kevin, Michael, and Shelly—acknowledged making determinations regarding their child's need for Special Education Services in consideration of concerns regarding stigma and labeling. One parent in the current study expressed the reservations several other parents

also felt, stating, “I find that I’m not a huge fan of the label of special education . . . I feel as if they actually should have a different category for the kids that are not in the extreme cases.” A parent also stated, “I wanted them to find the brilliance in [my child].” How disabilities are viewed is a greater societal matter; however, it is incumbent upon schools to be vigilant in leading societal efforts to promote tolerance and compassion and appreciation for the contributions of all members of society.

Further, research indicates that cultural differences commonly account for differences in parental perspectives regarding disabilities and special education (Cohen et al., 2015; Kayama & Haight, 2018; Morgan et al., 2017). The findings in the current research were consistent with previous research. Cultural issues served to complicate such issues even further for parents in the current study. This researcher found that five of the 10 parents—Bobby, Carol, Damon, Gwen, and Shelly—introduced cultural issues as relevant matters concerning their views of special education.

The current research indicated that issues regarding stigmatization, deficit thinking, and fear of limitations to future success were compounded for some parents due to the added pressure they felt as African American parents raising an African American child. For example, one parent revealed that at the start of school desegregation in her county, she was part of an early group of African American students who entered the same schools her son later attended. That participant, as well as four other participants, addressed lingering concerns regarding issues of cultural inequities in the special education system, especially in the identification process for African American boys. As one participant declared in a sentiment generally expressed by four others in the current study, “I find the bias against Black boys is real.”

## **Implications**

The researcher will discuss the theoretical, empirical, and practical implications of this study. There are conclusions that can be drawn from the findings discovered as this researcher examined parents' special education decision-making experiences. The researcher will also discuss how the research impacts the theoretical framework used to frame the current study. Additionally, the researcher will discuss the impacts of the current research to the body of research surrounding parents' special education related decisions.

### **Theoretical**

Haley et al.'s (2013) stages of the grief cycle and Dewey's (1910/1978) five stage decision theory were the theories used as the framework by this researcher to investigate parents' special education decision-making experiences. The results of the current study indicated that from the perspective of the grief cycle, it was not uncommon for parents to experience grief related to disability diagnoses and other decisions related to special education. For some, these issues led to delays in acceptance of Special Education Services. In a study conducted by Krishnan et al. (2017), the researchers applied the grief theory to understand the grief experiences of parents of a child diagnosed with autism spectrum disorder. The study consisted of 24 mothers and, notably, "almost all mothers agreed that there was a significant delay in identification and when identified, there was a delay in treatment in view of the inability to come to terms with the condition" (Krishnan et al., 2017, p. 270). Similarly, three of the 10 parents in the current study who admitted to delays in accepting services for their child also admitted to struggles with issues of grief.

The current researcher discovered that Dewey's (1910/1978) five stage decision theory helped to highlight such struggles. Dewey's (1910/1978) five stage decision theory was used by

this researcher to help explain parents' experiences as they made decisions regarding acceptance of Special Education Services. The stages included recognizing that a difficulty existed, characterizing the difficulty, looking for solutions, evaluating solutions, and testing and accepting or rejecting solutions (Hansson, 2005). A critical first step in the process was for parents to accurately assess the true nature and magnitude of their child's challenges. The results of the current study revealed that emotional struggles or significant social pressures, such as stigma or labeling, contributed to parents' inability to properly assess their child's challenges. The current study revealed that parental struggles of this nature contributed to hindrances in parents' ability to move sequentially through the five stages of the decision process. Rather, parents repeated some or all aspects of the decision cycle until they experienced the outcomes they desired for their child. For example, of the five stages, some parents attempted to re-evaluate solutions without engaging in a process of re-characterizing the difficulty. For some, the results led to delays in children receiving the support they needed.

School leadership should understand that the parent of a child with an academic or behavioral challenge may seek to exhaust personal intervention solutions before considering or accepting special education related alternatives. Schools should train special education teams to employ proper methods of making parents aware of common emotional responses and help parents to identify and address their own possible experiences with such emotions. Schools might help parents to recognize grief related emotions, such as shock, anger, fear, and denial. Subsequently, schools might help parents determine whether they are experiencing those emotions in their own lives. In cases where grief exists, Haley et al. (2013) suggested that a constructive statement by schools to parents might be the following: "In working with numerous children and families throughout the years, I have found that parents sometimes are shocked and

confused about having a child placed in special education services. ‘Can you relate to either of these emotions?’” (pp. 240–241). Collaborative efforts of this nature will help parents to avoid undue delays in identifying and implementing the most effective interventions for their child.

### **Empirical**

The literature is clear that parents are commonly viewed as their child’s best advocate; nonetheless, parents sometimes struggle with parent–school collaboration (Burke et al., 2016; Burke & Hodapp, 2014). Whether or not parents feel unburdened by societal pressures, such as issues relating to stigma and labeling, they still sometimes find parent–school collaborative efforts difficult. For example, DeRoche (2015) examined circumstances where parents willingly advocate for disability and special education labels for their child yet found that almost all the parents felt ill-equipped to negotiate the system on behalf of their child.

Implications connected with this dynamic were related in this study to themes entitled advantage and trust. This researcher found that parents’ familiarity with special education aided significantly in their ability to see advantages to receiving Special Education Services for their child. In some cases, parents viewed provisions of the IEP as advantageous to the point of perceiving some supports as tantamount to privilege.

Ong-Dean (2009) described a seemingly shifting societal dynamic concerning special education and the notion of leveraging privilege for privilege, referred to as cultural capital. Parents with privilege increasingly actively advocate for labels to access educational resources and accommodations to best address their child’s educational challenges (Ong-Dean, 2009). Money, social connections, educational backgrounds, and status are effective tools in acquiring the educational interventions these parents seek to better understand and address their child’s diagnosis, as well as to properly advocate for medical, social, emotional, and educational

supports for their child (DeRoche, 2015).

Nine of the participants in the current study were college educated, middle to upper middle-income parents. Six of the 10 participants—Bobby, Cedric, Gwen, Janie, Kelly, Kevin, and Shelly—were considered career professionals with respect to current or previous occupations. However, only one participant, Janie, expressed a conscious effort to leverage her socioeconomic resources, namely her knowledge and experience as a social worker, to acquire special education labels for her child. Two other participants, Gwen and Kevin, used their social connections with a school counselor to guide them through the creation of the IEP; however, neither actively sought such supports. After a brief conversation, the counselor offered to advocate at the IEP meeting on their behalf and both parents accepted. As the parents in this study recognized the advantages that acceptance of special education would offer their child, they sought to maximize the supports they learned their child was legally entitled to receive.

Even those parents who struggled with realizing the benefits of special education regarding their child expressed a more positive view of Special Education Services once they felt better equipped to navigate the system. As one parent noted, “If you are a parent that knows your rights, you’ll get good services.” Even one of the two parents in the current study who never believed their child should receive Special Education Services expressed, “Let’s take advantage of [Special Education Services] ... as much as we can to the extent that it won’t stigmatize her, you know, why not? Everybody else does, in my opinion.” This parent came to this conclusion after becoming more familiar with the process through his work as a long-term substitute teacher.

The results of the current study illustrate how familiarity works in tandem with the theme trust. One parent expressed, “If you were cognizant and knowledgeable about [your rights], you



got good services. But if you were not, you usually did not get good services.” When parents perceived themselves to be knowledgeable of their rights, they tended to trust their ability to be an adequate check on school leadership and enforce the proper functioning of the special education process. It was at that point that parents were best able to see advantages to services, in spite of the aforementioned societal pressures.

A recognition of advantages was experienced by nine of the 10 parents in the current study—Bobby, Cedric, Damon, Gwen, Janie, Kelly, Kevin, Michael, and Shelly—and was brought about primarily by familiarity with special education rights and procedures gained over time. For parents who experienced struggles with trust, advantage was the factor that most contributed toward building a relationship with schools. A cooperative parent–school relationship where parents feel well informed, understand their rights, and feel valued as a team member significantly improves the likelihood that parents would more expeditiously overcome hindrances that impede their ability to properly assess their child’s actual circumstances and thus make the best decisions for meeting their child’s needs.

### **Practical**

In the current study, parents who actively engaged in personal interventions with their child demonstrated significant involvement of this type. Assistance of this nature is typically a private form of parental involvement and therefore not easily apparent to schools. Nevertheless, similar to more visible types of parental involvement, this involvement significantly contributes to a child’s overall improved performance and thus is worthy of recognition and encouragement by school leadership (Latunde & Clark-Louque, 2016; Wei et al., 2019). Following Epstein’s (2010) recommendation that schools “provide information and ideas to families about how to help students at home” (p. 85), schools might more effectively engage parents who offer such

support to their children by providing them with additional resources to help in their home efforts. This type of parental involvement might prove particularly useful to parents of a child with learning or behavioral struggles or a child diagnosed with a disability.

As the research is clear that children, and thus parents, teachers and administrators, benefit from schools actively engaging parents as effective members of the parent–school team, perhaps more might be done to capitalize on this important dynamic. Specifically, teachers and administrators might more strategically focus interested parents in using particular tools that augment their work in the classroom and therefore reap increased benefits for children, especially children with suspected or diagnosed disabilities. Research indicates that parents are much more likely to be involved in their child’s education during elementary school years, a time when most educational difficulties are identified, but that dynamic changes as children progress through grade levels (Wei et al., 2019).

Parents who actively intervene with their child, without appropriate input from schools on how best to involve themselves in this process, are perhaps more likely to find their efforts non-productive and thus may become frustrated by seeing a lack of acceptable results. Such struggles can lead to disillusionment among parents and delays in getting their child the breadth of support they may actually need. Parents benefit from schools’ acknowledgement of the important role parents have in educating their child. Schools, in working with parents, give parents an opportunity to engage proactively in helping their child to be successful versus merely reacting to efforts implemented solely by schools. Children benefit from strategic reinforcement of teachers’ and administrators’ classroom efforts by parents at home. Schools benefit from a collective and focused team effort in creating successful short- and long-term outcomes for children.

## **Delimitations and Limitations**

The researcher will discuss delimitations and limitations to the current study.

Delimitations were purposeful decisions made by the researcher to frame the study within certain parameters involving factors such as setting and types of participants. The researcher will describe the rationale behind such decisions. Additionally, the researcher will discuss potential weaknesses in the applicability of the findings of the study, due to uncontrollable factors related to the design of the study.

### **Delimitations**

There were several delimitations this researcher imposed that limited the focus and scope of this study. This researcher will discuss two such factors. For example, this study was delimited to participants who were parents/guardians of a child in the northern Virginia region. Northern Virginia is a culturally diverse and economically vibrant region. The results of this study are therefore not necessarily representative of the experiences of parents and families in other areas of the state or the country. Because participants were chosen from a suburban county, this study served to intentionally exclude parents from rural or urban communities. This researcher made this decision due to issues of proximity and convenience. This study did not require the researcher to travel outside of the researcher's local community, which helped the researcher maintain cost effectiveness in completing the study.

### **Limitations**

There were potential weaknesses of this study due to uncontrollable factors that the researcher will discuss. Such study limitations are present in every study. One factor in this study includes the types of participants represented. Specifically, all participants in this study were African American parents of a child with a disability. This researcher gained insight into

this important population; however, the results of this research are not necessarily translatable to other racial groups.

Additionally, this researcher chose to investigate the experiences of parents who did not make decisions for a child diagnosed with a physical disability, a severe emotional disability or multiple disabilities, but rather, the disabilities were categorized as specific learning disability; other health impairments, including ADHD; mild autism; and one child was diagnosed with an intellectual disability. The results of this study were not necessarily reflective of the experiences of parents whose child was diagnosed with a more apparent, less subjectively identified, severe emotional or physical disability.

Participants in the current study were asked to recall past experiences. In some cases, those experiences occurred over several decades. Those experiences were valuable for this researcher to capture because those experiences could highlight changing societal trends. However, participants with more current experiences might exhibit more accurate, typical, or relatable reflections, given current societal values and norms.

Two final limitations this researcher will address concerns setting and socioeconomic status. The special education related decision-making experiences of a parent of a child with a disability in a suburban environment may vary from parents' decision-making experiences in a rural or urban area, particularly when issues of poverty exist. Research indicates that poverty is a major predictor of a parent's inclination not to fully access special education resources and accommodations (DeRoche, 2015), and socioeconomic status is a strong predictor of educational achievement (Davies & Rizk, 2018). Therefore, the findings in the current study may not parallel the experiences of parents with a lower socioeconomic status or parents raising a child in a rural or urban community.

### **Recommendations for Future Research**

There were limitations and delimitations of the current study that future research might address. This researcher sought to investigate the stories of parents' special education related decision-making experiences over time that may have identified possible societal trends. However, future research might examine more exclusively the current experiences of parents. Additionally, future research that examines the experiences of a more diverse group of participants might allow the researcher to determine distinguishable variations in experiences based on cultural differences. Similarly, it would be important to examine the experiences of other culturally and linguistically diverse populations in order to highlight similarities and differences from African American parents' experiences in making special education related decisions for their child. Further research might also capture the experiences of participants of either varying or lower socioeconomic status. Most of the participants in the current study were part of households earning greater than the average household income in the county in which they reside. A final recommendation for future studies is to include parents who refuse services or exercise other options, such as 504 plans or non-public school options such as homeschooling or private schooling.

### **Summary**

This researcher conducted this hermeneutic phenomenological study as an investigation into the decision-making experiences of parents/guardians relative to an offer of Special Education Services for their child. As a phenomenological study, this researcher was interested in the lived experiences of the participants and by using a hermeneutic approach, this researcher was required to interpret those experiences in order to provide depth to its meaning (Moustakas, 1994; Van Manen, 2016).

This study revealed the clarity parents gained in understanding the special education process as they became more familiar with the system and their rights in accordance with the law. As schools endeavor to do more to create effective partnerships with parents of a child with a disability, they are encouraged to acknowledge emotional struggles parents often face with issues of disability, ensure parents understand that schools stand with them in confronting societal pressures connected with special education labeling, forge relationships that help foster authentic parent–school collaborations, and otherwise educate parents about their rights under the law. The current research indicated that the quicker parents feel they and their child are understood and parents feel well-informed and understand the scope of their rights, the quicker parents can build trust with schools and thus feel empowered and equipped to acquire for their child what they need to experience successful short- and long-term outcomes.

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**APPENDIX A: IRB APPROVAL****LIBERTY UNIVERSITY**  
INSTITUTIONAL REVIEW BOARD

October 30, 2018

Cheryl Solomon

IRB Approval 3476.103018: Special Education and Parental Decision-Making Experiences: A Hermeneutical Phenomenological Study

Dear Cheryl Solomon,

We are pleased to inform you that your study has been approved by the Liberty University IRB. This approval is extended to you for one year from the date provided above with your protocol number. If data collection proceeds past one year or if you make changes in the methodology as it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms for these cases were attached to your approval email.

Your study falls under the expedited review category (45 CFR 46.110), which is applicable to specific, minimal risk studies and minor changes to approved studies for the following reason(s):

6. Collection of data from voice, video, digital, or image recordings made for research purposes.
7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.)

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

////Original Signed////

*Administrative Chair of Institutional Research*  
**Research Ethics Office**

**LIBERTY**  
UNIVERSITY.

*Liberty University | Training Champions for Christ since 1971*



## APPENDIX B: CONSENT FORM

### CONSENT FORM

#### SPECIAL EDUCATION AND PARENTAL DECISION-MAKING EXPERIENCES: A HERMENEUTICAL PHENOMENOLOGICAL STUDY

Cheryl Solomon  
Liberty University  
School of Education

You are invited to be in a research study on the decision-making experiences of parents/guardians relative to an offer of special education and related services for their child. You were selected as a possible participant because your child was identified with a disability, deemed eligible to receive Special Education Services, and you made a decision regarding whether to accept those services for your child. Please read this form and ask any questions you may have before agreeing to be in the study.

Cheryl Solomon, a doctoral candidate in the School of Education at Liberty University, is conducting this study.

**Background Information:** The purpose of this study is to understand the experiences of parents/guardians who are asked to decide whether or not to accept special education and related services for their child.

**Procedures:** If you agree to be in this study, I would ask you to do the following things:

1. Complete a brief questionnaire that will provide the researcher with your basic demographic information and your general impressions of the special education process. The questionnaire should take no longer than 10 minutes to complete.
2. Complete a one-on-one interview with the researcher. The purpose of the interview is to discover more detailed information about your experiences. The interview will be audio recorded to ensure all details are properly captured. The one-on-one interview should last approximately 50 minutes.
3. Complete a written reflection highlighting the most prominent factors you considered regarding whether or not to accept Special Education Services for your child. The reflection should take no more than 15 minutes to complete.
4. Review the transcribed interview and provide an assessment of the credibility of the researcher's interpretations and findings. This review should take no longer than 15 minutes.

**Risks:** The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

**Benefits:** Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include the following:

Strategies that improve parent-school collaboration, decrease conflict, and build effective partnerships can result from continued efforts by schools to understand the experiences of parents regarding the special education system (Mueller, & Buckley, 2014). Your participation contributes toward the possibility of schools building more effective strategies in engaging parents.

Without appropriate parental engagement, students are vulnerable to receiving unsuitable and inappropriate services (Burke et al., 2016), possibly leading to less successful outcomes for students.

**Compensation:** Participants who complete all phases of the research process will be compensated at the completion of the study with a \$10 iTunes gift card, as a token of the researcher's appreciation.

**Confidentiality:** The records of this study will be kept private. In any sort of report the researcher might publish, no information that will make it possible to identify you or your child will be included. Research records will be stored securely, and only the researcher will have access to the records. The researcher may share the data collected from you for use in future research studies or with other researchers; if the researcher shares the data collected about you, any information that could identify you will be removed before the researcher shares the data.

- Participants will be assigned a pseudonym. The researcher will conduct interviews in a location where others will not easily overhear the conversation.
- Data will be stored on a password locked computer and may be used in future presentations. After three years, all electronic records will be deleted.
- Interviews will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.

**Voluntary Nature of the Study:** Participation in this study is voluntary. Your decision whether to participate or not will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

**How to Withdraw from the Study:** If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

**Contacts and Questions:** The researcher conducting this study is Cheryl Solomon. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at

csolomon16@liberty.edu. You may also contact the researcher's faculty chair, Dr. James Zabloski, at jlzabloski@liberty.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at [irb@liberty.edu](mailto:irb@liberty.edu).

*Please notify the researcher if you would like a copy of this information for your records.*

**Statement of Consent:** I have read and understand the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio-record me as part of my participation in this study.

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Signature of Participant

Date

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Signature of Investigator

Date

### APPENDIX C: PARTICIPANT QUESTIONNAIRE

The purpose of this research is to capture the decision-making process of parents/guardians relative to an offer of special education and related services for their child. The questions below will capture both basic demographic information and your overall impressions of your experience with the special education process.

Please provide the following information pertaining to yourself

1. Name and Contact Information:

\_\_\_\_\_

Full Name

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mobile Phone

\_\_\_\_\_

Email Address

2. Gender: M/F    3. Age: \_\_\_\_\_    4. Race/Ethnicity: W \_\_ B \_\_ H \_\_ A \_\_ I \_\_ O \_\_

5. Profession/Career Field: \_\_\_\_\_

6. Highest Educational Degree Obtained:

GED/HS Diploma \_\_\_\_\_ Assoc. Degree \_\_\_\_\_ BA/BS \_\_\_\_\_ MA/MS \_\_\_\_\_ PhD \_\_\_\_\_

7. Annual Income Level:

less than \$25,000 \_\_\_\_\_    \$25,000 - \$46,000 \_\_\_\_\_    \$47,000 - \$68,000 \_\_\_\_\_

\$69,000 - \$90,000 \_\_\_\_\_    \$91,000 - \$112,000 \_\_\_\_\_    greater than \$112,000 \_\_\_\_\_

Please provide the following information pertaining to your child

8. Gender: M/F            9. Age/Grade: \_\_\_\_\_/\_\_\_\_\_

10. Race/Ethnicity: W \_\_ B \_\_ H \_\_ A \_\_ I \_\_ O \_\_

At the time Special Education Services were offered:

11. Age/Grade/School District: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

12. Diagnosed Disability: \_\_\_\_\_

Overall Impressions

13. Overall, what is your impression of the schoolteachers and administrators you worked with during the special education process? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Overall, how willing were schoolteachers and administrators to try to understand your child's educational needs? \_\_\_\_\_

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### APPENDIX D: PARENTAL REFLECTIONS

Please review the factors listed below and any additional factors that may have influenced your decisions concerning the offer of Special Education Services for your child. Regardless of your ultimate decision concerning acceptance of services, please rank, from greatest to least importance, the factors you considered in your decision-making process (e.g., place “1” in the box next to the most important factor). Please feel free to write-in other factors not listed. Note: Multiple factors can be ranked equally. Use N/A to indicate any factors you deem not applicable.

Ranking	Factors
	Your overall perception of special education
	Societal attitudes toward special education labels
	Your personal view of what was best for your child
	Your family members’ views of special education
	Level of trust in school leadership’s recommendations
	Supporting your child’s preference
	Concern over long-term negative effects
	Perceived long-term benefits for your child
	Perceived short-term benefits for your child
	Concern for stigma
	Other options aside from accepting Special Education Services

Please provide a written reflection further describing the most predominant factor(s) you considered when determining whether to accept Special Education Services for your child.

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**APPENDIX E: INTERVIEW QUESTIONS**

1. Please tell me about your child, including your son or daughter's strengths and favorite activities.

2. Please tell me about any specific challenges your child may experience.

Other specific open-ended interview questions are as follows:

3. What are your current thoughts concerning special education programs in general?

4. How familiar were you with the special education program before the experience with your child?

5. What were your concerns, if any, about your child receiving Special Education Services?

6. How did you feel emotionally when you received notice of your child's eligibility for Special Education Services?

7. Prior to making the decision on whether to accept Special Education Services for your child, how did you anticipate your child might benefit from such services?

8. How do you view school leadership's understanding of your child's educational needs?

9. How willing were teachers and school administrators to understand your child's unique educational needs?

10. Describe any circumstances where you feel teachers or school administrators did not treat you or your child fairly.

11. How well were teachers and school administrators able to assess your child's strengths and weaknesses?

12. How well did teachers and school administrators consider your views of your child's strengths and weaknesses?
13. Please discuss the disability for which your child was eligible to receive Special Education Services.
14. What was the rationale provided for why your child was eligible to receive Special Education Services?
15. What was your impression of the IEP?
16. What about the IEP experience, if anything, led to your decision whether to accept Special Education Services?
17. What doubts, if any, about purported benefits of special education made you consider not accepting Special Education Services for your child?
18. What factors most influenced your decision whether to receive Special Education Services?
19. What effect did you feel an experience with special education may have had on your child's future success?
20. What alternative assistance, if any, outside the realm of Special Education Services would you like to have seen your child receive?
21. Describe how satisfied you are with your decision relative to the offer of Special Education Services for your child.
22. What are your general privacy concerns regarding the information you provided in this study about your child?
23. What else would you like to share?



**APPENDIX F: SAMPLE INTERVIEW TRANSCRIPT**

Speaker 1:

Okay. Awesome. Okay. You'll notice as we go along there might be some questions that kind of blend into other ones and you can just tell me if you think you've already addressed it. If you want to elaborate you can. I may mention that I think I heard you already answer it and you can tell me whether that's true or not. Okay, so the next question. What are your current thoughts about special education programs in general?

Speaker 2:

I think they're needed. So often kids get pigeonholed into a category of being disruptive or being can't learn, slow, all those other derogatory adjectives concerning somebody who . . . Someone told me a long time ago, speak a different language than what we speak and once we learn how to speak their language and we're able to communicate with them and then we're able to see that they're smart people, but we've got to learn to speak their language. And sometimes the language of a special ed child is different than the language that a lot of the kids in the classroom use, and once you learn to understand that language you're able to allow them to blossom because they're not slow, they're not stupid, they just speak a different language. But I think it's well worthwhile.

Speaker 2:

I think it takes a special teacher to do special ed because not only do you have the educational and the academic aspect of it sometimes you have some behavioral issues you have to deal with, you have some things that are going on outside the classroom you have to deal with, you have some interpersonal issues you've got to deal with. So not only are you a teacher, but you're a psychologist, you're a mom, you're a grandmother, you're a counselor, you're a babysitter, you're an individual that puts a Band-Aid on little boo-boos, which may have a bruised ego because someone did something mean to him that day or just didn't talk to him or didn't give him eye contact.

Speaker 2:

So many little variances that a teacher in say an AP class or IB class doesn't have to deal with. I think that special ed people who have that love for it. I will say this, you have to have the love and calling to be a special ed teacher. You can't go in there and say okay, I'm going to be a special ed teacher because I can get me a job making X amount of money and they don't have any special ed teachers, so I'm going to be a special ed teacher. If you don't have a true desire and a true love and a true passion for it, you won't last a year.

Speaker 1:

Right.

Speaker 2:

You'd get burned out and you can't accept the kids and you won't be a good teacher. Special ed

teacher, you just won't. That's a special category of individuals who want to be special ed teachers.

Speaker 1:

Okay, so how familiar would you say you were with special education programs before the experience with your child?

Speaker 2:

I knew about it. I knew some people in high school who were in it, and I had some misconceptions of what they were doing and what academic load they were doing. I always thought their load was a little bit lighter than ours, which was not that case. They just go at a slower pace, and I'll tell you what, that slower pace allows you to really understand and comprehend the material versus going too rapidly trying to get through the book in a year versus going through maybe half the book in a year, but yet you understand everything that happened in the book. So, I had a lot of misconceptions about special ed.

Speaker 1:

Can you elaborate a little bit on what you thought before understanding more with your own daughter?

Speaker 2:

Well, I felt a lot of times . . . When I was in high school, I knew maybe one or two guys who were special ed, and I knew they weren't dumb, but they were just academically challenged in a certain way. Again, they didn't speak the language, and once they learned to speak the language then they could do okay. But I just thought that a lot of people who were in a special ed class were less academic achievers, didn't necessarily strive to do the best they could do, they just wanted just to get by, and they were happy just getting by, which is a whole misconception. These kids want to succeed just like everybody else. They want to get good grades like everybody else. They want to be praised like everybody else, and so that was one of my big misconceptions.

Speaker 2:

And also one of my big misconceptions was a lot of teachers who went into special ed, they went into special ed because they couldn't do anything else, but once my wife went into special ed and I saw kind of the work and dedication that she put into it and you see some other teachers who did the same thing, that. They're teachers who cared. I had one or two, but across the board cared the way you cared. Some of those other teachers cared that these kids learn the material and really took it personally when they didn't.

Speaker 1:

Okay.

**APPENDIX G: SAMPLE REFLECTIVE LOG**

March 7, 2019

Today I interviewed Carol. She was a great first interview because of her enthusiasm to participate. Carol had a lot to say and was very grateful for the opportunity to share. Carol had two kids in special education, other members of her family, and children at her church and in her neighborhood. Carol is still upset that her son received Special Education Services. She insists that she has no problem with special education programs in general. However, she spent a lot of time working with her children at home to prepare them for college one day. Carol remains absolutely convinced that her son should never have received Special Education Services. Carol explained that she did not feel she had an opportunity to decline services. She was told that someone from the school board attended the IEP where Carol and her son's teachers all agreed that he did not need services. Later, they all discovered that Carol's son was enrolled in Special Education and that her only recourse was to fight with the county or have him retested. By the time he retested, Carol believes her son developed negative self-perceptions and no longer tried to excel. Carol shared that she was part of her county's schools' integration process and that she still has unresolved issues concerning that. Carol is college educated and is very informed. I wondered what dynamic was happening that caused Carol's predicament. Special education laws were the same as they are now. I wondered what went wrong. Carol predicted that special education would be detrimental to her son and that appears to be the case. He is thirty-something and still does not push himself to excel. This is the stereotypical response for Black males to deficit thinking. Carol couldn't seem to stop it from happening. I wondered what else might have contributed to such a breakdown in special education procedures.