

ATTITUDES ABOUT INCLUSIVE SCHOOLING AMONG PARENTS OF
CHILDREN WITH AUTISM

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of
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Master of Science in Special Education

By
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Abstract

This study utilized mixed methods—both qualitative and quantitative—to investigate the attitudes of parents/guardians in the Bay Area toward the inclusion of their children with Autism Spectrum Disorder (ASD) in public schools practicing evidence-based inclusive education. The study also investigated the Parents’/guardians’ experiences with inclusive schooling at their children’s school and what outcomes or results they had observed as a result of their child’s inclusive experience. Factors that may have contributed to these outcomes were examined as well. Data were collected through surveys distributed to parents of children with autism with the help of teachers who attended a professional community learning session held at Berkeley Unified School District. Surveys were also collected from a Berkeley based networking forum for parents of students with disabilities, and thus also included parents from other area districts. In depth interviews were conducted with each parent who participated in the survey, to try to obtain rich qualitative-information as well. Themes that were prominent among the results from the small sample of 11 parents included: the parents’ belief that, with the coordinated assistance of the general education and special education teachers providing appropriate support and services in the general education classroom, their children will continue to learn from their peers, as their peers serve as role models for social skills and communication. The qualitative data also revealed parental concerns regarding the need for more academic modifications to meet the needs of the students with Autism Spectrum Disorder in the general education classroom as well as their opinion that their children

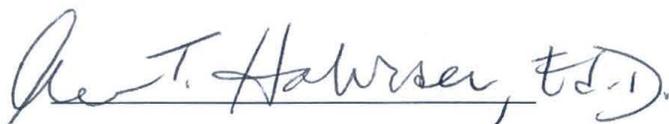
should not be exempted from homework, since no other students are exempted in their general education classrooms.

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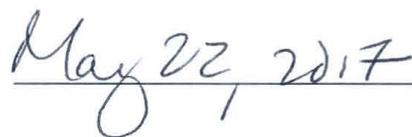


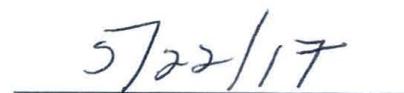
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I would like to acknowledge that there is much grief, sadness, exhaustion, anger, hopelessness, anxiety and fear that go hand in hand with having a child with autism. But I also know that there is an abundance of gratitude, grace, hope, happiness, acceptance and love in our life, due in part, to autism. If I could not laugh at our crazy uniqueness, I would probably cry. For as little as she says, our Bear is one of the funniest people I have ever met. Thanks to Jovi for being in our lives.

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Chapter One

INTRODUCTION

General Statement of the Problem

Is inclusive education within reach today? “We did inclusion.” “We have inclusion rooms.” “We tried inclusion.” We hear these phrases from educators everywhere. Yet authentic inclusion is not something that exists only for some students in some classrooms. It is not an experiment. It is not something that happens sometimes, with students removed for therapies (Causton & Theoharis, 2013). As a parent of a child with Autism Spectrum Disorder, I wanted my child to have the same experiences as other students and to learn to live in the real world with its joys and frustrations, and the inclusive services she receives have enabled her to be more independent, which will be helpful preparation for later life. I don’t believe that isolating her from other children is better for her or for classmates. I want my child to learn from other children, and they can learn from her. Schools are the most important places for children to develop friendships and learn social as well as academic skills. Because the philosophy of inclusive education is focused on helping all children learn, everyone in the class benefits when inclusive schooling employs the evidence-based practices that have been documented and are available to all. Each and every Child can learn at their own pace within a nurturing, differentiated environment. Educators are not the only stakeholders in a child’s education, however. Federal law mandates parent/guardian inclusion participation in the

development of the child's individualized education program (IEP), and parents should hold ultimate say in the educational programming for their child up until they are adults at age 18. The findings of studies investigating the beliefs of parents of children with ASD about inclusion suggest that they may have mixed beliefs about the extent to which inclusion has positive effects on the social and academic development of their children, whose disability is characterized as being on the ASD spectrum (Li, 2002; Sansosti, 2008).

All parents want their children to be accepted by their peers; to have friends and lead "typical" lives. Inclusive schooling can make this vision a reality for children with Autism Spectrum Disorder. Autism is a difficult term to define because the disability is complex and no two individuals with the label of autism, experience it in the same way. Decisions about the choice of school for a child with autism have real sensitivities for parents. Their role as a member of the IEP team is valuable from start to finish. They may not be experts about special education, but they are experts about their child. Their child's general and special education teachers, and other related services personnel and schools will change over time. But parents remain the constant in their child's life. Parents of students with special needs do not always agree with decisions made concerning their child or the school community. Parents are also mandated partners in what needs to be a collaborative educational process. Thus, parents' views are an essential aspect of evaluation of any services including inclusive schooling. The purpose of this study is to explore the beliefs and perceptions of parents of children with Autism Spectrum Disorder about their child's inclusive schooling and their experiences,

satisfaction and concerns related to those experiences. Many publications regarding education of students on the autism spectrum are written from the perspective of the educational professional and researcher.

Background

The term “inclusion” began to appear in the literature with some frequency around 1990 (e.g., Stainback & Stainback, 1990). According to Halvorsen and Neary (2009) inclusive education means that students with disabilities are supported members of chronologically age-appropriate general education classes in their home schools, receiving the specialized instruction delineated by their IEPs, within the context of the core curriculum and general class activities. The provisions of IDEA, or the Individuals with Disabilities Education Improvement Act (IDEA) of 2004 include the original six principles of a) zero reject, b) nondiscriminatory evaluation, c) appropriate education, d) least restrictive environment, e) procedural due process, and e) parent and student participation (IDEA, 1990; Shogren & Wehmeyer (2014). The No Child Left Behind Act (NCLB) (2001) or the Elementary and Secondary Education Act (ESEA) now known by its original name, requires increased accountability by schools to include: a) increased parental choice for all parents, b) site-based management, c) research-based teaching methods, and d) highly qualified teachers and paraprofessionals in order to receive federal funding (Golmic & Hansen, 2012). The ESEA was revised and reauthorized by Congress on December 10, 2015. Throughout many areas of the U.S. and other countries, inclusive education is now considered to include multi-tiered systems of support (MTSS) and instruction to educate all children within the school community by addressing their

needs systematically within their own schools (Ainscow & Sandill, 2010; Sailor & McCart, 2014). In 2013 the Diagnostic and Statistical Manual 5 (DSM-5) (APA, 2013) substantially revised the diagnostic criteria for ASD. It replaced the subcategories of ASD with one overarching category of ASD, the rationale being that this would allow a more flexible and individual description of a child's ASD in relation to a continuum of impairment rather than trying to fit children into particular subcategories. A further development was to reduce the three features of ASD to two by removing language impairment. This recognizes that language impairments are not specific to ASD and these can now be identified as a co-occurring difficulty instead of a primary feature. Specifiers have been included to describe additional difficulties a child may experience, such as ASD with or without language impairment, ASD with or without learning disability, and ASD with or without a regressive course, in order to provide a more precise and individualized description. ASD may also co-occur with other impairments and developmental disorders. Children with ASD can experience hearing, visual or physical impairment and there is a high degree of overlap with other developmental disorders such as attention deficit hyperactivity disorder (ADHD) and dyslexia. The complex individual needs of children and young people with ASD means that a full diagnostic assessment of their individual needs, drawing upon the expertise of a range of professionals and knowledge of parents and carers, is crucial. This is an essential basis for informing planning for the child/young person and their family (NICE, 2011; NICE, 2013).

In today's schools a majority of students with disabilities who receive special education services are typically included in general education classrooms with their

typically developing peers. Special education is not a place, but rather a set of instructional services. According to McLeskey et al. (2012) inclusion means that all students, regardless of disability are included in the general education classroom and actively participate in the academic and extracurricular activities of the school community; and they are given the instructional and behavioral support to succeed. Unlike the dated practice of mainstreaming, in an inclusive classroom students are participating members of the general education classroom and do not belong to any other separate, specialized environment based on characteristics of their disability (Halvorsen & Neary, 2009).

Autism Spectrum Disorder and Diagnostic Criteria for ASD

Autism has made its way into the eye of the public over the last twenty years. This was in part due to an amendment that was made to IDEA in 1990, which expanded the disability categories for students to be eligible to receive special education services in public schools (Ryan, 2011). In varying degrees, the characteristics of the disorder include difficulties in social interactions and verbal and nonverbal communication and repetitive behaviors. Children with autism may also display other characteristics such as stereotyped movements, resistance to environmental change or change in the daily routine, and unusual responses to sensory experiences (National Dissemination Center for Children with Disabilities, 2011a).

Current Status of Inclusion for Students with ASD

A recent systematic review article by Bossaert et al (2013) reviewed over 600 epidemiological surveys and reports of ASD/PDD prevalence worldwide. They identified

that globally the prevalence rate for ASD/PDD was 0.62 in 100. The estimated prevalence rate in United States is 1:68 (CDC, 2014). Along with the increasing prevalence rate of ASD in the U.S. population, schools have seen an increase in the number of students with ASD receiving services (Fortain, 2015). Specifically, it has been reported that there has been a “35-fold increase in the number of students receiving special education services under the Autism category” (Sansosti & Sansosti, 2012, p. 917-8). The number of students with ASD (ages 3-21) who were served in federally-supported programs during the 1999-2000 school year was approximately 65,000 (USDOE, 2016). Sixteen years later, during the 2015-2016 school year, approximately 538, 000 students with ASD were served (USDOE, 2016). Moreover, data reported by the US Department of Education indicate that 33.3% of students with ASD who received educational services under IDEIA, Part B, in 2016 were served in their community public schools. These data suggest that the vast majority of students with ASD are attending public schools, but does not indicate how much they are in class with their typically developing peers.

Since 2006, the number of students with autism statewide has risen by between 5,000 and 7,000 every year, according to state records (Sacramento Bee, July 18, 2016). More than 97,000 California public school students have been diagnosed with autism, a number that has increased seven-fold since 2002, according to the latest special education data from the California Department of Education. The figure represented an increase of about 6,500, or seven percent, from 2014-15 to 2015-16. The increase was found to be particularly high among kindergartners, where the numbers of students with ASD grew

by 17% last year. A greater percentage of children were identified with ASD when Autism and Developmental Disabilities Monitoring (ADDM) Network sites reviewed both health and special education records of children with ASD than the ADDM sites that reviewed only health records. Data from the Autism and Developmental Disabilities Monitoring (ADDM) Network shows that boys were 4.5 times more likely to be identified with Autism Spectrum Disorder than girls.

Time Spent in the General Education Classroom.

The increasing prevalence rate and number of students qualifying for educational services under the category of autism, combined with the emphasis on inclusive education, has resulted in an increasing number of students with ASD being present in general education classrooms, for at least part of the day (Fortain, 2015). Data from 2010 indicate that of the 100% of all students with ASD ages 6-21 served under IDEIA, Part B, approximately 38.5% of students with ASD were reported to spend 80% or more of their time in the general education classroom; 18.1% of students with ASD were reported to spend 40-79% of time in the general education classroom; and 34.1% were reported to spend less than 40% of the time in the general education classroom (USDOE, 2016). In addition, the proportion of students with ASD spending the majority of their time in the general education classroom appears to have risen quite substantially in the past ten years: The U.S. Department of Education reported that only 9% of all students with ASD spent 80% or more time in the general education classroom during the 1992-1993 school year, compared to 39.5% of all students with ASD in the 2011-2012 school year (USDOE, 2016). However, in California, 34% of students are now spending 80% of their

instructional time on general education, just a bit over one third of all students with ASD (Halvorsen, 2016; USDOE, 2016).

Outcomes of Inclusion for Students with ASD.

The majority of studies suggested that some degree of inclusion has positive effects on various social outcomes and aspects of the social development of students with ASD. For example, studies have found that students with ASD who are included exhibit better social engagement in social interaction skills (Koegel, Matos-Freden, Lang, & Koegel, 2012). Chamberlain et al. (2007) found that included students with ASD had larger peer networks as a result of inclusive settings. Yet there are some findings which suggest less positive social outcomes for students with ASD as result of inclusion. Bossaert, Colpin, Pijil, and Petry (2013) found that students with ASD had fewer friendships and were less accepted by peers-suggesting that students with ASD may not be appropriately socially integrated into the regular education classroom, i.e. that they did not receive the necessary social supports to develop the relationships. Bossaert et al. (2013) aimed to examine the loneliness of children with ASD and how their levels of loneliness compares to that of their peers with other special needs, such as motor and/or sensory disabilities. Data were gathered from 58 students with ASD and 50 students with other special needs in order to assess the number of friends they had, their friendship quality, and their social self-concept. Results revealed that students with ASD reported more feelings of loneliness compared to the students with motor and/or sensory disabilities. Bossaert et al. (2013) also found the prevalence of loneliness in students with ASD and students with motor and/or sensory disabilities was not related to the number of

friends they reported having. Thus, despite the finding that students with ASD lacked social relations and had poor quality friendships, their loneliness was not thought to be a result of their friend quality or quantity. Knowing these students are lonely and have poor social relations, this study suggests inclusive classrooms need to include interventions to better support their students with ASD.

In addition, some research has suggested that students with disabilities also may encounter increased rejection and isolation when in the general education environment (Koster, et al., 2010). Koster, Pijl, Nakken, and Van Houten (2010) wanted to examine the social participation of students with Special Educational Needs (SEN) in the general education classrooms. The classrooms included students with auditory, speech/language, motor, intellectual or multiple disabilities as well as severe behavioral, emotional and/or psychiatric problems. Koster et al. (2010) further examined the students' social self-perception, acceptance by classmates, friendship and relations, and contacts, interventions in the classroom. Participants for this study included children with and without special needs. Findings demonstrated 25% of students with SEN have serious difficulties forming relationships with their peers, compared to only 8% of their typically developing peers (Koster, et al., 2010). In addition, the average number of friends students with SEN had was significantly lower than that of typical students. These findings suggest that students with SEN occupy an isolated role more often than their typically developing peers, and contradict the reasons why parents place their children with SEN in inclusive classrooms. It is important to recognize that placing students with SEN in inclusive classrooms is not sufficient enough to enhance their social interactions.

These students need support from their teachers and benefit from the use of interventions. In addition, having deficits in communication can also affect children's ability to build social relationships with their typically developing peers. The act of building successful relationships and interacting in social situations relies on having the ability to communicate.

A limited body of research examining the academic outcomes of inclusion for students with ASD exists, and scholars have noted a need for additional related research (Sansosti & Sansosti, 2012). However, some studies have pointed to positive academic outcomes for children with ASD who have been included. For example, Dessemontet, Bless & Morin (2012) found increases in academic progress and in academic behaviors (e.g., participation and engagement in the classroom) in their study. Kurth & Mastergeorge (2010) investigated the academic outcomes of 15 adolescents with ASD who had received their education in inclusive and non-inclusive settings. The findings indicated that there were significant differences in standardized academic achievement test scores. Those 19 students who received their education in the general education setting out-performed their peers in non-included settings on the Woodcock-Johnson III Tests of Achievement. Students who were included were also reported to have greater access to the general education curriculum; however, no significant differences were reported for IQ or for adaptive behaviors. In summary, the majority of studies that have investigated the social and academic outcomes of inclusion for children with ASD suggest positive results (Rea et al., 2002; Kurth & Mastergeorge, 2010; Dessemontet, Bless & Morin, 2012). According to Braunsteiner and Mariano-Lapidus (2014) and

Halvorsen and Neary (2009) inclusive education fosters collaboration among general and special educators and includes regular professional development/learning on, for example, how to apply universal design for learning (UDL) strategies and differentiate instruction for all students. These authors also described how many accommodations and adaptations made for students with disabilities may benefit all students and may be designed up front before the delivery of instruction to accomplish this, as with UDL. Halvorsen and Neary (2009) have detailed that accommodations and modifications should be created in collaboration with the student's general education teacher(s) through classroom observation, collaboration and team meetings focusing on student strengths, needs, abilities, and IEP goals and objectives. Most specifically, accommodations can be described as supports that are provided to ensure that the student can access the curriculum but they do not change the content or its difficulty level, only how it is performed. Some input is received (e.g. on disk, on tape, through Braille, online, through an AAC device, or through ASL) or the way in which the skill is performed or knowledge is demonstrated (e.g. through AAC, Braille, orally instead of written, or using more time). Additional examples include but are not limited to providing: necessary additional time to complete a given assignment or test; preferential seating or an FM system to ensure quality auditory input; a quiet study or test location; direct support from a teacher's assistant or to take breaks.

The Role of Parents in their Child's Education in General

Why do parents need to get involved in their child's education? Basically, parents' involvement in their child's education can make a huge difference. According to

the Centre for Child Well-Being (2010), parents' involvement in their children's learning improves academic achievement across all subject areas, increases good behavior, and better social skills. If parents are involved in their child's education, it shows that schools are implementing proactive strategies by creating a home-based learning friendly environment for their students. As parent's involvement in their child's education is increased, teachers and school administrators also raise the chance to realize quality reform in education. On academic achievement, Pinantoan (2013) pointed out the importance of parental involvement on a child's academic success is phenomenal. The article stressed the importance of support system that a student gets from home is equally important as his brain power, work ethics and genetics which all work in the accomplishment of his goal in life. According to a literature review on families and school motivation by Grolnick, Friendly, and Bellas (2009), parents play a vital role by encouraging students' feelings of competence and control and positive attitudes towards academics, even if they are unable to assist their children with a specific subject area or a skill. This review found that families can have a strong influence on a variety of school outcomes—when the family and the school work as a partners—it can make a significant difference in how the family feels and how a student is perceived. According to El Nokali, Bachman and Vortruba-Drazl (2010), when parents get involved in their children's education at home, they tend to do better in school. And when parents are involved in school, children go farther in school—and the schools they go to are better. A home environment that encourages learning is more important to student achievement than income, education level or cultural background. Positive results of parental

involvement included reduced absenteeism, improved academic achievement, improved behavior, and restored confidence among parents in their children's schooling.

Definition of Terms

Autism Spectrum Disorder. The Diagnostic and Statistical Manual of Mental Disorders (DSM) (American Psychiatric Association, 2013) provided standardized criteria to help diagnose Autism Spectrum Disorder. An ASD diagnosis is given when persistent delays are shown in the domains of social communication and social interaction, and when the child evidences restricted and repetitive patterns of behavior. In addition, the child must show at least two types of sameness or inflexible adherence to routines, highly restricted, fixated interests or hyper reactivity to sensory input or unusual interest in sensory aspects of the environment. The new fifth edition DSM, requires clinicians to rate the severity of these deficits, based on the level of support the child requires. Autism is three to four times more common in boys than in girls. It currently has no known cause or cure.

Students Receiving Special Education. The Special education students are those with identified special educational needs (SEN), who have constraints on some aspect of their learning without specialized supports and instruction. This is about being able to participate in the same ways as students without disabilities; for example- with special education added services. It is not about segregating them.

Individualized Education Program. A written set of statements for each child with a disability that is developed, reviewed, and revised in an annual team meeting including (a) present levels of academic achievement and functional performance

including how the child's disability affects the child's involvement and progress in the general education curriculum; (b) a statement of measurable annual goals designed to meet the child's specific educational needs that result from the child's disability to enable the child to be involved in and make progress in the general education curriculum and meet each of the child's other educational needs that result from the child's disability; (c) a statement of the special education and related services and supplementary aids and services based on peer-reviewed research to the extent practicable, to be provided to the child; (d) a statement of the program modifications or supports for school personnel that will be provided to enable the child to advance appropriately toward attaining the annual goals, to be involved in and make progress in the general education curriculum; (e) a statement of any individual appropriate accommodations that are necessary to measure the 8 academic achievement and functional performance of the child on state and district wide assessments; and (f) the projected date for beginning of the services and modification and the anticipated frequency, location, and duration of those services and modifications (IDEA, 2004).

IEP Team. A group of individuals that are responsible for developing, reviewing, or revising an IEP for a child with a disability, composed of the parents of the child, not less than one regular education teacher of the child, not less than one special education teacher of the child, a representative of the public agency (who is qualified to supervise the provision of specially designed instruction to meet the unique needs of children with disabilities, is knowledgeable about the general education curriculum and the availability of resources of the public agency), an individual who can interpret the

instructional implications of evaluation results; and at the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate (IDEA, 2004).

Parent Participation. The parents of a student with a disability must be afforded an opportunity to participate in meetings with respect to—(a) the identification, evaluation, and educational placement of the child; and (b) the provision of Free Appropriate Public Education (FAPE) to the child. Each public agency must take steps to ensure that one or both of the parents of a child with a disability are present at each IEP team meeting or are afforded the opportunity to participate, including notifying parents of the meeting early enough to ensure that they will have an opportunity to attend and scheduling the meeting at a mutually agreed on time and place. Parents must be provided a notice that indicates the purpose, time, and location of the meeting and who will be in attendance and that informs the parents of the provisions relating to the participation of other individuals on the IEP team who have knowledge or special expertise about the child and identify any other agency that will be invited to send a representative. If neither parent can attend an IEP team meeting, the public agency must use other methods to ensure parent participation, including individual or conference telephone calls (IDEA, 2004).

Significance of the Study and Research Questions

The findings of the current study may provide a greater understanding of parental beliefs about the expected academic and social outcomes of general education inclusion for children with ASD of varied severity levels. Given that both parents' and educators'

beliefs about inclusive schooling play an important role in shaping educational decision-making and in contributing to the success of inclusion efforts, there is a need to explore their beliefs in greater depth. Specifically, the findings of the current study may provide insight into why some parents advocate for more or less inclusive placements for children with ASD. For example, one common so-called “inclusive” programming approach seen in some schools, occurs when children with disabilities attend non-academic subjects (like art, physical education, etc.) with their general education peers, but receive all academic instruction in a separate self-contained special education classrooms (Fortain, 2015). If parents tend to hold very positive beliefs about the social expected outcomes of inclusion, but also hold negative or more neutral beliefs about the expected academic outcomes, they may be more likely to advocate for, or be in favor of, the aforementioned programming, over other more, or less, restricted programming options (Fortain, 2015). In contrast, parents who believe a high degree of inclusion is likely to be highly beneficial at promoting both social and academic outcomes may be less likely to support such programming, and instead prefer the child to be in the general education setting for all academic and non-academic instruction (El Nokali, Bachman, & Votruba-Drazil, 2010). Finally, by examining the beliefs held by parents of children with ASD, about the expected academic and social outcomes and their perceptions with inclusive schooling of their children on the spectrum, the current study findings may help identify a potential source of conflict that could impede collaborative educational decision-making and the success of inclusion efforts for students on the spectrum.

Summary of Research Questions

In the current study, parental beliefs about the expected academic outcomes and expected social outcomes of inclusion for their children with ASD who are currently attending schools practicing evidence-based inclusive schooling in the Bay Area were investigated. Specifically, the effects of parents' overall experiences with their child's inclusive education, and the types of expected and real outcome (academic and/or social) on participants' expected outcome beliefs were examined.

Chapter Two

LITERATURE REVIEW

Evidence Base for Inclusive Education

The current study draws on several bodies of research. Mesibov and Shea (2011) defined an evidence-based practice as an instructional strategy, intervention, or teaching program that has resulted in consistent positive results when experimentally tested. The implementation of high-quality research is needed in order for intervention strategies to be considered an evidence-based practice (Marder & Fraser, 2012). Boutot and Myles (2011) further defined the “quality” as research that incorporates experimental, quasi-experimental, or single-subject research design; is published in peer-reviewed professional journals; and is replicated multiple times. It also excludes evidence that is supported by case studies, anecdotal reports, non-referred journals, magazines, internet and other news media outlets. Because autism spectrum disorders are some of the most prevalent developmental disorders in the nation, it is important to provide students with autism the appropriate and effective intervention strategies and educational approaches. It is imperative not only for the field of special education, but specifically those educators responsible for teaching children with autism to have firsthand knowledge of evidence-based practices to help minimize the gap between research and practice (Marder & Fraser, 2012). According to the National Council of Special Education (2016), the education of teachers and school personnel is the primary way of ensuring that evidence-based teaching strategies are applied when working with students with autism.

As stated by Wood, Thompson, and Ribuffo (2014) most textbooks and journals on the topic of including students with ASD—in the general education classroom—give strong coverage to using evidence-based practices to design effective, systematic instruction (Browder & Spooner, 2011; Collins, 2007; Halvorsen & Neary, 2009; Snell & Brown, 2011; Westling & Fox, 2004).

Interventions with Individuals with ASD

This analysis of ASD interventions, was focused on identifying interventions and strategies that are based on strong scientific evidence. This analysis also relied on data obtained from five primary sources of consensus judgments about ASD interventions: (a) the National Autism Center (NAC), (b) the American Academy of Pediatrics (AAP) Council on Children with Disabilities, (c) the National Professional Development Center (NPDC) on Autism Spectrum Disorders, (d) the Association for Science in Autism Treatment (ASAT), and (e) the detailed 2016 review of ASD interventions funded by National Council of Special Education (NCSE). As previously noted, the National Professional Development Center on Autism Spectrum Disorders (NPDC-ASD) was first funded by the US Department of Education, Office of Special Education Programs in 2007. The Center is charged with promoting evidence-based practices and outcomes for children with ASD. Their work produced a list of twenty-four evidence-based practices that align with the criteria for inclusion as evidence-based from the NPDC (Stansberry, Brusnahan & Klingenberg, 2010). The NPDC underwent a broader investigation and literature review in 2014 and published a revised list of 27 practices (Wong, 2014). Additionally, all of the state developed publications on the topic of educating students

with ASD have used the National Research Council's report (2014), *Educating Children with Autism* as a foundation for guidance on effective strategies in teaching.

The NCSE (2016) review in particular established a balanced approach of combining the results the results of randomized, quasi-experimental, and single-subject studies to establish an evidence base for a particular type of intervention or for a specific intervention strategy. According to the recent study by NCSE (2016) each type of ASD intervention was categorized into one of three categories based on the scientific evidence they found that supports the intervention. The following is a summary of the results of this analysis and a brief description of each type of intervention reviewed by NCSE (2016).

Interventions with the Most Evidence

For school-aged children, three interventions were identified as having most evidence in this review: peer-mediated interventions for children attending mainstream schools; multi-component social skills interventions; and behavioral interventions to reduce challenging/interfering behaviors. Peer-mediated interventions were group interventions with peers to support the development of social skills in children with ASD and/or teach peers skills to enable them to interact more successfully with children with ASD. Outcomes for children with ASD attending mainstream schools included increased interaction with peers and improvements in social skills. Multicomponent social skills interventions included several elements (e.g., social skills training, buddy system in school, or the involvement of parents in supporting the child's social skills) in addition to a child-focused program. Studies in this group demonstrated positive outcomes in areas

(e.g., social skills, emotional recognition, and friendships). A range of behavioral interventions based on behavioral principles were also used to target challenging/interfering behaviors in children with ASD. These 1:1 interventions were often based on an initial functional assessment followed by specific interventions such as prompting, environmental modification or reinforcement. Outcomes included decreases in challenging behavior.

Interventions with Moderate Evidence

For school-aged children, five interventions were identified in the current review as having a moderate level of evidence: social initiation training; computer-assisted emotion recognition interventions; PECS for children attending special school; narrative approaches; and discrete skills teaching informed by behavioral principles. Social initiation training involved the use of social scripts and prompts to teach social initiation. Outcomes included increased social initiation and engagement. Another group of studies used computer programs to develop emotion recognition, with participants showing improvement in their ability to identify emotions. PECS is an individualized intervention that uses pictures and symbols to assist children in their communication. For children in special schools, outcomes included an increase in spontaneous requesting among children receiving the intervention. Narrative interventions are individualized interventions such as social stories that are written to prompt particular behaviors. Outcome measures showed increases in target behaviors. Finally, 1:1 behavioral intervention to teach discrete skills such as reading single words and recognizing letters or numbers also showed a positive impact on targeted skills.

Interventions with Some Evidence

The interventions identified as having some evidence were: Lego therapy® to develop play skills, and school age comprehensive interventions. Lego therapy® is a structured group intervention, which uses the construction of models to develop social skills. Outcomes included increased social interaction. School age comprehensive interventions targeted a number of areas and involved training staff in evidence-based practices and coaching to develop individualized interventions. Factors supporting positive outcomes were collaboration with parents and staff coaching.

Limitations in the evidence base are also highlighted in this review including the small number of studies focusing on interventions for post-primary and post-compulsory aged young people, and a lack of follow-up measures post intervention in many studies. A number of interventions also had limited evidence regarding their implementation in education settings, and few studies looked at the perceptions of children and young people receiving interventions.

Comparison between the current review (NSCE, 2016) and previous systematic reviews (Ministries of Health and Education, New Zealand, 2008; National Standards Project, 2009; National Professional Development Centre, 2010 and Wong, 2014) highlights many similarities in the interventions recommended.

Although some interventions were implemented by researchers or took place in less naturalistic educational environments, some were successfully implemented by staff in education settings following some initial training. Interventions with evidence of successful practitioner delivery from more than one study include: joint attention; social

initiation training; behavioral interventions to reduce challenging/interfering behavior; computer-assisted behavioral interventions; video modelling to support communication skills; narrative interventions; self-monitoring of behavior; computer-assisted academic interventions and multi-sensory academic interventions. Outcome of some of the studies focusing on intervention strategies and educational approaches for the students with ASD in an inclusive classroom are explained below.

Peer-mediated Intervention Outcome

In an attempt to study the enhancement of peer relationships of students with ASD and their typically developing peers, Koegal et al. (2012) assessed whether teaching initiations would result in generalization of socialization in children with ASD in the absence of interventionist using a single case experimental design in an inclusive kindergarten classroom in an elementary school setting. The intervention sample of the study included three children with a prior diagnosis of ASD aged two 5-year-old boys and one 6-year-old girl. Phase one of the study included facilitated social play without initiations training and phase two included initiation training that involved experimenter prompting the target participant to initiate to the peer they chose to play with. The study showed the increase in unprompted initiations and social engagement rates in all the three children included in the study with their typically developing peers. In this study, initiation training followed by peer-facilitated play showed relatively better outcomes.

McCoy and Banks (2012) examined school engagement of children with special educational needs (SEN) compared to their typically developing peers in general education school settings. Interviews, aimed at finding how connected each child was to

the world in which they live, were conducted with children nine- year-old, their parents, and their teachers. The researchers found students with SEN often experienced “social created and reinforced interpretations of difference” that led the students with SEN to believe they were different from their peers (McCoy & Banks, 2012). The children with SEN reported feeling different and being treated differently by their peers and their teachers. In addition, results show children with SEN were accepted to a lesser degree than their typically developing peers, and the number of friends for the students with SEN did not spontaneously increase when they attended general education schools. McCoy and Banks (2012) found such rejection by peers led students with SEN to feel less of a belonging in their classroom, and to believe they had a lower social standing. The results from the study, reinforce the importance of implementing intervention strategies to support children with SEN with their peer relationships.

Harper, Symon, and Frea (2008) studied the use of pivotal response therapy (PRT) strategies as a social skills intervention package for elementary aged children with ASD by teaching their peers to utilize naturalistic techniques associated with increasing motivation. Single-case experimental design was utilized in this study that took place in an inclusive setting with two children (aged 8-year-old and 9-year-old) with ASD and their six peers (two boys, four girls aged eight-nine years). Baseline rates of playground peer interaction were taken prior to the intervention. Peers were then trained in the five component strategies of PRT and then allowed to implement those strategies to initiate and maintain play with the target participant. The study showed increased frequency of

social peer interactions in both the participants. Initiations and turn taking increased during recess and were sustained during generalization probe observations.

Koegel et al. (2012) found the increase in social engagement and verbal initiations between children with ASD and their typical peers by incorporating the general interests of children with ASD into activities in natural inclusive settings, in an elementary school. This study utilized a single case experimental (multiple baseline) design. Target children (aged nine-12 years old) were observed during a lunchtime club with five-20 peers facilitated by the researchers initially. Throughout the baseline, none of the children were engaged with their peers or verbally initiated interaction. However, engagement increased substantially throughout the intervention condition. All three targeted children increased their number of unprompted verbal initiations following the start of intervention.

Social Initiation Training (Behavioral) Programs Study for Students with ASD

Ganz and Flores (2010) investigated the effectiveness of written social scripts and visual cues with verbal elementary-age children with ASD utilizing a single case experimental (multiple-baseline design). Participants included were three children aged seven, eight and 12 years with prior diagnosis of ASD. Social scripts were used for this study with five-minute group sessions with teacher. Each phrase and accompanying pictures were typed onto cards. Every 30 seconds, a card was held up behind the participant's partner to prompt the participant to say the phrase on the card. The card was held up until the participant said the scripted statement. The use of scripted statements increased during intervention but reduced to baseline levels on return to baseline. The intervention showed increase in student's unscripted comments and reduction in

perseverative speech. In a similar study done by Pollard, Betz and Higbee (2012) examined the use of written scripts to teach children with ASD to initiate bids for joint attention. Single case experimental (multiple baseline) design was utilized for this study. Participants included in this study were aged four-seven years with a prior diagnosis of ASD. Researchers used 1:1 intervention with scripted bids for this study and these script were faded out to encourage participants to act independently. Results shown that all three participants learned to initiate bids for joint attention. Students were able to generalize the skills post intervention. The study by Koegel et al. (2012) provided an interesting comparison of these two different types of intervention. In this study, initiation training followed by peer-facilitated play showed relatively better outcome.

Studies Focusing on Play Based Interventions for the Students with ASD

Banda and Hart (2010) used direct instruction to teach students with ASD and a peer to enhance social skills (initiations, responses and sharing) during play activities in the general education setting in an elementary school using single experimental design (multiple baseline). Participants included were two 8-year-old students diagnosed with ASD and the direct instruction was delivered by the researcher. Each participant had 18 training sessions in which the teaching assistant and the investigator modelled how to initiate joint play, share toys and make conversation during a play. Peer was also trained by the teaching assistant. Participants were prompted in the beginning by the teaching assistant and with practice the initiations were increased and sharing was increased for both participants as per observation data. Banda and Hart (2010) showed evidence for a play intervention with a small sample, while Murdock and Hobbs' (2011) sample of 12

children participated in a peer-mediated intervention that provided evidence of increased play dialogue. These authors investigated the use of picture me playing intervention to increase the participants' ability to provide play dialogue (PD) for characters while participating in pretend play with peers using quasi experimental design in the clinical setting of a pre-school class. The duration of their intervention included four, 15-minute group sessions and one five-minute individualized session with a typically developing peer. The participants were exposed to a story five times and given three practice opportunities to role play the story with a typical peer. Post intervention, there was a significant difference in the ranks of play dialogue scores between the two groups; at baseline participants demonstrated 78 total instances of PD and post-testing participants exhibited 313 instances of PD. Results indicated a statistically significant increase in PD.

The authors Ganz and Flores (2010) researched the effects of visual cues and how these can improve communication skills for children. The authors believe that play groups can be beneficial for both typically developing children and children with ASD in helping them expand their circle of friends and teach children how to develop empathy. The two types of visual cues discussed were peer instruction cards and scripts. Peer instruction cards were visual cue cards that typically developing peers used to get the attention of and communicate with students with ASD. These cards were introduced to the children before the play group sessions. Scripts were written by a teacher to go along with the play theme. These scripts were designed to teach children phrases to use when playing with others. Once the child could independently cite the phrase, then the teacher introduced more scripts. These strategies maybe used in general education classrooms

with students with special educational needs to learn new communicative and social skills.

Academic Achievement

Students with disabilities have higher achievement levels when included in the general Curriculum in general education classrooms. Inclusive education facilitates students with disabilities to reach their highest potential (Kurth & Mastergeorge, 2010). These authors implemented a research study that aimed to describe the academic skills of adolescents with autism and the impact of instructional setting (inclusive classroom vs most restrictive separate classroom) on academic skills acquisition. Fifteen students with autism participated in and-attended middle school during the time of the study and ranged in age from 12 to 15 years old. Baseline data for all of the students were collected prior to the study. The students were enrolled in three Northern California schools located in three suburban school districts. Seven out of 15 students were fully included in general education classroom and eight students received instructions in separate classes for students with special education needs in self-contained programs. Three forms of assessment data were collected—from student participants—to gain a holistic view of their overall abilities in three broad domains: (a) adaptive behavior, (b) intellectual ability, and (c) academic achievement. As the primary purpose of this investigation was to understand the academic achievement of adolescents with autism in the general education classroom versus special education classroom; the results from the academic achievement measures were analyzed for this study. All of the assessments were collected by a qualified administrator, either school psychologists or credentialed

teachers. This study described the academic achievement profiles of adolescent students with autism, in addition to the importance of educational setting on skills development. The researchers found that students with autism—who had received all of their language arts and math instruction in general education classrooms—outperformed those students who had received their academic instruction in special education settings in all academic and skill areas that are believed by some to be traditionally difficult for students with autism since they involve abstract skills. The findings of this research study suggested that inclusive instruction was academically beneficial to students with autism.

Dessementet, Bless, and Morin (2012) further examined the positive relationship between student academic achievement and placement of students with ASD in inclusive classrooms. They examined the mathematics skills, literacy skills and global adaptive behavior of 134 children with ASD. Participants were between the ages of 6 and 8 years of age; approximately half of these students were in inclusive classrooms and half were in special school settings. Their skill levels were measured at a pretest to compare the results between the two groups. Although results did not reveal a significant difference between students with ASD attending inclusive general education classrooms versus special education classrooms, there was a significant difference in the literacy development of the two groups (Dessement et al., 2012). These results showed that placement in inclusive classrooms may be associated positively with literacy development for students with ASD, but that benefits may not be immediately visible in other areas.

Parents, Inclusive Education and Autism Spectrum Disorder

This review of the existing literature revealed that in general, few studies have examined the beliefs or information parents have about inclusion held by parents of children with ASD (Fortain, 2015). Fortain mentioned in her published dissertation that the majority of studies that have been conducted with this population have investigated parental beliefs about specific aspects of inclusive services, such as their beliefs about the ideal inclusive educational setting for their child with ASD (Middleton, 2005), or beliefs about what is necessary for successful implementation of inclusive schooling (Frederickson, Jones & Lang, 2010; Leach & Duffy, 2009; McLesky, Waldron, & Redd, 2012). Teacher preparation in instruction of students with ASD and collaboration appeared to be elements parents believe to be critical to the successful inclusion of children on the spectrum (Frederickson, Jones, & Lang, 2010). Additionally, a few studies have examined parental beliefs about the impact of inclusive services on the development and functioning of children with ASD (Li, 2002; Sansosti, 2008). These studies suggested that many parents recognized the potential beneficial effects of inclusive education on children's social and communication skills. Concerns about the potential for inclusive instruction to have negative effects on their children's performance were also reported in these same areas of development, suggesting that parents may have mixed beliefs about the extent to which inclusion has positive effects on the social and academic development of children on the spectrum (Fortain, 2015). In this section, the literature examining the beliefs about inclusion held by parents of children with ASD is

presented. Their beliefs about several aspects of inclusive educational services are reviewed in the following order:

- beliefs about the ideal inclusive educational placements for children with ASD,
- beliefs about factors necessary for successful implementation of inclusion, and finally,
- beliefs about the benefits or outcomes of inclusion for children with ASD.

Beliefs About the Ideal Inclusive Educational Placements for Children with ASD.

Research has indicated that parents of children with ASD may support special educational services that embrace a continuum of placements and services over full-time inclusive education that propose the elimination of special education (Fortain, 2015).

Fortain explained the research conducted by Middleton (2005) where participants were asked to select one of eight educational placement options as the ideal placement for the six male children with ASD described in vignettes. The children depicted in the six vignettes varied in age (four, nine, or 15 years of age) and severity (mild to severe). In the latter group's vignettes, the child was described as having limited verbal communication, displaying aggressive or self-injurious behaviors, achieving academically several grade levels below his peers, and demonstrating difficulty with social interactions even with the presence of supports. The children in the group of vignettes depicting those with "mild" ASD were described as being able to communicate verbally and as lacking aggressive and self-injurious behaviors, but still presenting academic achievement several grade levels below their same-age peers, and difficulty with social interactions even with the

presence of supports. The descriptive data collected revealed that the participants selected less restrictive placements as ideal for the students described as having “mild” ASD, and more restrictive placements as ideal for the students with “severe” ASD. The lower standard deviation obtained for the students with mild ASD vignettes also suggests a greater level of agreement among the participants on ideal educational placement decisions for children with mild severity, compared to their placement decisions for children depicted as severe. Specifically, the results indicated that for each of the three students with severe ASD, the greatest percentage of participants (36-49%) selected the second most restrictive option available on the survey that still included the child at the school one would attend if one did not have a disability (i.e., “instruction in a self-contained/special education class in a public school and integration with nondisabled students during nonacademic subjects and activities”). In contrast, for the children with mild ASD, the majority of participants (58%-67%) selected one of the two least restrictive placement options available on the survey as ideal (i.e., “instruction in a general education classroom with additional support services provided in the general education classroom” or “instruction in a general education classroom with additional services provided in a separate location”) (Middleton, 2005, p. 66). Additionally, Middleton’s (2005) findings suggest that two variables may be related to the beliefs about ideal inclusive educational placements held by parents of children with ASD: the severity of the child’s disability and the parents’ experience with inclusion. As previously noted, participants were more likely to choose less restrictive placements for the children with mild ASD compared to the children with severe ASD (Fortain, 2015). Participants who

had “experience with inclusion” (i.e., those who reported that their children had received any of their education in a general education classroom) were found to be more likely to choose less restrictive placements, compared to participants who reported that their children had received the entirety of their education in segregated placements.

Beliefs About the Factors Needed to Support Successful Inclusion of Students with ASD.

Fortain (2015) mentioned in her literature review that few studies appeared to have investigated the beliefs held by parents of children with ASD about what supports are needed to facilitate the successful inclusive education of children on the spectrum. For example, Estrada & Deris (2014) did a phenomenological examination of the influence of culture on intervention for Hispanic children with Autism. The study included ten participants who were of Hispanic ethnicity and were a parent of child with autism. Data for this study included demographic information and recorded interviews. Interviews were conducted in either English or Spanish and were audio recorded. This study utilized qualitative research to delve into the parental perspectives of living with a child with ASD. The interview provided a wealth of information on how parents perceive the influence that educational professionals have on the decisions they make for their child. The majority of the participants reported frustration when working with the educational school system. The analysis of the data post interview showed that parents felt that teachers need additional training and understanding in ASD-specific strategies to be able to work more effectively with the ASD population.

In a similar qualitative study, conducted by Hebel (2014) aimed to achieve an understanding of the perceptions and experiences of parents of students with severe disabilities including ASD about their involvement in IEPs. The 20 parents interviewed revealed that effective parent-teacher collaboration in the—IEPs of students with severe disabilities—is found on relationships of trust and positive communication between families and schools. The findings of this study reinforce the previous research that embracing a family-centered vision in school education programs supports the involvement of parents. Both the studies have shown similar results that relationships of trust and positive communication between families and schools support parental involvement and teachers need to have a shared understanding with parents about the student's needs and strengths. Both the studies found that parents believed educators having ASD-specific training and making adaptations/modifications to the general education curriculum in order to increase accessibility were essential in the creation of successful inclusive programs. Middleton (2005) also found that the parents of children with ASD included in her study reported high levels of agreement on two survey items pertaining to factors critical to the success of inclusion: The parents reported high levels of agreement with items referring to both educators having positive attitudes towards inclusion and the need for collaboration amongst parents and educators as necessary for successful inclusion ($M = 6.94$, $SD = .32$; $M = 6.93$, $SD = .27$). Participants responded to these items using a seven-point Likert-type scale, where higher scores indicated stronger agreement with the survey item.

In a qualitative case study done by McLesky, Waldron and Redd (2012) to examine the key qualities that supported high student achievement of students with disabilities in an inclusive elementary school in Florida that comprised of approximately 480 students, 42 teachers including two special education teachers and 12 Paraeducators. The case study took over 6 months during the school year as the researchers interviewed administrators and teachers who were responsible and directly involved in the implementation of the inclusive program (i.e., co-teaching, inclusive planning team). The researchers observed the classrooms and examined documents (e.g. data on students' improvement, state and federal accountability reports) to better understand the educational program of the school. The results of this investigation revealed that with the help of differentiated instructions and data systems to monitor student's progress in the general education classrooms were the key factors for meeting their students' goals. The teachers were found to be relying on data to drive decisions regarding instructions, the use of resources and also needs for their professional development along with the progress of their students in the general education classroom.

Although these studies investigated parents' beliefs about what supports are needed to provide an "appropriate education" more generally for children with ASD—without specific reference to inclusion or an appropriate education within inclusive settings—they provide some insight into the types of supports parents may believe are necessary for supporting students with ASD. Arguably, then, these studies may also provide some insight into what supports parents of children with ASD may

believe are minimally necessary in order for children with ASD to receive an appropriate education within inclusive settings as well.

Beliefs About the Benefits and Outcomes of Inclusion for Students with ASD.

The research described below in this section, while admittedly some time ago (nine-years) suggested that parents of children with ASD believe inclusive schooling can have a number of positive effects on the development of children on the autism spectrum (Fortain, 2015). Sansosti (2008) investigated the beliefs of 10 parents of children with ASD about the effects of inclusion on their own child's progress and development in five domains (i.e., behavioral/social emotional functioning, communication, academics, leisure skills, and community integration), using semi-structured interviews. All of the participants' were included in the general education classroom for at least 80% of the school day. The findings revealed that the parents believed inclusion facilitated the most growth in their child's social functioning and communication skills. Moreover, the largest academic skill gains were believed to be in skill areas that were already areas of strength for their child, as opposed to areas lacking in academic skills (Fortain, 2015).

Boer and Munde (2015), conducted a study that investigated the attitude of parents and relating variables concerning experience with individuals with disabilities in the general education classroom of an elementary school. Attitude Survey toward Inclusive Education (ASIE) was used to measure 190 parents' (with and without children with disabilities) attitudes. Authors performed ANOVA to analyze the demographic effects on parents' attitudes. Results shown that parents were more positive about inclusion of children with mild disabilities and most negative about the inclusion of a

child with severe disabilities. At the same time, inclusion of children with this target group is a relatively new development. When inclusive education was introduced, the focus was on students with mild disabilities; this focus shifted more and more toward the inclusion of students with severe disabilities only in recent years. This research study also showed the parents' hesitation about teachers' competencies in terms of meeting the needs of children with severe disabilities in the general education classroom. This research study showed a remarkable difference of attitudes between the parents who had a child with disability and who didn't have a child with disability. The study concluded that parents with some type of experience with an individual with disabilities hold slightly more positive attitudes about the inclusion of a child with disability. Hence, it could be underlined that parents play an important role in their children's ideas about disabled peers and their interaction with them. These authors stated that parents are the child's primary teachers about pro-social behavior. From this point of view, it seems likely that parents' who are positive about inclusive education transfer positive attitudes to their children. Consequently, these children might become more accepting to the inclusion of peers with special needs in their general education classrooms. However, no research is yet available establishing the effects of parents' attitudes on their children's attitudes towards peers with disabilities.

Given the variability amongst children with ASD, however, it is possible that the beliefs reflected in the literature do not fully capture those of all parents of children with ASD (Fortain, 2015). Moreover, the parents in these studies had children who were spending the vast majority of the school day in the general education setting a decade and

more ago, and we have no information about their supports looked like in those classrooms. In light of the research discussed previously, suggested that parents' experience with inclusion may shape their beliefs about ideal educational placements, and it seems likely that parents of children with ASD who are included less or are in segregated placements may have quite different beliefs about the effects of inclusion than those reported by McLesky, Waldron, & Redd (2012).

Educators, Inclusive Education and Autism Spectrum Disorder

Given the unique characteristics and challenges associated with the education of students with ASD, the current section seeks to build upon the previous section about educators' beliefs about students with disabilities in general by exploring educators' beliefs specifically about the inclusion of students with ASD (Fortain, 2015). Several studies indicated that the majority of educators tend to hold positive beliefs about inclusion for students with ASD (Sansosti & Sansosti, 2012; Segall & Campbell, 2012). However, educators also have reported many concerns about meeting the needs of students with ASD, and they do not appear to believe inclusion is appropriate for all students on the spectrum (Fortain, 2015).

Educators' Beliefs About the Inclusion of Students with ASD.

Segall and Campbell (2012) conducted a study by surveying a total of 196 (both special and general) teachers using an updated version of the Autism Inclusion Questionnaire (AIQ). Their study included 33 schools in 15 counties throughout the state of Georgia. One hundred and seventy-seven professionals participated in the survey. Seventy-one were special education teachers, 39 were administrators, 53 were general

education teachers, and 33 were school psychologists. The majority of the participants (56%) had specific ASD experience, 33% had specific training, and 25% currently had students with ASD in their classrooms. They found that 92% of the participants reported positive attitudes about the inclusion of students with ASD. The remaining 8% of participants reported neutral attitudes. The survey contained six sections. Questions were asked about the participants' knowledge of ASD and their opinions about inclusion, classroom behaviors, and classroom practices. It was determined that the greater the survey participants' experience with a child having ASD, the more likely they were to answer the survey questions correctly.

A seven-point Likert-type scale was used, and total scores of 37 or higher indicated positive attitudes, 22-34 indicated neutral attitudes, and scores 21 or below indicated negative attitudes. Despite the majority of participants reporting positive attitudes, significant differences were found among the groups of participants included in the sample: special education teachers ($M = 42.4$, $n = 69$) reported significantly more positive attitudes than both the administrators ($M = 39.9$, $n = 39$) and general education teachers ($M = 38.9$, $n = 50$). The school psychologists ($M = 41.6$, $n = 31$) were significantly more positive in their ratings than the general education teachers. Special education teachers within the sample, however, reported greater levels of competence in serving children with autism compared to general education teachers (Fortain, 2015).

This study alone also suggested that educators do not appear to believe that inclusion is appropriate for all students with ASD. The participants in Segall and Campbell's (2012) survey on average, were found to be neutral ($M = 4.3$) in response to

the following item: “All students with an ASD should be included in general education settings” (p. 1163). However, group differences were found, with special education teachers reporting greater agreement with that statement than general education teachers. The participants in Sansosti and Sansosti (2012) stressed that inclusion should be made on a case-by-case basis, and they stressed that how a child is included may differ from student to student. In summary, this study suggested that although many educators may hold generally positive beliefs about the inclusion of students with ASD, many also appeared to have concerns related to inclusive schooling for these students.

Blecker and Boaks (2010), conducted a study by surveying total of 546 (both general and special education) teachers from 54 schools in southern New Jersey in the United States by gathering descriptive statistics from the surveys using frequency distributions and the mean to gain an understanding of the teachers’ perceptions towards the skills and attitudes or dispositions, necessary to implement inclusive education. The analysis of the survey responses indicated that both (general education and special education) teachers supported the concept that children with disabilities benefit from association with their other general education peers. However, they expressed concern over the lack of planning time and professional development for effective collaboration among themselves. Special education teachers appeared to use more techniques and strategies for differentiation more frequently than general education teachers. This research also identified that additional preparation and increased administrative support as the most important needs of educators.

Forlin and Chambers (2011) conducted a study to examine the perceptions of pre-service student teachers regarding their preparedness for teaching in inclusive classrooms. This research study investigated the impact of an applied experience along with the course study of 67 pre-service teachers in two stages. The unit of study was offered as an elective choice for generalist pre-service student teachers undertaking an undergraduate education course. It consisted of 39 hours of face-to-face training, distributed over a period of 13 weeks. Data were collected at the start of the first session of the unit of study and again during the final tutorial session. Pre-service student teachers at the outset indicated “least concern” about being more stressed if they had students with disabilities in their classes, or that the students would not be accepted by the rest of the class. They were more concerned about their lack of knowledge and skill base, and were finding it difficult to give appropriate attention to all students in an inclusive classroom, and about an increasing workload. They were, however, most concerned about insufficient resources and a lack of trained credentialed and support staff implement inclusion. This research study also showed that to ensure long-term support for teachers would require the fullest commitment of educational systems to mentoring new teachers and in providing continual and appropriate professional learning. A collaborative and systematic effort between universities and educational systems is also warranted to ensure a cohesive transition from undergraduate student teacher preparation to becoming a competent and effectively trained inclusive teacher.

Teachers, families, guidance counselors, and school administrators are all significant in the process of inclusion (Gokdere, 2012). Of these four parties, this

researcher stated that teachers play the largest role in this process, setting the classroom climate for typically developing students and students with any type of special educational needs. Teachers are the ones responsible for “...establishing and maintaining healthy interactions in classroom, and integrating the children with IEPS into the classroom, school, and social life” (Gokdere, 2012, p. 2). Gokdere (2012) conducted a case study examining the attitudes of teachers and teacher candidates on inclusion. The participants included 68 elementary teachers and 112 candidates in an undergraduate teacher preparation program. Even though over half of the teachers and candidates had experience interacting directly with disabled people, they still had low levels of confidence about teaching students with IEPS. Participants reported minimal opportunities for professional development on how to teach in inclusive classrooms. Only 10% of the classroom teachers and 5% of the classroom teacher candidates had received education regarding special education (Gokdere, 2012). Those teachers with special education preparation were aware of the important role of the teacher in the education of the students with disabilities, yet remained anxious about teaching in the inclusive classroom setting.

One limitation to these quantitative studies was that these studies provided little information about parental beliefs about specific types of effects or outcomes of inclusion. In general, the findings suggested that parents and teachers believe inclusion can generally be beneficial, but they also indicate that parents in particular may have (greater) concerns about potential negative effects of inclusion.

Conclusion

As every child with autism is different in terms of his/her individual needs, thus each parent has different expectations for their child. Researches have shown that many parents were in favor of inclusive schooling, that some would be if additional resources were provided, and that a small group favored special placement. The future of a truly inclusive education relies on a cultural shift that supports and nurtures differences and views success through a lens not constructed of standardized test scores. When children with different needs are represented in classrooms, as they are in every public school, students also learn to support each classmate who may be struggling. Teachers differentiate their instruction and employ methods of universal design to ensure that content, instruction and learning are accessible to every student they teach. Universal access and participation apply not only to schools but also to the world around us. Everyone wins by diversifying our lives. The major question regarding what parents want educators and administrators to know about the child is that, the child is not his/her diagnosis. Future research should continue to examine the perspectives of parents of children with different characteristics and educational needs regarding inclusive education.

Chapter Three

METHODOLOGY

This study utilized a sequential mixed methods quantitative and qualitative design to examine the factors that, from the parental perspective, ensured effective inclusive schooling of parent participants' children with autism. The study took place with parents from several northern California school districts. In this study the data collected in one phase contributed to the next phase: In phase I, the researcher obtained consent and collected survey data (quantitative) and in the second phase, in-depth interview data were collected from parents who had taken the survey and provided consent to be interviewed (qualitative). The quantitative and qualitative data were collected and analyzed. The goal of this method was to enable me, the researcher to obtain greater understanding of parental perspectives introduced in the survey and thus the potential to gain a richer understanding of those perspectives.

Mixed Methods Designs

Mixed methods involves combining or integrating of qualitative and quantitative research data in a research study. Creswell (2014) described the qualitative data as a collection of responses that were open-ended and without any predetermined responses while quantitative data as those included closed-ended responses such as found on questionnaires or psychological instruments. He further explained that the field of mixed methods research is relatively new with significant work in developing it stemming from the middle to late 1980s. By the early 1990s, mixed methods turned toward the

systematic convergence of quantitative and qualitative databases, and the idea of integration in different types of research designs emerged (Tashakkori & Teddlie, 2010).

Creswell (2013) explained the procedures for expanding mixed methods as follows:

- To integrate the quantitative and qualitative data, such as from one database, could be used to check the accuracy of the other database.
- One database could help explain and explore different types of questions from the other database.
- One database could lead to better instruments when instruments are not well suited for a sample.
- During a longitudinal study, one database could alternate with another database—back and forth—and one database could build on other databases.

Although many designs exist in the mixed methods field, this study focused on the explanatory sequential mixed methods. Explanatory sequential mixed methods is one in which the researcher first conducts quantitative research, analyzes the results and then builds on the results to explain them in more detail with qualitative research (Creswell, 2013). It is considered explanatory because the initial quantitative data results are explained further with the qualitative data. It is seen as sequential because the qualitative phase follows the initial quantitative phase. The researcher based the inquiry on the assumption that collecting diverse types of data best provides a complete understanding of a research problem rather than either quantitative or qualitative data alone. The study began with a broad survey in order to generalize results to a population and then, in a

second phase, focused on qualitative, open-ended interviews to collect detailed views from the same participants to help explain the initial quantitative survey.

Rationale for the Selected Research Design

The sequential mixed method allowed me to develop a quantitative database through a survey, which was explained further by the qualitative data acquired through in-depth interviews with participants (Creswell, 2014). Specifically, this research lent itself to a sequential mixed method design, with two distinct phases, allowing the quantitative data to be further examined and explained with qualitative data (Creswell, 2014). Qualitative studies explore the in-depth perceptions or innermost thoughts of the participants (Creswell, 2013). Furthermore qualitative studies yield descriptive data. It provided the researcher with a diversity of responses through rich description of parents' perceptions of inclusive education and experiences of their children with autism in the inclusive general education classrooms. Moreover, two different types of data gave a holistic picture and enhanced the validity and integrity of the findings.

As parents, I assumed that the prospective participants would have limited time available to respond to the study. For this reason, I chose to employ a flexible and iterative data collection strategy consisting of two data collection phases. The ten survey questions were entirely close-ended. The subsequent in-depth, semi structured interview instrument consisted of eight open-ended questions intended to explore general perspectives on the inclusion of their children with autism who are currently attending schools practicing evidence-based inclusive schooling.

Recruitment Procedures

At the weekly meeting of the Professional Learning Community in Moderate/Severe Disabilities held at the first School District, the researcher handed out the survey packets to teachers of students with moderate to severe disabilities. A total of 75 survey packets were handed out to the teachers of students with moderate to severe disabilities at the School District, and a separate email with an embedded web link was sent to an online local networking forum for parents of students with disabilities to expand recruitment of parents for the study. The special education teachers were contacted at the PLC meeting to seek their cooperation in distributing the parent survey to their students with autism who were included in the general education classrooms that are practicing evidence-based inclusive education. The preliminary results of the survey from the school district had shown a very low response rate (four responses); thus, in addition to the school district's contacts through them, the researcher was able to recruit parent participants who came through the above-mentioned online parent networking forum for parents of students with disabilities. The researcher emailed these parents in the forum the web link to the survey questionnaire, with an embedded informed consent letter to the parent participants through the networking forum. The survey measured the parents' attitudes towards inclusive education. The researcher also completed interviews with those parents who expressed interest in providing in-depth information and those who gave informed consent. The interviews gathered more information regarding family perceptions of inclusive schooling with children with autism.

The survey packets included the following;

- Parent/Guardian consent letter that included and explanation of research objective and rationale of the research.
- Survey Questionnaire
- Researcher's self-addressed and stamped envelope for returning the survey.
- Parent Recruitment Form

A web link to the survey questionnaire with an embedded informed consent letter was provided in the body of the letter so that parents/guardians could choose to respond directly to the researcher by clicking on the web link via e-mail. All participants (including respondents to both the survey and Interview) received an e-gift card of their choice from the several options in exchange for their participation in the study.

Population/Sample

The target population for this study comprised the parents and/or guardians of children with autism who were currently attending schools practicing evidence-based inclusive schooling. All participants in this research were surveyed online, completing the survey when convenient for them, within a 12-week timeframe, and were interviewed one-to-one for approximately 30-45 minutes using a semi-structured interview questionnaire. The sample of parents within the study represented a variety of social, economic and cultural backgrounds of the families and, despite its small size, was somewhat representative of the Bay Area. Eleven parents responded and completed both the questionnaire and the interview. Four of these were parents recruited from PLC

District A and seven responses were obtained from a local networking forum which included parents whose children were included in four different East Bay districts. The demographic data for the total sample of eleven parent participants is described in the Chapter IV. Parent participants were recruited in late spring of 2016 and were invited to participate in the survey via email through the partnering school district A and the parent networking forum. The parent survey invitation is included in Appendix A. The interview and informed consent can be found in Appendix D. The parent data collection period lasted twelve weeks. Due to the timing of the data collection being near the end of the school year, a final reminder email was sent to all parent participants who had not completed the survey questionnaire approximately five weeks after the start of data collection. Each participant received a \$20 gift card electronically via email for completing the survey and the interview, as was indicated in the survey invitation email. Consent forms were available both on-line and in hard copy. The completed forms were submitted electronically or by hard copy to the researcher. A total of the 11 completed responses were received, and these respondents were interviewed by the researcher. Two completed survey responses out of 11 were returned to the researcher by mail, while the other nine were received via the web link embedded in the survey questionnaire.

Instrumentation

The instrument titled *Attitudes about inclusive schooling among parents of children with Autism* was administered. It included a brief introduction indicating the purpose of the survey, and the study: to learn about parents' views, thoughts and feelings and solicit their input regarding inclusive schooling of their children with Autism. In

order to be eligible for participation in the study and inclusion in the data analyses, individuals had to be a parent or legal guardian of a school-age child with ASD, who currently attended a school practicing evidence-based inclusive schooling in the San Francisco Bay Area.

The first section of the survey included a demographic information that asked participants to state their ethnicity (optional), gender, their relationship to the student, student's date of birth, district of residence, number of children, and the parents'/guardian's level of education. Finally, two additional questions asked parents to indicate their communication preferences and contact information for the researcher. The demographic and background information collected in section one of the survey was used to describe the obtained parent samples (see Table 1) in order to ensure that appropriate summary of the findings and any common themes that emerged were made.

The demographic data for the total sample of eleven parent participants is described next and included in Table 1 below. The obtained parent sample was predominantly Caucasian (four responses), and it included all females (all 11 participants). The average age of a participant was 45 years old, and the majority of participants had earned a Bachelor's degree (three responses) and Master's (four responses) or higher degree (five responses). All parent participants (11 responses) indicated that their child was currently receiving all instruction in the general education classroom. Additionally, majority of the parents (seven responses) reported that they had not experienced any conflict with educators concerning their child's educational program or inclusive schooling.

Table 1

Parent Sample Demographic Information

Parent	Response Mode	Child's Grade	Parent Education	Ethnicity	Child's Diagnosis	
P1	Mother	School District	2	Doctorate	Caucasian	ASD
P2	Mother	School District	Kindergarten	High School	African American	ASD
P3	Mother	School District	4	Bachelor's Degree	African American	ASD
P4	Mother	School District	2	Bachelor's Degree	Asian	ASD
P5	Mother	Parent Networking Forum	2	High School	Hispanic	ASD
P6	Mother	Parent Networking Forum	2	Bachelor's Degree	Hispanic	ASD
P7	Mother	Parent Networking Forum	4	Master's Degree	Caucasian	ASD
P8	Mother	Parent Networking Forum	9	Master's Degree	Asian	ASD
P9	Mother	Parent Networking Forum	4	High School	African American	ASD
P10	Mother	Parent Networking Forum	12	Master's Degree	Caucasian	ASD
P11	Mother	Parent Networking Forum	7	Master's Degree	Caucasian	ASD

The second part of the survey included a questionnaire with 10 closed-ended questions on a 5-point Likert-scale (1= strongly disagree; 5= strongly agree) to examine attitudes and perspectives of parents' experiences regarding inclusive schooling of their children with autism. Respondents were asked to rate each item on a 5- point Likert scale ranging from one (strongly agree) to five (strongly disagree) with a midpoint at three (neutral). Data were collected across grades and ethnicities. The responses to the scales questions from the parent survey were collated into bar charts, with central tendency

summarized by the median or the mode. Please refer to the (see Table 2) for the research survey questions.

Table 2

Research Survey Questions

My child's inclusive program includes additional intervention in small groups or individually as indicated in his/her IEP.
The inclusive classroom provides more meaningful opportunities for my child to interact and strengthen social relationships with his/her peers than does a special education classroom.
The school culture is welcoming and values every student with an open and caring attitude.
The general education classroom teacher along with special education teacher design relevant curricula and instruction according to the IEP goals that motivate and challenge my child's learning in the inclusive classroom.
There is a proper system of home-school communication in place that helps in the frequent exchange of valuable information between a parent/guardian and a teacher.
The general education classroom environment (organization) is a resource rich and conducive to learning for the students with autism and their peers without disabilities.
The general education teacher encourages my child's expression by incorporating various choices of alternative communication like sign language, visual schedule, gestures ,role play , small-group conversations or the augmentative and alternative communication device (if any).
The strategies that minimize my child's challenges during transitions throughout the school day are implemented by the general/ special education teacher and/ with support staff.
Teachers (both general ed. and special ed.) undertake appropriate actions in the classroom to provide students with autism with appropriate adaptations and modify contents of the curriculum (when and if required).
The more time my child spends in a general education classroom along with his/her peers, the more likely it is that the quality of his/her education will improve.

In the third part of the study, the researcher interviewed all the survey respondents using a predetermined set of eight open-ended questions. The in-depth interviews were conducted and eight out of 11 interviews were recorded and three interviews were noted down in the journal. Each interview was transcribed, coded and then analyzed to

determine the existence of any common themes and patterns within the qualitative set of data. Parents were asked to respond to eight open-ended questions regarding joys and challenges related to their child's inclusive education, what are the outcomes of inclusive schooling and what are their suggestions regarding inclusive schooling, as well as any other relevant information they chose to share. In-depth interviews over the phone with parents were the primary method because interviews allowed me to understand the other person's perspective and gain explicit and valuable information. An informed consent document guaranteed anonymity and confidentiality and encouraged parents to respond with openness in this study. Interviews took place over the phone at a time chosen by the parent to facilitate the collection of data and to enhance parents' comfort while sharing their personal experiences of inclusive education of their child at school. The interview included descriptive questions that explored personal dimensions, incidents, and people related to the experience. Immediately following the interviews, I wrote in a journal reflecting on each of the interviews. During the reflection time, I reviewed survey notes and listened to the interviews. The interviews were transcribed by the researcher. After the transcriptions were complete, I read over the transcripts several times. Creswell (2013) suggested that multiple readings of the transcriptions aid the researcher in developing a greater understanding of the data. As I read through the transcriptions, I jotted notes in the columns noting information that stood out or was relevant. All of the phrases that were repeated were highlighted using circles, underlining, and other methods to note significance. The interviews ranged from 30-45 minutes. All of the participants were engaged and actively participated in the interviews. As I conducted the interview I

offered transitions to allow the interview to flow through each segment or portion of the interview. The interview was divided into three segments with each segment focusing on one of the research questions. The first segment of the interview focused on research Question 1, Segment 2 was aligned with research Question 2, and Segment 3 was aligned with research Question 3. After an intense analysis of the data several themes emerged.

The research questions are as follows:

Segment 1

The first segment of the interview addressed the research question: 1

RQ1: What are parents'/guardians' experiences with inclusive schooling at their child's school?

Interview Questions:

- What does inclusive education look like for your child? (For example, what is a typical day like?)
- What are the specific interventions your child receives within or outside the general education classroom? For how many minutes a day does s/he leave the general ed. class for intervention?

None 20minutes 30minutes 40minutes 50minutes 60minutes

More than 60minutes

- How often do you communicate with the general education teacher?
- How often do you communicate with the special education teacher?

Segment 2

The second segment of the interview addressed the research question: 2

RQ 2: What are the parents' and guardians' perceptions about their child's overall educational experience?

- What are the best parts of your child's being in a general education classroom?
- What knowledge and skills do you think a general education teacher requires to teach effectively in an inclusive classroom?

Segment 3

The third segment of the interview addressed the research question: 3

RQ 3: What outcomes or results have parents/guardians observed with inclusive education and what factors contributed to these outcomes?

- Please tell me about any concerns/ positive outcomes you may have about services provided in his/her general education class and why?
- What are the school and district-wide inclusive practices in your district?

The sample consisted of eleven parents, whose children aged 3 to 21 years were diagnosed with autism and are attending schools practicing evidence-based inclusive schooling in the Northern California. Representation of diverse perspectives was gained by including parents whose children attended various inclusive general education settings in different school districts.

Data Confidentiality

All data were handled in a manner that protected participants from harm and potential risks. Interview notes, interview transcriptions, and all other correspondence with participants were controlled with restricted access. All recording and electronic files were kept in my possession. The information collected was analyzed by hand. Analyzing the data by hand included multiple readings of the transcripts, listening to the taped interviews, a color-coded method for coding the data, and charting data according to emerging themes. Creswell (2013) suggested that analyzing data by hand can be cumbersome, but offers the researcher many benefits. By using manual methods to analyze the data the researcher becomes entrenched in the data. The data were analyzed using transcription and coding methods. Each interview was transcribed and stored in both hard copy and electronic formats.

Analysis of Completed Questionnaires and Interviews

Eleven parents of children and adolescents with varying degree of Autism Spectrum Disorders, from the East Bay of the Bay Area, participated in the study. Participants in the interview were mothers. The ages of children with autism ranged from four to nineteen years, with an average age of 9 years ($SD=1.5$ years). The data were collected over a period of three months. The ten questions on the parent surveys that were rated on the Likert scale were collated into bar charts, with the central tendency summarized by the median or the mode. This information is displayed in a charts and graphs and has been described in writing in the next chapter.

Credibility Measure for the Research—Data Triangulation Method

In order to strengthen the validity of evaluation data and findings, the researcher collected data through several sources: survey questionnaires, interviews. Gathering data through one technique can be questionable, biased and weak. However, collecting information from a variety of sources and with a variety of techniques can confirm findings. Consistency in the responses gathered from both the surveys and Interviews by the same set of participants proves the reliability of the data gathered and the results obtained from both (QUAN- numeric data via Likert scale followed by QUAL- narrative information using thematic content analysis) in the study. Certainly, through triangulation the researcher gained qualitative and quantitative data in order to corroborate her findings. This method allowed the researcher to examine the overall accuracy of the study, and verifying data results.

An additional strategy was used to strengthen the credibility of data. The Member checking method was used by the researcher by having participants review the quantitative data gathered from their survey responses and confirmed the accuracy (or in accuracy) of interview transcriptions by asking follow-up questions during the qualitative research prior to analysis and interpretations of the results. Consistency in the responses gathered from both the surveys and Interviews by the same set of participants proves the credibility of the data gathered and the results obtained from both (QUAN—numeric data via Likert scale followed by QUAL—narrative information using thematic content analysis) in the study. This study allowed the researcher to examine the overall accuracy of the study, and verifying data results.

Chapter Four

RESULTS

Survey Data

A total of 24 parents started the survey, and eleven parents completed the survey. Four of the twenty-four participants who only partially completed the survey did not view, nor respond to, any items on the survey beyond the consent form. These four participants were removed from the dataset because it could not be confirmed that they were eligible for participation in the study. An additional nine participants were removed from the dataset and excluded from all analyses because they were outside the intended sampling frame (i.e., their children did not attend inclusive schools with their general education peers, or were not school-age children based on participant report). In summary, 13 of the 24 parent participants who started the survey were excluded from all analyses because they were outside the intended sampling frame or did not provide any demographic information upon which to confirm they were a part of the sampling frame. Eleven completed responses were received, and these respondents were interviewed by the researcher. Two completed survey responses out of eleven were returned to the researcher by mail, while the other nine were received via the web link embedded in the survey questionnaire. As the data came in, it was noted that seven responses were obtained from the networking forum which included six parents whose children were included in four different East Bay Districts, and one parent whose child was included in School District A. In total, there were five responses that were received from School

District A and the rest of the six responses were from four different East Bay Districts.

Data were collected across grades and ethnicities.

Table 3 below refers to part two of the survey and depicts the parents' rating of items exploring attitudes toward inclusion and schooling. Percentages, Mean and standard deviations (SDs) for responses to Attitudes towards Inclusive schooling is explained in the graphs and tables below. (Tables 4-13).

Table 3

Percentages for Responses to Attitudes towards Inclusive Schooling

		SD	D	N	A	SA
1	My child's inclusive program includes additional intervention in small groups or individually as indicated in his/her IEP.	0	18	9	37	36
2	The inclusive classroom provides more meaningful opportunities for my child to interact and strengthen social relationships with his/her peers than does a special education classroom.	0	9	9	36	46
3	The school culture is welcoming and values every student with an open and caring attitude.	0	9	18	46	27
4	The general education classroom teacher along with special education teacher design relevant curricula and instruction according to the IEP goals that motivate and challenge my child's learning in the inclusive classroom.	0	18	27	37	18
5	There is a proper system of home-school communication in place that helps in the frequent exchange of valuable information between a parent/guardian and a teacher.	9	37	36	9	9
6	The general education classroom environment (organization) is a resource rich and conducive to learning for the students with autism and their peers without disabilities.	0	9	18	27	46
7	The general education teacher encourages my child's expression by incorporating various choices of alternative communication like sign language, visual schedule, gestures, role play, small-group conversations or the augmentative and alternative communication device (if any).	0	36	9	55	0
8	The strategies that minimize my child's challenges during transitions throughout the school day are implemented by the general/ special education teacher and/ with support staff.	0	18	18	55	9
9	Teachers (both general ed. and special ed.) undertake appropriate actions in the classroom to provide students with autism with appropriate adaptations and modify contents of the curriculum (when and if required).	0	9	27	55	9
10	The more time my child spends in a general education classroom along with his/her peers, the more likely it is that the quality of his/her education will improve.	0	9	0	27	64

Question 1:

My child’s inclusive program includes additional intervention in small groups or individually as indicated in his/her IEP.

Results are shown in Table 4 and Figure 1 below.

Table 4

Mean and Standard Deviation of the Survey Question One

	N	Mean	SD
District A	5	3.6	1.01
Other districts	6	4.16	1.06
All Districts	11	3.91	1.07

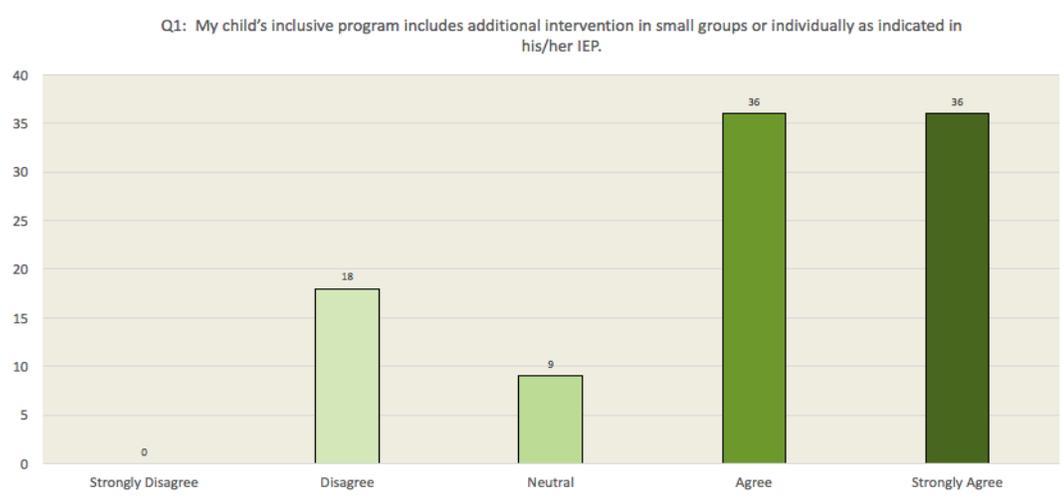


Figure 1. Percentage of Parents’ Responses to the Survey Question One

By conventional criteria, the differences found are considered to be not statistically significant.

Question 2:

The inclusive classroom provides more meaningful opportunities for my child to interact and strengthen social relationships with his/her peers than does a special education classroom.

Results are shown in Table 5 and Figure 2 below.

Table 5

Mean and Standard Deviation of the Survey Question Two

	N	Mean	SD
District A	5	4	1.26
Other districts	6	4.33	0.471
All Districts	11	4.19	0.93

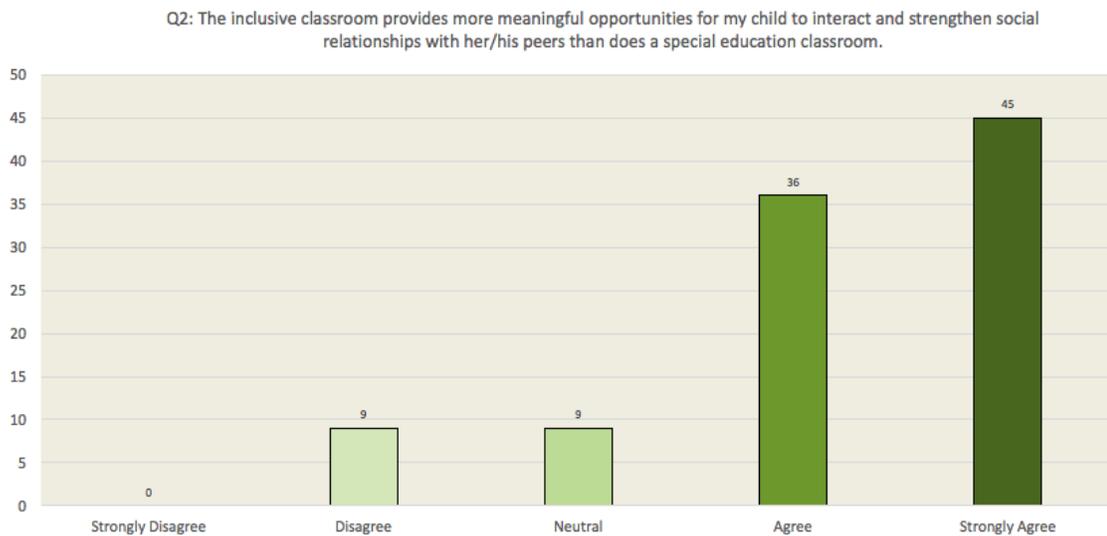


Figure 2. Percentage of Parents' Responses to the Survey Question Two

Question 3:

The school culture is welcoming and values every student with an open and caring attitude.

Results are shown in Table 6 and Figure 3 below.

Table 6

Mean and Standard Deviation of the Survey Question Three

	N	Mean	SD
District A	5	4.4	0.48
Other districts	6	3.5	0.95
All Districts	11	3.91	0.89

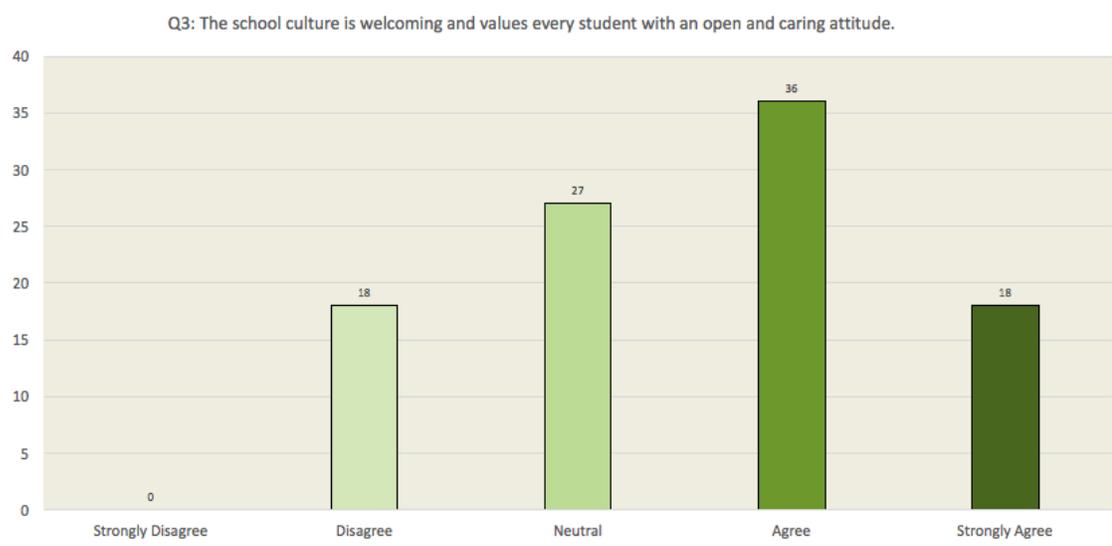


Figure 3. Percentage of Parents' Responses to the Survey Question Three

Question 4:

The general education classroom teacher along with special education teacher design relevant curricula and instruction according to the IEP goals that motivate and challenge my child’s learning in the inclusive classroom.

Results are shown in Table 7 and Figure 4 below.

Table 7

Mean and Standard Deviation of the Survey Question Four

	N	Mean	SD
District A	5	4	0.89
Other districts	6	3.17	0.89
All Districts	11	3.55	0.98

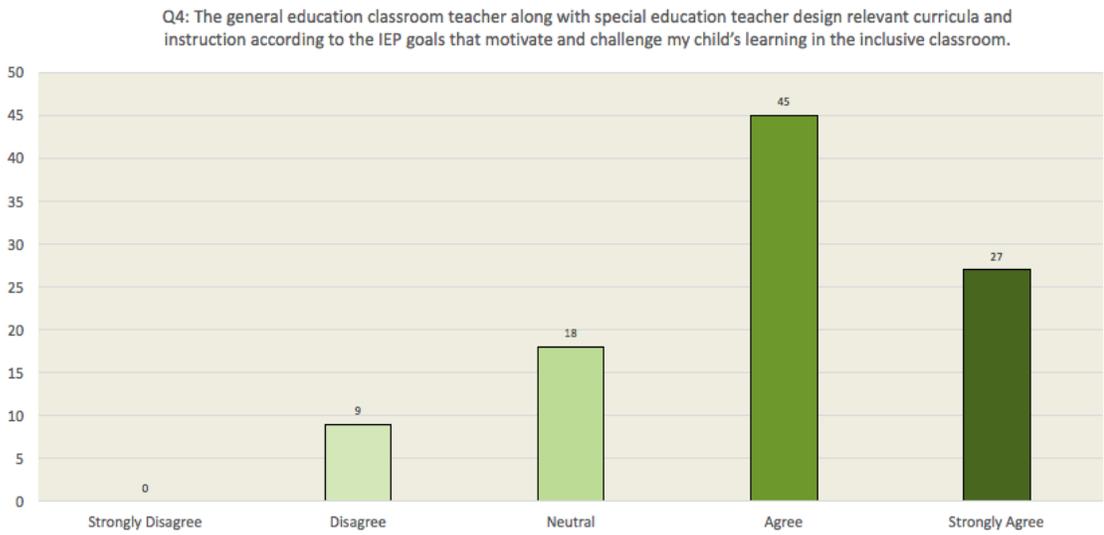


Figure 4. Percentage of Parents’ Responses to the Survey Question Four

Question 5:

There is a proper system of home-school communication in place that helps in the frequent exchange of valuable information between a parent/guardian and a teacher.

Results are shown in Table 8 and Figure 5 below.

Table 8

Mean and Standard Deviation of the Survey Question Five

	N	Mean	SD
District A	5	3	1.09
Other districts	6	2.5	0.95
All Districts	11	2.72	1.04

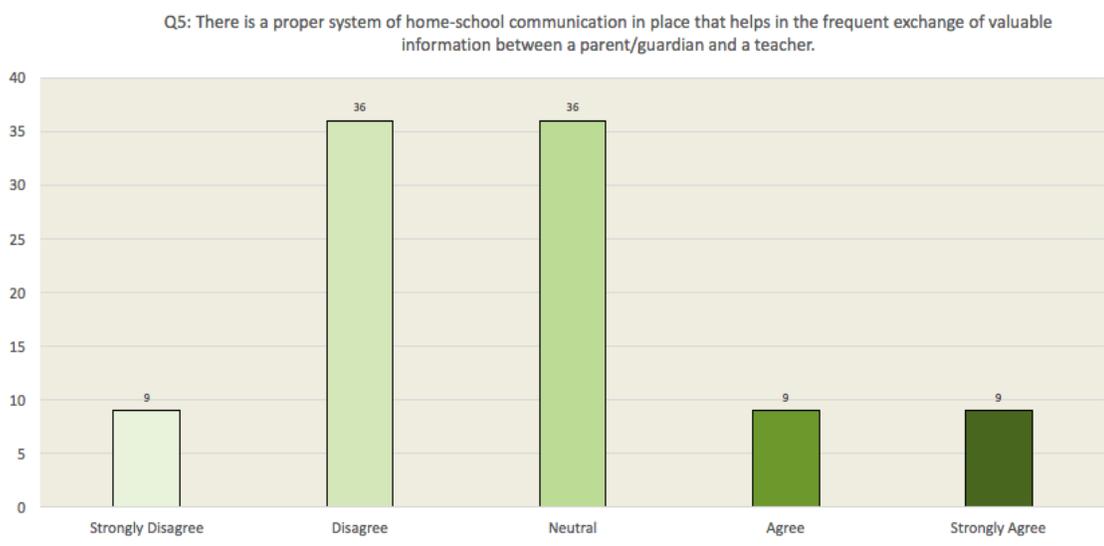


Figure 5. Percentage of Parents' Responses to the Survey Question Five

Question 6:

The general education classroom environment (organization) is a resource rich and conducive to learning for the students with autism and their peers without disabilities.

Results are shown in Table 9 and Figure 6 below.

Table 9

Mean and Standard Deviation of the Survey Question Six

	N	Mean	SD
District A	5	4	0.89
Other Districts	6	4.17	1.06
All Districts	11	4.1	0.99

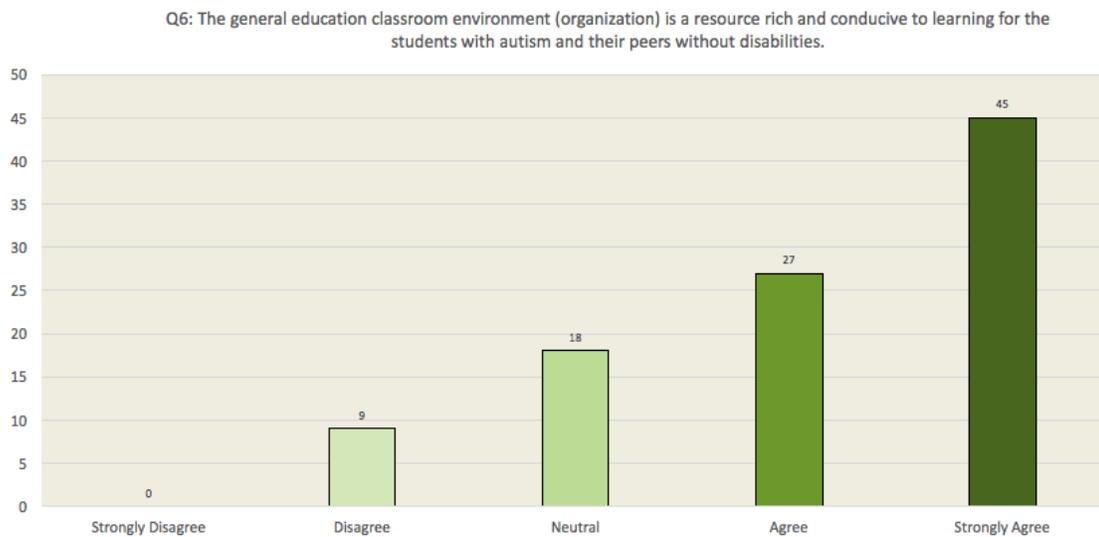


Figure 6. Percentage of Parents' Responses to the Survey Question Six

Question 7:

The general education teacher encourages my child's expression by incorporating various choices of alternative communication like sign language, visual schedule, gestures, role play, small-group conversations or the augmentative and alternative communication device (if any).

Results are shown in Table 10 and Figure 7 below.

Table 10

Mean and Standard Deviation of the Survey Question Seven

	N	Mean	SD
District A	5	3.2	0.97
Other Districts	6	3.17	0.89
All Districts	11	3.19	0.93

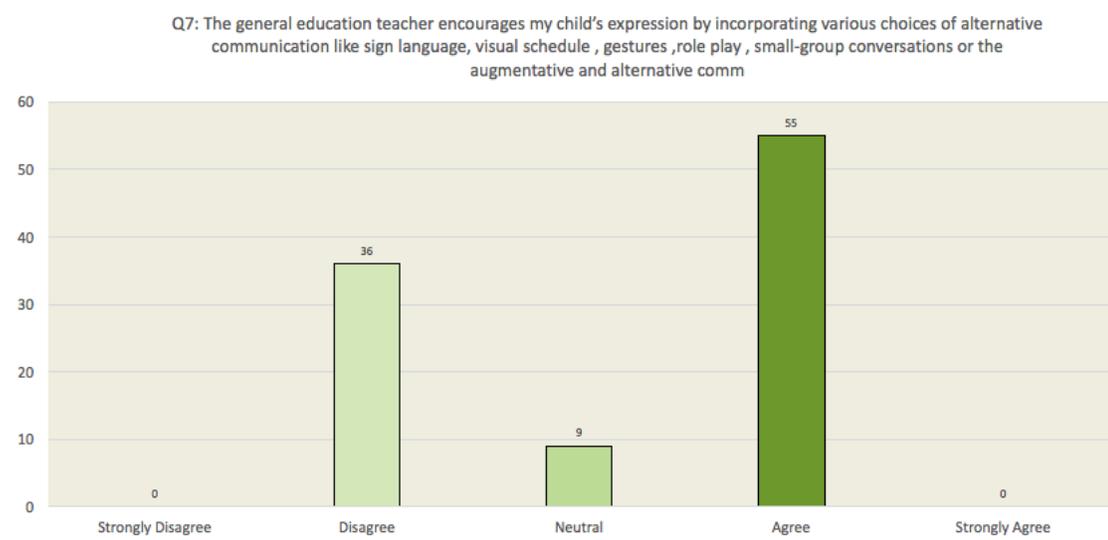


Figure 7. Percentage of Parents' Responses to the Survey Question Seven

Question 8:

The strategies that minimize my child's challenges during transitions throughout the school day are implemented by the general/ special education teacher and/ with support staff.

Results are shown in Table 11 and Figure 8 below.

Table 11

Mean and Standard Deviation of the Survey Question Eight

	N	Mean	SD
District A	5	4	0.63
Other Districts	6	3.17	0.89
All Districts	11	3.55	0.88

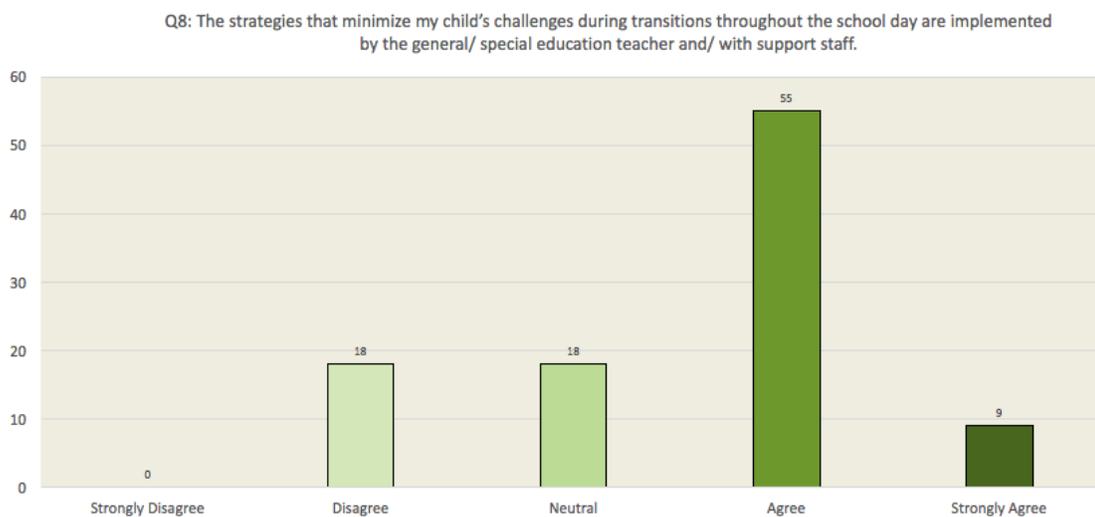


Figure 8. Percentage of Parents' Responses to the Survey Question Eight

Question 9:

Teachers (both general ed. and special ed.) undertake appropriate actions in the classroom to provide students with autism with appropriate adaptations and modify contents of the curriculum (when and if required).

Results are shown in Table 12 and Figure 9 below.

Table 12

Mean and Standard Deviation of the Survey Question Nine

	N	Mean	SD
District A	5	3.8	0.97
Other Districts	6	3.5	0.5
All Districts	11	3.64	0.76

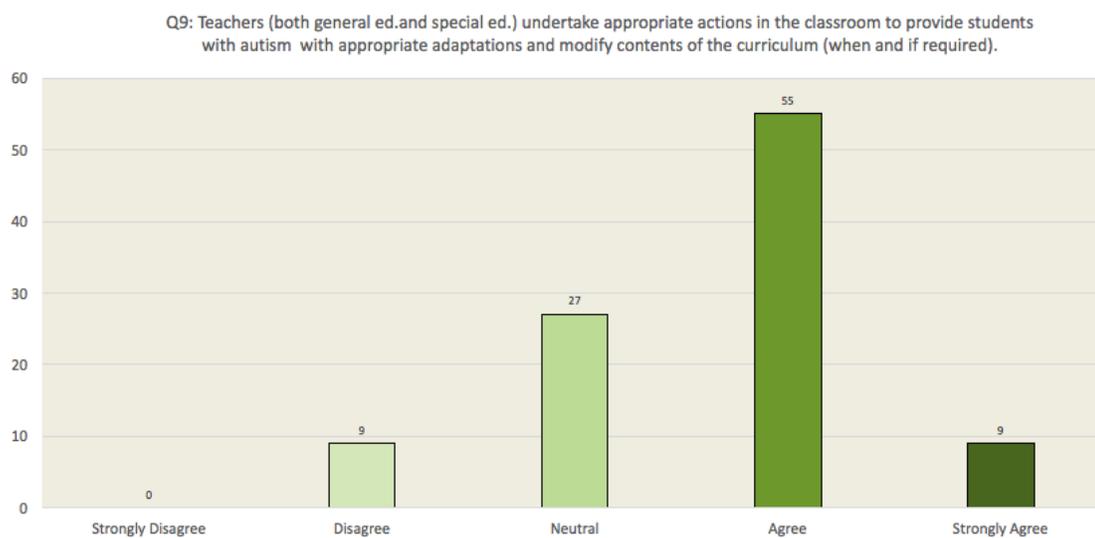


Figure 9. Percentage of Parents' Responses to the Survey Question Nine

Question 10:

The more time my child spends in a general education classroom along with his/her peers, the more likely it is that the quality of his/her education will improve.

Results are shown in Table 13 and Figure 10 below.

Table 13

Mean and Standard Deviation of the Survey Question Ten

	N	Mean	SD
District A	5	4	1.09
Other Districts	6	4.83	0.37
All Districts	11	4.46	0.88

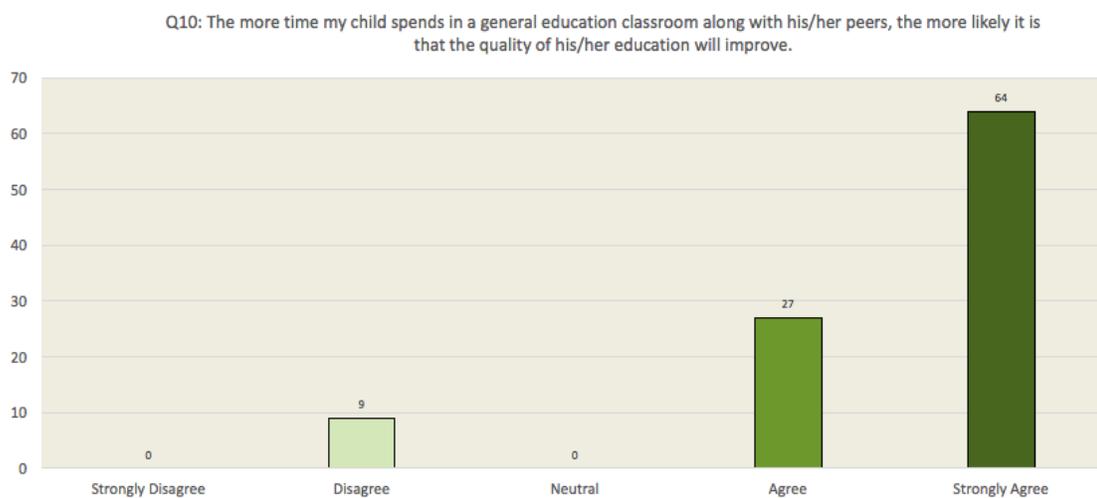


Figure 10. Percentage of Parents' Responses to the Survey Question Ten

Survey responses to items about inclusive education revealed that 88% of parents strongly agreed that their child's inclusive program included additional intervention in small groups or individually as indicated in his/her IEP (item-one). Eighty-two percent of parents (nine responses) said that inclusion is advantageous for the socialization of their child (item-two). Twenty-seven percent of parents agreed and sixty-two percent of parents strongly agreed (nine responses) positively to the question about the general education classroom teacher along with special education teacher designing relevant curricula and instruction according to the IEP goals that motivate and challenge their child's learning in the inclusive classroom. Seventy-two percent of parents said that the general education classroom environment (organization) is a resource rich and conducive to learning for the students with autism and their peers without disabilities (item six). Responses to items (item eight) about the strategies implemented by the general/special education teacher and/with support staff that minimizes their child's challenges during transitions throughout the school day showed that 64% of the parents agreed that the teachers (both general ed. and special ed.) undertake appropriate actions in the classroom to provide students with autism with appropriate adaptations and modify contents of the curriculum (when and if required) (item nine). Similarly, 91% of parents responded that children with ASD should be given every opportunity to function in the general education classroom (item-ten) as they believed that the more time their child spends in a general education classroom along with his/her peers, the more likely it is that the quality of his/her education will improve. Less satisfaction was stated with school's communication (item five) where 27% of parent participants expressed satisfaction, and 36% (four)

participants did not respond. Four others (36%) selected the neutral response. stated no satisfaction and another majority (4 responses) were neutral. Finally, 64% (seven responses) stated that the school culture was welcoming and valued every student with an open and caring attitude (item-three). These ratings were supported by parents' comments on the open-ended questions. For example, examples of additional remarks on this item on the survey included: "They always give my child every opportunity to succeed with any of his goals or our goals. "I am thrilled with my son's achievement at this school, I have always been happy with his education, and he has always received services he needed". "R. had teachers and therapists that cared for him and had his best interest in mind". On the other hand, several comments reflected dissatisfaction: "I feel public schools should be able to provide more services and more required hours of OT and speech." There was also one comment about positive communication: "We have good communication with the school staff; we encourage them to treat her as her other peers as possible. She gets rewards and time-outs just like any eight-year-old".

Qualitative Interview Data Analysis

Analysis of parents' interview data revealed three major themes: Parents' goals and dreams, parent-teacher communication, and their recommendations. There was 100% participation in the interviews by the parents who had responded to the survey questions. Parents across the school districts were positive about inclusive education.

Parents' Goals and Dreams:

Parents' comments regarding their experience with their child's inclusive education and the best part of their child's being in a general education classroom revealed that 100% of the parent participants wish for their child was to have social life, social skills, and friends (eleven responses). This was followed by the dreams of happiness and enjoyment in life. The participants also mentioned their goal of their children reaching his/her potential (eleven responses). These dreams were summarized by a parent who said, "We all have the same basic hopes and dreams for our child: health; happiness; and safety. A few responses revealed worries and concerns: "I am not sure; I am living one day at a time, and, I truly hope he will have some kind of skill to participate in society. I don't know if he will ever be able to live independently, but I'd like to hope that there will be a place for him in society." The question regarding what knowledge and skills do they think a general education teacher requires to teach effectively in an inclusive classroom revealed several recommendations parents want educators to know about their child and a 95% of parents (10 responses) responded that they want educators to know that their children are more than their diagnosis. These statements included the following: "Do not underestimate, he/she can learn . . . is capable, more than the school/teacher realizes; has gifts; they are smart" (eight responses). Additional remarks included, ". . . child has special gifts to share" (four responses), ". . . is doing his best, he does not have bad behaviors; he is just trying to communicate." Other examples of statements by parents regarding the abilities of their children included, "Just because our daughter does not speak, she still has great potential

to learn and she can teach other kids tolerance, joy and perseverance.” Other comments included, “We love our son unconditionally and will do whatever we need to do to help her and give her the best life possible; I advocated relentlessly for my child because I know her potential; and our daughter was a blessing in the lives of our family members . . . she is very brave and not only are we learning a lot from her, but our family is learning a lot from each other. We have become so creative and supportive of one another.”

The pie-chart in the Figure 11 illustrates the parents' hopes and dreams for their child's development in which clustered in four different areas. All the areas were equally considered of utmost importance by the parent participants.

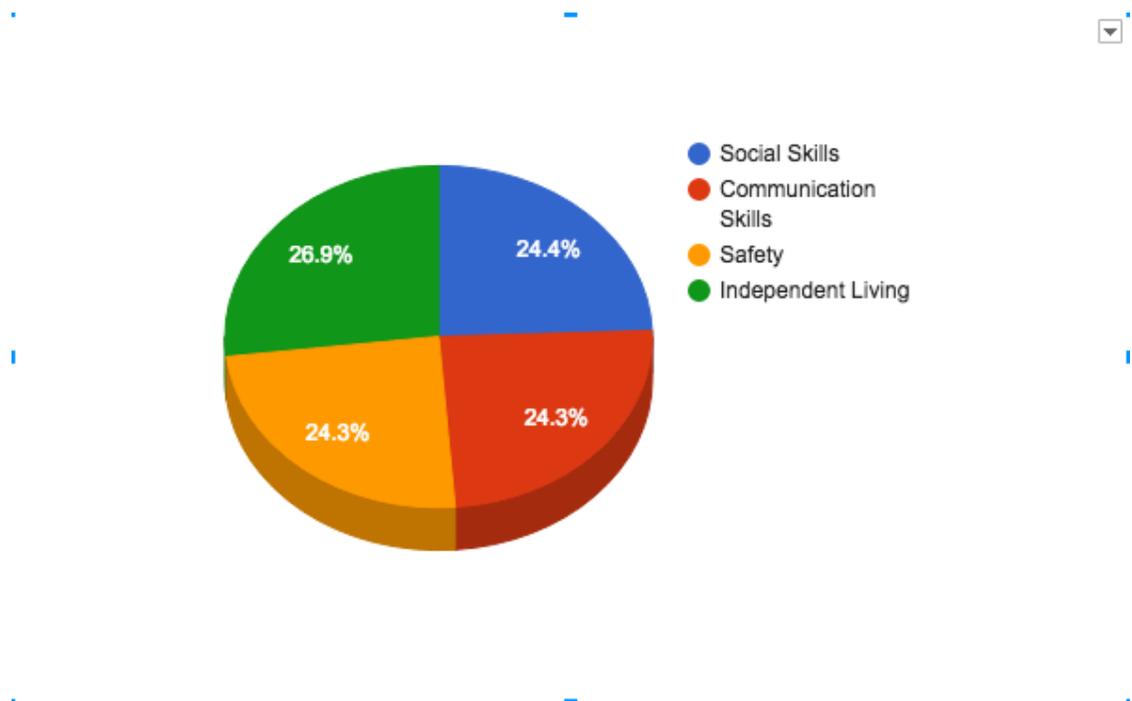


Figure 11. Response Percentages of Parents' Goals and Dreams for Their Child

The bar diagram in the Figure 12 shows the comparison data of parents' expectations for their child at school district A and other districts.

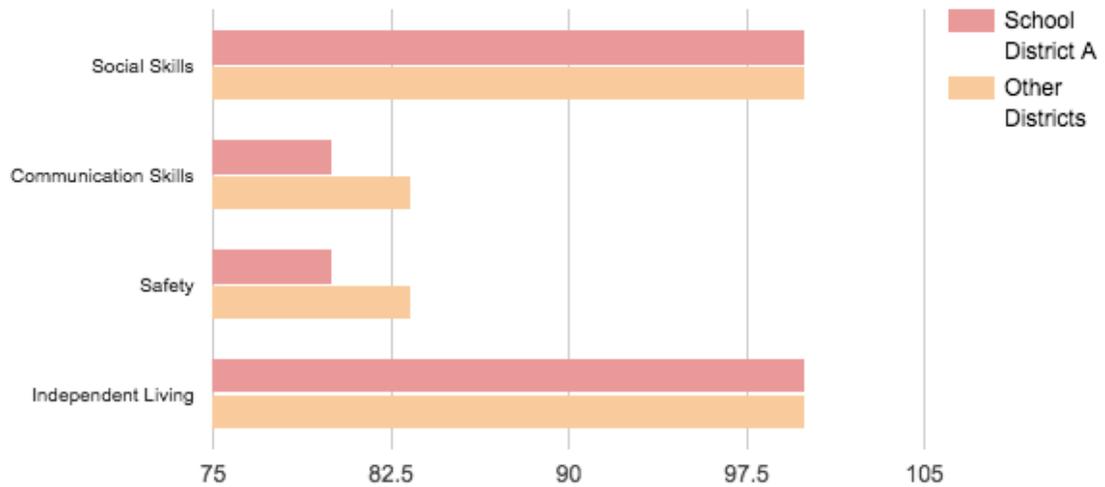


Figure 12. Parents' Expectations for Their Child at School District

By conventional criteria, the differences found are considered to be not statistically significant.

Parents' Comments on their goals and dreams about their Child

- If a child is born with autism, it means that child will have some challenges ahead in his/her life but he/she should have the same dreams and hopes that every child needs to have in their life.
- It is our dreams, hopes, and prayers that help us through these challenging situations and give us the perspective and knowledge that will help us find the strength we need to help our child with autism on the right path in his/her life so he/she can have the same opportunities that all children deserve in their life.
- My daughter inspires me every day.
- I worry that she has no way to communicate appropriately. . . that hardly anyone can understand her . . . that she needs help doing almost everything but then I watch her smile, she gives me a tight hug and walk confidently to her bus like she owns the world. She takes her seat and waves back to me and it makes me so proud of her that she is out there ready to face the world on her own in spite of her enormous challenges.
- It tests our very limits of patience and adds a great deal of stress and financial pressure on the family to raise a child with autism. It is very important to accept the situation and work together with family to help that child with autism to find his/her way in the world.
- For the last one year we were struggling with her accidents at school. She would have to be sent in pull-ups. Today I'm a proud mom of a 7-year-old who does not come home with a changed pair of pants. She has come a long way and I could not be more proud.
- I am so proud of my son that as he taught me how to be a better person.
- We are very, very proud parents of our little hero.

Parent-Teacher Communication

After sorting the comments into three subsections (positive, negative and neutral) for the question asked regarding the communication with the general education teacher and special education teacher at their child's school, it was determined that 54% (6 responses) of the parent respondents (four out of six responses were from school District A's parent group) that had a positive response to the question, stating things such as "Very positive with school district to work and collaborate with me." "Good team collaboration and we have had very positive experiences with the school district. "Would like to see more 'social skills' drawn into programs. Also help with children's interaction during recess." Four parent respondents replied with a neutral comment, stating, "In my experience so far it has been okay and I think it really varies by teacher. I've always facilitated an open policy regarding communication so teachers/aides know where I stand. It makes the process easier." Seventy-two percent of parents (eight responses) advocated for additional meetings with teachers and believed discussing students' progress on a regular basis facilitated coordination between school programs and other programs the children attended. For example, one parent said that "parenting a child with disabilities was a life project and shared the belief that parental involvement gave children a chance to grow and progress." One parent shared, "I want teachers to see my child as a whole person and not as the fill-ins on the IEP form. We tell teachers in the IEP meeting everything. We must be there to share the child's dreams. Those dreams won't exist without us saying it out loud." Other parents stated that the priorities of each family for their children's IEPs should be recognized. Parents described the collaborations that

existed between themselves and school staff and the potential for the school to serve as a conduit, or catalyst point, for collaborations with others. Eighteen percent of the Parents (four responses) described schools as being highly responsive to their concerns “...because the school does follow through [with any concerns she has].” They, if I have an issue I’ll go up and deal with it and then I’ll get a report back to say, ‘This is what we’ve done about this issue’. The principal [of an elementary school] just bent over backwards, and that’s — you know, I’ve sort of been a little bit blown away, thinking, you know, I just feel like the whole school have gone, right what do we need for “[child].” An additional comment was from a parent from School District A: “. . . my daughter’s school had been a wonderful and diverse school for and we’re looking forward to sending our second there this fall. Our youngest has a great group of friends, and a supportive parent community. They have an incredible art and dance program, community events and involved parents.” There were three comments that were neither negative or positive, but described specific experiences the parent had with special educators where the situation a work in progress, for example, “In 3rd grade, my daughter’s teacher didn’t discuss much with me, even when I asked. The teacher left it up to the aide to handle everything, which I did not agree with. However, in 6th grade, the teacher was very open with communication and more importantly embraced my son’s differences and use that information while teaching.” The parent also shared that, “Regarding full inclusion, teachers need to know what they are getting into and be open to the challenges that go along with the full inclusion atmosphere which includes communication with the parents and IEP team on what works best for the children and I

feel like our teachers communicate well, but they don't always have the outside support necessary to assist the special needs child." For instance, "There isn't much to help the child with social introductions on the playground. We have good experience with the classroom support though." The two methods of communication that 66% of parents (four of six responses) thought from the other school Districts, that schools should use more were written communication, including notes brought home by children, and email. Parents from school District A were generally very positive towards information provided by the school, and the level of consultation and support provided. They were particularly positive towards the clarity of information provided about their child's progress. Eighty percent of the parents said their child's school provided clear information (four of five responses) and that the school was welcoming to parents. All of these parents (five of five responses) said their child's school was welcoming to parents. Parents' views on communication and consultation were particularly positive amongst parents of children in school District A.

The pie-chart in Figure 13 below shows that parents chose everyday written communication and informal face-to-face discussion with the teacher as their preferred mode of communication.

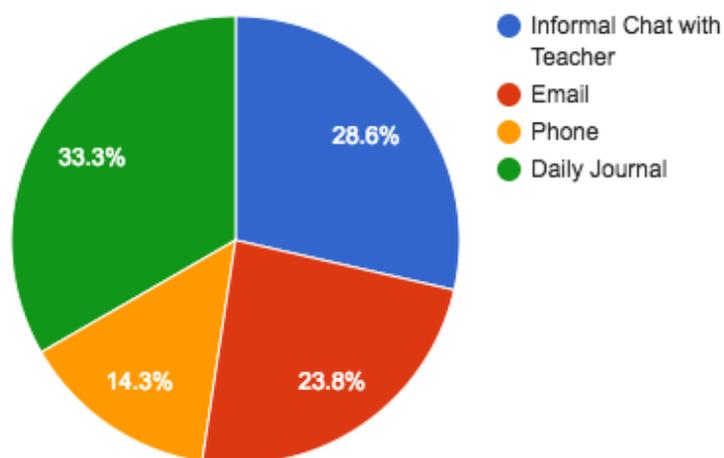


Figure 13. Response Percentages for Modes of Communication Used

The bar diagram in Figure 14 below shows the comparison data of modes of communication used in school district A and other districts

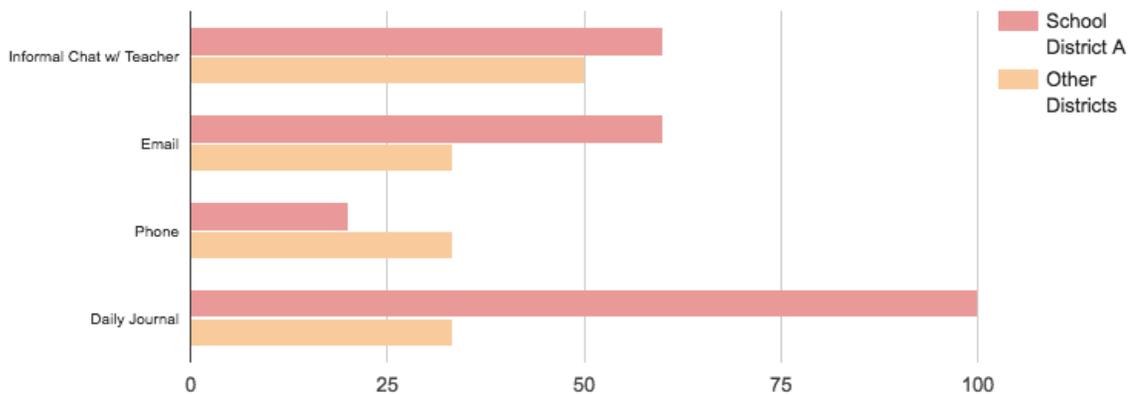


Figure 14. Comparison of Modes and Communication Used in School Districts

The pie-chart in the Figure 15 below shows the frequency of two-way communication of school district A.

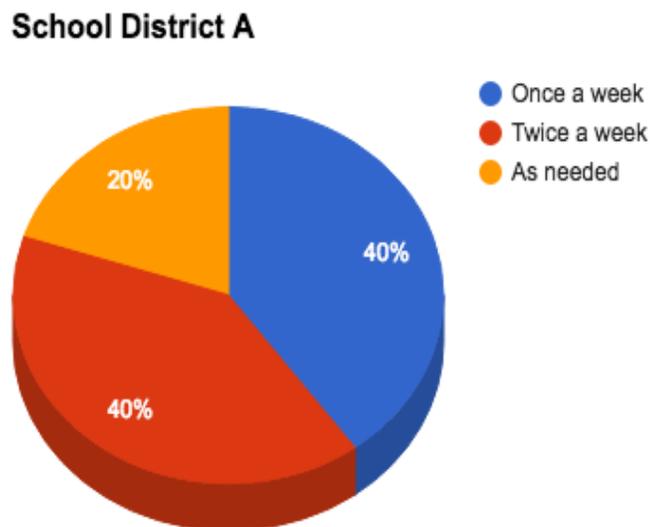


Figure 15. Frequency of Two-Way Communication of School District A

The pie-chart in Figure 16 below shows the frequency of two-way communication of other districts.

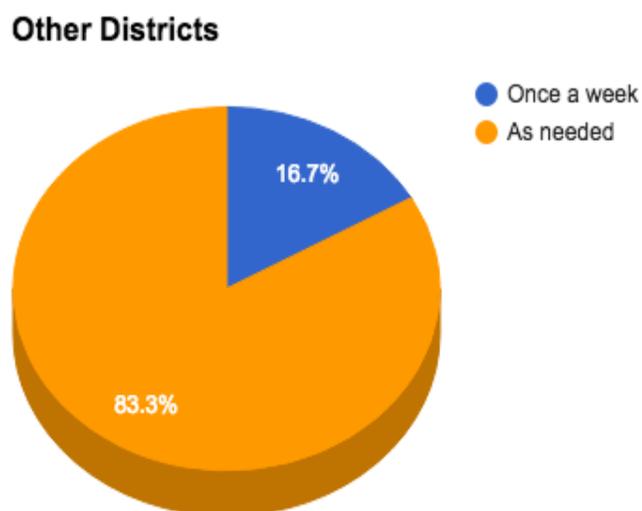


Figure 16. Frequency of Two-Way Communication of Other Districts

Parents offered many suggestions and recommendations for teachers and school districts about their child’s education. Their responses were grouped into two major categories: partnership and curriculum/instruction.

Partnership

Eight parent responses (72%) called for better partnerships and more teaming among the family, school, and other professionals. One of the parent responses from other school district was, “More care should be taken when hiring a paraprofessionals—those that truly care about children and not treat as just a job.” One parent from the school District A stated “My son is with his own 1:1 paraeducator and I absolutely

couldn't be happier. The teachers are great at his school and my son has shown a lot of improvement and progress with his academic goals. I love the school environment; the other parents have been supportive too. I like the principal, the inclusion specialist teacher, and the best part is that he's actually learning.” Another parent from the school District A mentioned that “the inclusion specialist teacher is very dedicated, and the support staff and the principal are awesome. It positively rubs off on children, too; my child has lots of friends who play with him on the playground or just hi when they see him passing, even though my child is nonverbal and has difficulty with eye contact, etc.” Nearly two-third of parents (63%) including both the School District A and the other school districts parents stressed the need for staff development especially for paraprofessionals by their districts (seven responses), and for school teachers to know what ASD is and how to appropriately teach these students. One parent commented that, “. . . all students with ASD are unique in personality, abilities, and health issues. “There is no one-size-fits-all method. An educator must take the time to know the child’s uniqueness as a person and consider the disability secondary, and school districts need to train/educate all staff on how to work with and/or modify curriculum. One parent suggested an outline for training (i.e., Characteristics of ASD and specialness of the child).

Curriculum and Instruction

Parents also offered suggestions about curriculum, instruction and pedagogy. Nearly two-thirds of parents (63%) commented positively about curricula and support at their school district. A little less than half (45%) of parents expressed concerns over

limited resources and their major area of expressed concern was the need for staff training and to provide opportunities for consistency and to have patience and belief in their child. One parent from other school district stated that, “we found the school staff willing to try to meet the child’s needs, but they lacked the understanding or skills required for effective teaching.” One parent stated, “Talk to her, not down to her. Have lots of patience, and love working with these special children.” More than half of parents (54%) commented on the importance of life skills along with academics (six responses). Finally, one parent from School District A offered advice to other families. “We as parents we have to accept the special child[ren] that we have. We need to accept the best in them and help them grow. It’s not just the teacher’s responsibility; they are there to support repetition and consistencies . . . love and hope will help us to raise our beautiful angel.”

The pie-chart in Figure 17 below illustrates the highest Parents' (38.5%) emphasis on the importance of Para-professional training across school districts.

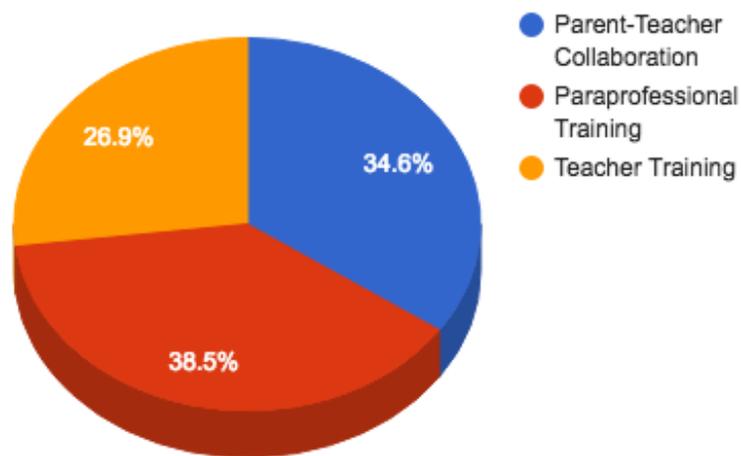


Figure 17. Response Percentages of Parents' Recommendations for Partnership

The bar diagram in Figure 18 below shows comparison of parents' suggestions and recommendation for partnership across school districts

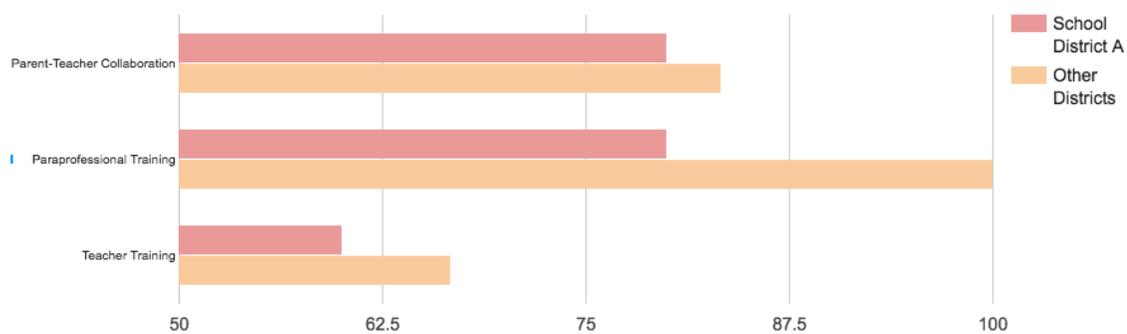


Figure 18. Response Percentages of Parents' Recommendations for Partnership across School Districts

The pie-chart in Figure 19 below shows all four areas were equally considered important by the parents across school districts.

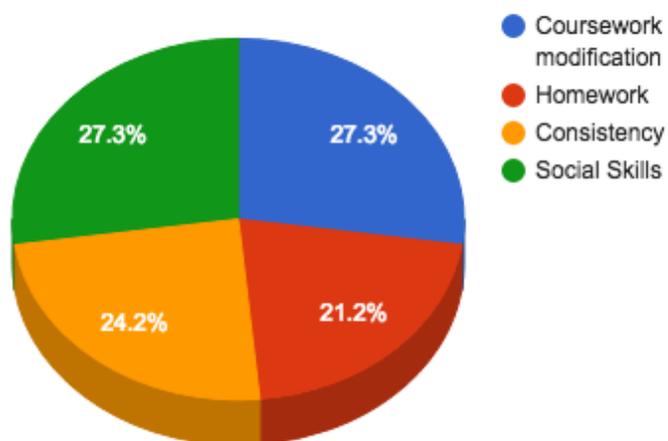


Figure 19. Response Percentages of Parents' Input for Curriculum and Instructions

The bar diagram in Figure 20 below shows comparison of parents' input for curriculum and instructions for different school districts

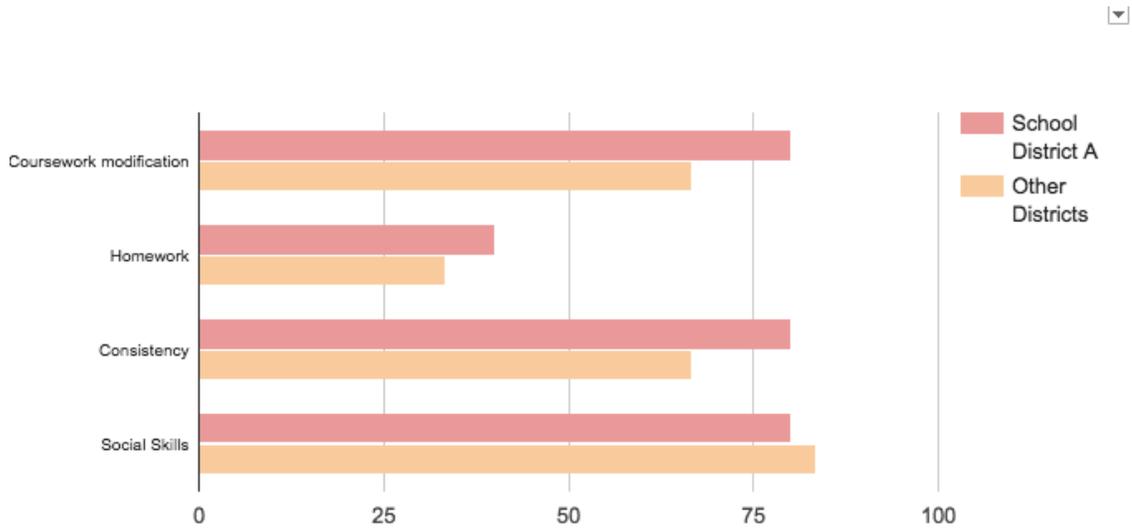


Figure 20. Comparison of Parents' Input for Curriculum and Instructions

Chapter Five

DISCUSSION

This study provided an opportunity for parents to share their thoughts, personal feelings, and insights about their child and their family and to offer suggestions and recommendations for educators regarding their child's inclusive schooling experiences. Overall, two important outcomes warrant further consideration by those involved in the inclusive education of students with ASD and support the outcomes of existing research. First these findings highlighted the need and willingness of parents to work in partnership with the teachers and to provide child-specific information to enhance the teachers' ability to provide individualized activities and implement ASD-specific strategies. Second, good communication between parents and teachers was found to be essential, but equally important was that communication and information sharing occur among staff who participate in the student's education (Sansosti & Sansosti, 2012; Segall & Campbell, 2012). Parents' satisfaction with their children's school situation also seemed to be strongly related to their trust in the teachers and the school (Gokdere, 2012; Humphrey & Lewis, 2008).

Parents' Goals and Dreams

Responses (some at great length) revealed that their dreams and aspirations were not different from those of other parents of children both with and without disabilities (a statement made by several respondents—when we allow for inclusion, we are benefiting all involved academically and socially, especially if the students without disabilities

interact with their peers with disabilities: “. . . knowing, accommodating, and building friendships with a diversity of peers benefits all students. . .” (Hughes & Carter, 2008, p. 8). Most mentioned that the priorities for their children included happiness, having friendships, and being independent, as much as possible. They also expressed their wish for their children to be safe and accepted in the community, and to have people who will take care of them when their parents are no longer be able to do so.

Parents provided suggestions in several areas. The majority of the parents stressed the importance of a better partnership and communication between home and school and requested that school districts provide better training about ASD and ASD-specific strategies to all educators associated with teaching their children at school. Many parents stated the need for improving the quality of educational instructions and curriculum at school. They mentioned that teachers should be more patient, believe in their children’s capabilities, have high expectations, and practice various modalities of teaching.

Parent-Teacher Communication

Parents’ trust was enhanced by honest communication, in which both achievements and problems were conveyed, and where the teachers’ responses were experienced as reflecting a genuine effort to do their best for the child (Gokdere, 2012). To clearly communicate and strive to meet expectations and any promises given were imperative to gain and maintain parental trust (Gokdere, 2012). Research about parents of children without disabilities and professionals’ perspectives on constructive engagement has found that these groups overlap most clearly on four themes: open and consistent communication, honesty, respect, and trust and that a “dialogue between parents and

professionals might result in greater understanding . . . and clarification of the meaning of terms like ‘respect,’ ‘trust,’ and ‘commitment’ in the context of a given community” (Sweet & Piantoni, 2010, p. 79). As reported by 10 of the 11 parents the child’s school experiences, and thus the parents’ perception of the inclusiveness of the school, were heavily affected by their everyday relationship with the child’s general education teacher. A parent from school District A commented “I would say we have the ideal teacher that I wanted for my son. She is kind, funny, understanding and strict in her classroom. Which is exactly what we need for our son,” and “The teacher’s positive attitude and dispositions makes all the difference! Their willingness to listen (be open) and try new things/suggestions is very important.” As reported, in addition to knowledge about ASD, parents’ satisfaction with their child’s school situation was reported as being dependent on the parents’ perception of how well the teacher understood the impact of the ASD on their child.

Partnership and Curriculum and Instruction

Parents perceived schooling to be inclusive when teachers used their understanding of ASD and of the child’s specific needs to inform classroom instructions and adaptations. Hence, adapted instructions and ongoing activities enhancing peer relations were commonly perceived as facilitators by the parents, since without support the children with ASD may be socially excluded. The findings from this study highlighted the need to shift the focus beyond the child’s condition to the environment in which the child is educated. It can thus be argued that several of these aspects—knowledge about ASD, good communication and instructional skills, flexible and

individualized teaching strategies and teacher characteristics, such as a willingness to learn more about the student with ASD and a genuine will to teach the child with ASD—were interlinked and all need to be considered in order to build more effective and research based inclusive services in the school context. Only by having both ASD knowledge and child-specific information can teachers execute intervention and adapted teaching strategies (Mesibov & Shea, 2011).

Interestingly, the issue about unclear expectations regarding homework was explicitly mentioned by parents as a reason for anxiety, implying that adapting the amount and type of homework given to students with ASD and communicating with parents about how to work with their child on their homework, successful school strategies and what the expectations are etc., may be considered an inclusive strategy (Hay & Winn, 2012). With this will come increased trust and a parents' perception of inclusion as being based on individual needs as well as rights being met. Based on the aspects that parents identified, however, it might be unfair to conclude that the main responsibility lay solely with the teacher. Consequently, many of the aspects addressed as teacher-related might also be addressed at a school level. To provide continuous professional learning in order to accommodate the needs of all students should be considered a responsibility for any public school organization, as is stated by the California Department of Education in its recent move toward much greater emphasis on multi-tiered systems of support (The Special Edge, Summer 2016, p.9). Parents appeared to be aware of many schools being hampered by some financial situations. However, this research has shown that parent trust in the school was related more to communication

with the school than to the school's financial situation. It must be granted, however, that problem-solving is needed by each student's team and each school to address the mechanics of ongoing communication. This can be problematic with California's having no set caseload limits in law for special educators below 28 students, and with some of the largest caseloads in the United States for special educators, as well as for general education class sizes.

Having support staff in the classroom was raised as an important aspect by the parents. Parents identified the advantages of having a support person in the classroom. At the same time, they also acknowledged that this meant there was a risk that the teachers felt relieved of the need and opportunity to more directly facilitate the child's inclusion and, since we know that paraprofessional support is provided by the least qualified educators in the school system, we know that this is not a solution, nor would any educator want support personnel to be the primary educators of any child. In addition, the student could be at risk of social isolation from their peers because of constant adult proximity (Giangreco & Edelman, 1997 & others more recent too by him). Given the importance that parents placed on the teacher-child relationship and the concerns parents expressed about social inclusion, these findings highlighted the need for further research on how to best include support staff in inclusive practices. Parents appreciated that inclusive schools provided students with the possibility of having positive social relations with peers (Parsons & Lewis, 2010). However, a prerequisite for inclusion was a clear positive ethos and commitment to inclusion communicated from those responsible: teachers, site administrators within the school organization (Gokdere, 2012; Humphrey &

Lewis, 2008). The opportunities to offer structured activities or support during recess, activities built on the student's interest and implementing strategies aimed at enhancing social interactions and positive attitudes were considered a responsibility for the school as an organizational body by the parents.

Directions/Recommendations for the Future

Parents provided suggestions and advice in several areas. They stressed a need for better communication and partnership between home and school and requested that school districts and schools provide better training about ASD and ASD-specific strategies. In summary, these recommendations are made based on the findings of this study:

The first recommendation is for the school system to access/develop and provide families with development and education programs to enhance parental understanding of special education evidence-based practices, challenges and needs, laws and vehicles to increase parent/guardian participation in the life of the school as well as in their child's education.

The second recommendation is for each school system to construct pages with information for families on the student's school and district websites. A section with credible and valid special education as well as general education links could give the parents of all students, including those with children receiving special education services a sense of greater support from their schools and may enable them to become knowledgeable participants in their children's lives as well as in the IEP process, 504 plans, etc.

The third recommendation is that school leaders develop additional modes of communication to increase the opportunities for parents and teachers to share knowledge about their children. Alternative modes might include technological mechanisms, for example, some internal school web platforms utilize password protected web based platforms for each student that parents, teachers and related service staff can check into and access in asynchronous time, to ensure that each is aware of coming priorities, medication changes, school schedule changes, etc. Basic google classroom applications can now provide this. Most schools now use teacher page links for parents and students to check assigned homework, etc. Other vehicles might be individual or class meeting forums, password protected online student information especially for secondary general educators who may teach more than 150 students daily, and need easy access to information about the 15-20 students, or more, that they teach, who have IEPs.

The fourth recommendation for inclusive schools is to adapt teachers' schedules to encourage a family-centered vision within the IEP process. Developing funding for ways to support general and special education teachers with common time in their weekly schedules to meet with each other, and with parents, and to observe students in various contexts might significantly increase the responsiveness of IEP plans to students' needs.

Limitations of the Study

There are several limitations of this study. The sample size of participating parents was small. Furthermore, a majority of respondents were parents who were middle income, were college-educated (many had advanced degrees), and had higher-level occupations. This group of parents wanted to be heard and to share their concerns and

advice. They may not have represented many other parents who live in less affluent Bay Area communities, or are in other parts of California or the U.S. Future inclusive education research is needed to examine the perspectives of children's parents from different ethnic, cultural-linguistic groups than this sample; from different communities (i.e. rural, less urban locations); and with a greater diversity of their children's educational needs. In addition, efforts by researchers should continue to explore strategies that will assure higher participation levels to ensure better representation of parents from different cultural backgrounds and socioeconomic levels. This study did not compare parents' and educators' beliefs about inclusion, or compare their attitudes about inclusive versus non-inclusive school services.

Conclusion

The main understandings that evolved from this research include the need for parental involvement and increased participation in the IEP process; and increased recognition that collaboration of parents with teachers in an ongoing process that teachers and parents may need to nourish daily. Teachers need to understand the characteristics and needs of the child, in order to individualize teaching strategies. They also need to recognize the child's social difficulties and implement interventions aimed at enhancing social relations between students as part of their curriculum. Furthermore, establishing an open and honest communication with the parents and offering parents a possibility to be active collaborators should be considered crucial aspects of teaching students with ASD. However, it would be unfair to conclude that the teachers solely carry the responsibility for inclusive schools. Many of the aspects that the parents perceived as teacher related should be addressed on a school level. Yes having a positive school ethos and commitment to inclusion is not enough. Inclusive schools should act on this commitment and provide their teachers and school personnel with opportunities to attain knowledge about ASD and ASD-specific strategies and material. Furthermore, inclusive schools need to provide teachers and support staffs time to plan and implement these strategies together. A summary interpretation of the perspectives provided by the parents in this review could therefore be that the right to be present in a school is not enough to call it inclusive. Knowledge and understanding of ASD and of ASD-specific strategies for all

involved school personnel are essential for creating an inclusive school environment for students with ASD.

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Appendix A

California State University East Bay Informed Consent to Participate in a Research Study Attitudes about Inclusive Schooling Among Parents of Children with Autism.

A. PURPOSE AND BACKGROUND

The purpose of this research is to examine the perceptions among parents/guardians of children with autism regarding inclusive schooling. The study focuses exclusively on schools practicing inclusive education in the San Francisco Bay Area and investigate the factors that may influence parents' or /guardians' attitudes toward including students with autism in general education classrooms.

The researcher, Chandrani Chakravarty, is a graduate student at California State University East Bay conducting research for a Master's Degree.

B. PROCEDURES

If you agree to participate in this research study, the following will occur:

- You will complete a survey questionnaire.
- You will be interviewed for approximately 20-30 minutes.
- The interview will be audiotaped/recorded to ensure accuracy in reporting responses/statements.
- The interviews will take place in your home or another location to be determined by you or over the phone or skype or via Chat.
- The researcher may contact you later to clarify your interview answers for approximately 10-15 minutes.
- Total time commitment will be between 30 minutes to one hour.

C. RISKS

There is a risk of feeling a loss of privacy in communicating with the interviewer. There is also the potential risk of discomfort or anxiety due to the nature of the questions asked. However, no names or identities will be used in any published reports of the research. Only the researcher will have access to the research data. Your information will be coded when results are presented and discussed. There is also a risk of emotional discomfort due to the nature of the questions asked, however, you can answer only the questions you feel comfortable to answer, and can stop the interview or your participation at any time in the process. Also, if you are not sure of an answer you can stop that question and move on to another question.

D. CONFIDENTIALITY

The research data will be coded with all other identifying information removed and be kept in a secure location, and only the researcher will have access to the data. All identifying information on the audiotapes will be coded with the client code and will be kept in a locked cabinet. The data described, includes the original interview paperwork,

coded transcripts, and the audiotapes. The information gathered from the survey and the data generated will be locked within the electronic program with the passcode to which only the researcher has access.

E. DIRECT BENEFITS

There will be no direct benefits to the participant.

F. COSTS

There will be no cost to you for participating in this research. If we meet at the at any location that is convenient to you, other than your home, the only cost to you would be transportation to the research site.

G. COMPENSATION

In recognition of the time you have spent, following the completion of both the survey and interview, I would like to offer you a choice of one of the following rewards or gift options which will be **emailed to you within 24 hours of my receiving the survey and completion of the interview**. Please check **any one** of the desired options.

1. \$ 20 Starbucks Gift Card
2. \$ 20 AMC Theatre Gift Card
3. \$ 20 Whole Foods Gift Card
4. \$ 20 Macy's Gift Card

H. ALTERNATIVES

There are no alternatives appropriate for this research study.

I. QUESTIONS

If you have any further questions about the study, you may contact the researcher by email at cchakravarty@horizon.csueastbay.edu or phone at (408) 834-7304. Questions about your rights as a study participant, or comments or complaints about the study, may also be addressed to the Office of Research and Sponsored Programs at (510) 885-4212.

J. CONSENT

You have been given a copy of this consent form to keep.

PARTICIPATION IN THIS RESEARCH IS VOLUNTARY. You are free to decline to participate in this research study, or to withdraw your participation at any point, without penalty. Your decision whether or not to participate in this research study will have no influence on your present or future status at California State University East Bay.

Signature _____ Date: _____

Research Participant

Signature _____ Date: _____
Researcher

**Note: Below is a link to the online survey and consent information. You may also choose to return the survey by clicking on the link
<https://www.surveymonkey.com/r/FCTBXFC>
You will find the consent forms at the link; please complete and email back to me.
Thank you.**

Appendix B

Implied Consent to Participate in Research

Data collected from this confidential survey will be used for completion of a Master's Degree in Special Education at California State University East Bay. The information gathered will be used for research to examine the perceptions among parents/guardians of children with autism attending the schools practicing inclusive schooling in the bay area.

The survey questions will be about the way you perceive inclusive schooling and what are your experiences and concerns related to the inclusion in the general education classroom and what benefits you perceive your child will gain through inclusive education and how do you think your child will acquire those benefits. The information from the survey should help us learn more about the factors that contribute to successful inclusive schooling in the San Francisco Bay area.

You must be 18 years of age or older to participate. There are no risks or benefits to you in participating in this survey. You may choose to participate or not. You may answer only the questions you feel comfortable answering, and you may stop at any time. If you do not wish to participate, you may simply return the blank survey, with no penalty to yourself. If you do participate, **completion and return of the survey indicates your consent to the above conditions.**

Please do not put your name on this form. The survey should take approximately 20 minutes to complete. Any questions or concerns should be directed to the principal investigator,

Chandrani Chakravarty at chakravarty@horizon.csueastbay.edu, the research advisor, Professor Ann T. Halvorsen, at ann.halvorsen@csueastbay.edu, or the CSUEB Office of Research and Sponsored Programs at irb@csueastbay.edu or 510-885- 4212.

Appendix C

Parent and/or Guardian Information

Parent/Guardian (A)

Name:

Last: _____ First _____

Relationship to Student : _____ Student Date of

Birth: _____

Address: _____

City: _____ State: _____ Zipcode: _____ County: _____

District of Residence _____ Residence _____

School _____

Ethnicity _____

(optional) _____ Gender(optional) _____

Contact Info:

Home Phone: _____ Okay to leave message? No Yes

Cell Phone: _____ Okay to leave message? No Yes

E-mail: _____

Communication preference: Home phone Cell Phone E-mail

Number of Children: _____

Education: What is the highest degree or level of school you have completed? (If currently enrolled, highest degree received.)

High School Diploma Bachelor's Degree Master's Degree Doctorate

Form completed by: _____

(Signature)

(Printed Name)

(Date)

Survey Questionnaire

Attitude about Inclusive schooling among parents of children with Autism.

(choose one response for each of the following ten items.)

	Strongly Disagree (SD)	Disagree (D)	Neutral (N)	Agree (A)	Strongly Agree (SA)
	1	2	3	4	5
1	My child's inclusive program includes additional intervention in small groups or individually as indicated in his/her IEP.				
2	The inclusive classroom provides more meaningful opportunities for my child to interact and strengthen social relationships with her/his peers than does a special education classroom.				
3	The school culture is welcoming and values every student with an open and caring attitude.				
4	The general education classroom teacher along with special education teacher design relevant curricula and instruction according to the IEP goals that motivate and challenge my child's learning in the inclusive classroom.				
5	There is a proper system of home-school communication in place that helps in the frequent exchange of valuable information between a parent/guardian and a teacher.				
6	The general education classroom environment (organization) is a resource rich and conducive to learning for the students with autism and their peers without disabilities.				
7	The general education teacher encourages my child's expression by incorporating various choices of alternative communication like sign language, visual schedule, gestures, role play, small-group conversations or the augmentative and alternative communication device (if any).				
8	The strategies that minimize my child's challenges during transitions throughout the school day are implemented by the general/ special education teacher and/ with support staff.				
9	Teachers (both general ed. and special ed.) undertake appropriate actions in the classroom to provide students with autism with appropriate adaptations and modify contents of the curriculum (when and if required).				
10	The more time my child spends in a general education classroom along with his/her peers, the more likely it is that the quality of his/her education will improve.				

Appendix D**INTERVIEW QUESTIONS**

What does inclusive education look like for your child? (For example, what is a typical day like?)

What knowledge and skills do you think a general education teacher requires to teach effectively in an inclusive classroom?

What are the specific interventions your child receives within or outside the general education classroom? For how many minutes a day does s/he leave the general ed. class for intervention? (please specify)

None 20 minutes 30 minutes 40 minutes 50 minutes 60 minutes

More than 60 minutes

How often do you communicate with the general education teacher?

How often do you communicate with the special education teacher?

What are the best parts/positive outcomes of your child's being a student in a general education classroom?

Please tell me about any concerns you may have about services provided in his/her general education class and why?

What are the school and district-wide inclusive practices in your district?

Appendix E



Department of Research, Evaluation and Assessment
2020 Bonar Street, Berkeley, California 94702
Phone: (510) 486-9345
Kathryn Mapps, kathrynmapps@berkeley.net

Date: January 11, 2016
To: Chandrani Chakravarty

Re: Attitudes about Inclusive Schooling among Parents of Children with Autism

The purpose of this letter is to inform you that your research has been approved for the 2015-16 school year with the following revision:

Distribution of recruitment materials is to be done at a future Moderate/Severe PLC session. Please arrange this meeting through Sara Castille.

Prior to submitting your research findings, please make an appointment with me to share your findings and provide a copy of your research to Berkeley Unified School District.

Good luck with your research study!

Sincerely,

Kathryn Mapps

Kathryn Mapps
Berkeley Research, Evaluation and Assessment

Appendix F

Parent/Guardian Recruiting Script

Hello,

My name is Chandrani Chakravarty. I am working on Master's degree in Special Education through the department of Educational Psychology at California State University East Bay in Hayward. I am conducting research looking into attitudes about inclusive schooling among parents of children with autism. I will be conducting my research in Bay Area schools that practice inclusive schooling.

Participation in this research includes being interviewed by me so I can learn more about your experiences in terms of inclusive school climate where your child attends school. The interview will take approximately 30 minutes to one hour. You may choose one of the following options below for the interview request based on your convenience:

	Please check one of the five options below for the interview purpose.	Please share the contact information/address details. (Any One).	Specific Date for the interview	Specific Time for the interview
1	Home			
2	Any location other than home.			
3	Skype			
4	I-Chat/Google chat			
5	Phone			

If you have any questions or would like to participate in the research, I can be reached at chakravarty@horizon.csueastbay.edu or my cell phone at 408-834-7304. I will contact you based on the above mentioned information for the interview.

Thank you for your assistance.

Sincerely,
Chandrani Chakravarty