PERCEPTIONS OF CHILDREN'S BEHAVIOR, TEACHER-CHILD RELATIONSHIPS, AND VARIATIONS AMONG CHILDREN WITH AND WITHOUT DISABILITIES

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PERCEPTIONS OF CHILDREN'S BEHAVIOR,

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Abstract: The current research on young children with disabilities is growing, yet there are some gaps within the literature regarding children with disabilities attending inclusive education settings. The purpose of the current study was to explore teacher and parent perceptions of child behavior in an inclusive setting over time, examine differences among teacher-child relationships for children with disabilities as compared to their peers who are typically developing across time, and finally to explore whether parents thoughts about inclusion are associated with the teacher-child relationship. The results indicated that children with disabilities were perceived to exhibit higher levels of anxious and aggressive behavior than children without disabilities. Additionally, aggressive behavior decreased for children with and without disabilities, while prosocial behavior increased over time. Results also showed that parents and teachers differed in their reports of children's aggressive behavior, with parents reporting lower levels of aggressive behavior than teachers. Significant findings also emerged for conflict and closeness within the teacher-child relationships, as teachers reported less conflict and more closeness in their relationships with children without disabilities. The results suggest both support and implications for inclusive early childhood education settings.

TABLE OF CONTENTS

LIST OF TABLES

Table Page

CHAPTER I

INTRODUCTION

It was not until Congress passed Public Law 94-142, which is now known as Individuals with Disabilities Education Act (IDEA) in 1975, that children with disabilities were assured a free and appropriate education (FAPE). Years later, inclusion was still just taking flight as an effective means to educate young children with disabilities. Now, in the 21st century, teachers are still debating and exploring the best methods to teach and build relationships with children with disabilities. Not only must they focus their efforts on differentiating their instruction for all types of learners, but they also must be equipped with relational skills that allow positive rapport to be fostered among children with and without disabilities. Teachers, new and old, continue to ask the recurring question of how they will manage to form warm, secure relationships with all children in their classroom effectively, specifically in relation to teaching children with developmental delays or disabilities who may need additional support.

Some research suggests children with developmental disabilities exhibit behavioral disorders at three to four times the rate of their peers who are typically developing (Plant & Sanders, 2007). With behavior issues at a higher rate for children with disabilities, teachers feel the pressure to find strategies to assist children in validating and regulating their emotions so they can better communicate their needs, thus

resulting in less problem behavior, which includes both externalizing and internalizing behaviors. The importance of understanding teachers' perceptions of their students' behavior is highlighted in Tillery, Varjas, Meyers, and Collin's (2010) study as being a crucial piece in the prevention of problem behavior. In other words, teachers' perceptions of students' behavior are likely to influence the way in which they guide children's behavior, as well as influencing the teacher-child relationship due to the results of the chosen behavior management strategy. The research base on teachers' perceptions of student or child behavior is growing, yet the majority of research does not include participants in early childhood settings (Mucci, 2014; Pavlovic, Zunic-Pavlovic, & Glumbic, 2013; Wood, 2012), and few studies look at the effects that these teacher perceptions may have on the teacher-child relationship. There are also a limited number of studies comparing the teacher-child relationship as affected by teachers' perceptions of child behavior, both positive and negative, among children with and without disabilities. Children with disabilities are uniquely diverse from one another, adding multiple facets to the debate of fostering a strong teacher-child relationship. No two children with the same disability are alike and each one must have their own individual needs met to be successful in the classroom. McLeskey and Waldron (2007) mention that successful inclusive classrooms are dynamic and constantly changing as the needs of students, the material being taught, and available resources change.

The significance of the association between teachers' perceptions of child behavior and teachers' perceptions of the teacher-child relationship may also be moderated by whether or not the child has a disability. Findings from Cameron and Cook's (2013) study allude to the idea that teachers' expectations for their students with

disabilities often conform to or are shaped by their perception of the child's disability. Thus, the way that a teacher perceives a child's behavior may be associated with the teacher's knowledge of the unique characteristics associated with some developmental disabilities (e.g., Autism Spectrum Disorder), which could influence the quality of the teacher-child relationship. Not only is it important to gather information about children with disabilities, but it is helpful to compare those findings with what is known about teacher perceptions of child behavior and the teacher-child relationship for children without disabilities.

In addition to teachers' perceptions of children's behavior, parents are also an integral aspect in shaping the child's socioemotional development through their perception of their child's behavior. Similar to a teacher, if a parent perceives the child's behavior as more negative, they may use a different parenting style than if they perceive the child's behavior as more positive. Additionally, their perceptions may be a result of their belief that the behavior is or is not part of their developmental progress. It is important to take into account not only teachers', but also the parents' perceptions of the child's behavior due to the effects that these perceptions may have on the relationships formed with the child, which ultimately affect the social and emotional domain of their development.

There is a lack of research on parents' thoughts or beliefs about the effectiveness of an inclusive teaching environment and its association with the teacher-child relationship. In other words, researchers have not looked specifically at whether or not the parent's positive or negative outlook on inclusion, or the inclusive educational setting where their child is being educated, may affect the relationship their child forms with

their teacher. This is important given the known benefit of communication between the home and school environment (Dearing, Kreider, Simpkins, & Weiss, 2006; Galindo & Sheldon, 2012; Hill & Taylor, 2004; Jeynes, 2005) so that parents may become more informed and develop a positive perception of inclusion. Parents' support of their child in an inclusive environment may then allow for stronger attachment relationships to be built between their child and his or her teacher, and additionally peers. Pianta, Kraft-Sayre, Rimm-Kaufman, Gercke, and Higgins (2001) found that collaboration among teachers and parents is valuable due to the sense of mutual respect and support that is fostered for the sake of the child's successful development. A collaborative relationship between the parent and the teacher is more likely to foster a parent's positive thoughts about an inclusive education because there is open communication about the most effective way to meet the child's unique needs. Thus, if the child is having his or her needs met in the classroom, they are more likely to have a warm, secure relationship with their teacher. Elkins, van Kraayenoord, and Jobling (2003) note in their study that in order for inclusion to be successful, parents must develop confidence in the school system to educate their child with disabilities in the most effective manner possible.

Though many studies have proposed ways to enhance teacher-child relationships among a generalized population of young children, the way that children with disabilities, as compared to children without disabilities, best develop relationships is changing as more information is discovered. More knowledge of parent and teacher perceptions of the child's behavior lead us to learn not only why certain problem solving strategies are used by parents and teachers to guide children's behavior, but also to understand how the child is affected by these interactions. Furthermore, a focus on this topic may help to address

the knowledge gap about teachers' perceptions of behavior at a more focused level of early childhood and for children with and without developmental delays or disabilities who have yet to be extensively researched comparatively to one another in this way.

Purpose

The purpose of this study is to expand upon current research about children with and without disabilities, particularly relations among child behavior, teacher-child relationships, and perceptions about inclusive education. This research is necessary due to the limited number of early childhood education studies on how perceptions of child behavior may change as the length of time a child attends an inclusive setting increases. In knowing this information, teachers can better adjust their practices and communication strategies to ensure that a child's behavior is progressively improving as they continue to grow and develop. Additionally, comparing teachers' perceptions with parents' perceptions will provide key information about differences between the home and school environment. In analyzing these differences to find gaps between their perceptions, a stronger connection between the two environments and a greater focus on continuity may be reinforced and strengthened through any possible adjustments or changes that are discovered. Furthermore, this study fills a gap in the literature regarding parents' perspectives or beliefs about inclusion and whether or not this is associated with a strong, positive teacher-child relationship. Though studies have explored the parents' views on benefits and challenges of inclusion for children with and without disabilities, few studies have sought out how this support or disapproval may affect their child's relationship with his or her teacher.

Research Questions

Three research questions have been identified and are as follows:

Research Question 1: Are there differences between teachers' perceptions of child behavior and parents' perceptions of child behavior across time for children with and without developmental delays or disabilities?

Research Question 2: What is the association between teachers' perceptions of child behavior and the teachers' perception of the teacher-child relationship for children with and without developmental delays or disabilities, and does that vary over time?

Research Question 3: What is the association between parents' perspectives on inclusion and teachers' perceptions of the teacher-child relationship for children with and without developmental delays or disabilities?

Key Terms

Developmental disability: This term is conceptually defined by the American Association on Intellectual and Developmental Disabilities (AAIDD) as "severe chronic disabilities that can be cognitive or physical or both. The disabilities appear before the age of 22 and are likely to be lifelong. Some developmental disabilities are largely physical issues, such as cerebral palsy or epilepsy. Some individuals may have a condition that includes a physical and intellectual disability, for example Down syndrome or fetal alcohol syndrome" (2010).

Developmental delay: This term may be used to describe children under the age of 8 who are later diagnosed with a developmental disability. Unlike a developmental disability, a child with a developmental delay may eventually "catch up" to his or her typically developing peers. SoonerStart is Oklahoma's early intervention statewide

system mandated by IDEA that serves all eligible infants and toddlers from birth through age two. According to SoonerStart, the term *developmental delay* is reserved for children who show delays by at least 50% in their developmental age for one or more of these developmental domains: cognitive, physical, communication, social and emotional, and/or adaptive development. Additionally, a child may also have a developmental delay if the child exhibits a 25% delay in two or more of the same areas listed above. The third and last way a child may be considered developmentally delayed by SoonerStart's eligibility standards, is if the child has been diagnosed with a physical and/or mental condition that will more than likely lead to delay.

Teacher-child relationship: Birch and Ladd (1997) defined teacher-child relationship as a relationship between the teacher and child, or student, having three distinct features including closeness, conflict, and dependency, all of which affect a young child's adjustment in school.

Inclusion: This term is interchangeably used in this study with *inclusive education* and is defined as "the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society" (DEC/NAEYC, 2009, p. 2)

Problem behavior: This term, which is interchangeably referred to as challenging behavior in NAEYC's Program Standards and Accreditation Criteria, is defined as "any behavior that (1) interferes with children's learning, development, and success at play; (2) is harmful to the child, other children, or adults; or (3) puts a child at high risk for later social problems or school failure." Thus, when referencing other

studies and as applicable to their research, the term problem behavior will be utilized; however, for the current study, the term 'child behavior' will be used as it encompasses internalizing, externalizing, and prosocial behavior rather than solely negative behavior.

Least restrictive environment (LRE): Federal law IDEA outlines and presents general requirements, such that the LRE is upheld when, "to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily" (§300.114).

Perceptions: This term is operationally defined as thoughts or feelings from either the parent or the teacher about the nature of the child's behavior. In other words, the parent or teacher may perceive the child's behavior as more or less appropriate, depending upon their expectations of the child, while also accounting for whether or not the child has a disability.

CHAPTER II

REVIEW OF LITERATURE

Two major sections will make up the following literature review. The first section will explore the theoretical foundations that provide a framework for the paper. Three pivotal child development theorists and their philosophies will be examined as subareas of the theoretical foundations, including: John Bowlby's attachment theory, Urie Bronfenbrenner's ecological systems theory, and Lev Vygotsky's social development theory, with specific reference to his beliefs on educating children with disabilities. The other major section will examine the three main constructs or themes that are representative of the current study's aims: child behavior, teacher-child relationships, and inclusive education.

Theoretical Foundations

It seems to be widely accepted by researchers that teacher-child relationships in the classroom are dependent on the foundation of the teacher's chosen guidance or behavior management strategies and the child's ability to learn to successfully regulate their behaviors (Liew, Chen, & Hughes, 2010). Research has demonstrated that the bases of teacher-child relationships are composed of three distinct elements, including closeness, conflict, and dependency (Birch & Ladd, 1997). Thus, some levels of closeness or conflict present between a teacher and a child can be determined by the

effectiveness of the teacher's guidance strategies in shaping the child's positive or negative behavior. These strategies implemented by teachers, as well as parents, may be influenced by their perceptions of the child's behavior. Furthermore, the child's behavior may be impacted by a developmental delay or disability. Thus, a child may experience different interactions in their relationships with their parents and teachers as a result of their behaviors, which are also associated with their disability.

John Bowlby's attachment theory, Urie Bronfenbrenner's ecological systems theory, and Lev Vygotsky's social development theory, with respect to the Zone of Proximal Development (ZPD) and social constructivist stance on educating children with disabilities, help to provide a cohesive perspective on the way that teachers' perceptions of child behavior, compared with parents' perceptions affect children's socioemotional development differently across time and according to their disability. These theoretical foundations will also shed light on how parents' perspectives of an inclusive education may affect the ways teachers perceive their relationship with the child. In other words, if the teacher feels supported by the parent, the teacher may have a strengthened relationship characterized by higher levels of closeness and lower levels of conflict with the child. There is a rising level of importance for teachers who work with children with developmental delays or disabilities to have the competence to manage their challenging behaviors in the classroom in a way that fosters positive teacher-child relationships (Rae & Murray, 2011).

Attachment Theory

A teacher's relationship with a child with or without disabilities can be viewed through the lens of John Bowlby's attachment theory. Specifically, attachment behavior

is any type of behavior that ends with a person, in this case a child, gaining or sustaining a level of closeness to another adult who seems to be more able to cope with and understand the world (Bowlby, 1982). Three distinct attachment styles are described by Bowlby (1982): secure, where the child is comfortable with dependence and trusts in relationships without caution; avoidant, where the child has difficulty relying on others for fear that they may get too close; and anxious, where the child worries about being abandoned and demonstrates an unwillingness to build relationships with others. Schuengel, Schipper, Sterkenburg, and Kef (2013) expanded upon Bowlby's work, specifically in reference to how attachment styles and relationships are unique to individuals with and without disabilities. Verschueren and Koomen's (2012) study underscores how attachment research, which was once primarily focused on the parent-child relationship as the key to child development, has now shifted to a focus on teacher-child relationships in school. Thus, Bowlby's theory provides researchers with the opportunity to look deeper into the teacher's relationship with the child and categorize it in a more meaningful way, rather than simply positive or negative.

Attachment theory has since become one of the best supported theories of socioeomotional development in young children (Bowlby, 1982). Most importantly, attachment theory in relation to teacher-child relationships for children with disabilities is paradoxical. Attachment relationships for children with developmental delays or disabilities (DD/D) may be crucial for healthy socioemotional development compared to children without disabilities. In one study, De Schipper, Stolk, and Schuengel (2006) highlights that attachment relationships for children with DD/D may act as a protective mechanism for the behavior problems they experience at a higher rate than other children

who are typically developing. De Schipper et al. (2006), also note that without an attachment figure to serve as a secure base, children with DD/D may have more difficulty exploring potential behavioral solutions to their problem behavior. Other studies have also revealed that it may be more difficult for children with DD/D to experience secure, organized attachment with adults (Schuengel, et al., 2013). Thus, the need for teachers to create strong, securely attached, relationships with their students, especially those with DD/D, is pressing so that they may reach their full developmental potential.

Ecological Systems Theory

Another theory that can uniquely account for the socioemotional aspect of a child's development in terms of forming relationships is Urie Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1976). Within this theory, there are nested levels of systems, including the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. Bronfenbrenner proposed that there are specific settings where events occur that affect how children behave and develop, labeling these specific settings as microsystems (1976). The next level of the ecological systems theory is named the mesosystem and is made up of additional factors in other settings where the child or other key prospects participate, such as an instance that occurs in the home or collaborations between professionals. The exosystem makes up the third level of Bronfenbrenner's theory and is related to events that happen in settings the child does not directly partake in, such as social policies imposed by outside individuals. Described first by Bronfenbrenner (1976) and later Odom and Diamond (1998) is the fourth system, known as the macrosystem, which encompasses cultural or societal morals and beliefs that affect the child's life. Finally, Bronfenbrenner (1994) proposes the last system, referred to as

the chronosystem, which embodies the idea that a child's experiences are shaped by not only changes or consistencies over time among their individual characteristics, but also accounts for the changes or consistencies within the environment where they live (e.g., place of residence, living through a historical period such as The Great Depression, changes in family structure, etc.). The chronosystem can provide a lens through which to view how the changing laws of inclusive education have shaped children differently depending upon the time in which they were progressing through the education system.

Parents, peers, and teachers are integral social models in a child's multiple systems affecting their development; therefore, supportive and positive relationships with these individuals better motivate the child to be actively engaged in learning (You & Sharkey, 2009). In reference to Bronfenbrenner's model, relationships with teachers are dualistic relationships that are built on the basis of other proximal and distal systems and the interactive collaboration between them (Maldonado-Carreno &Votruba-Drzal, 2011). A teacher naturally falls within the child's microsystem, considering that both now and in the past, they have often been seen as an alternative caregiver, occasionally fulfilling an attachment role.

A teacher can also fall within the child's mesosystem when considering that their collaboration with other teachers (e.g., special education teachers, speech teachers, guidance counselors, etc.) can also directly affect the child's development. With the support from a high-quality relationship with their teacher, children are more able to organize and regulate their emotions, successfully interact with peers, and concentrate on learning (Maldonado-Carreno & Votruba-Drzal, 2011). As mentioned previously, the benefit of a high-quality relationship between a teacher and child is even higher for

children with DD/D and is crucial if they are to be expected to focus on and grow from the relationships they are forming. For example, in Howe's (2006) article reviewing the current literature on attachment formation in children with disabilities, it was noted that children with Autism have more difficulty understanding that people's mental states and emotions control their behavior and are also different from their own. Howe's (2006) review of the literature includes many developmental disabilities and highlights that the social interaction found within a secure relationship is what children with DD/D need in order to further their social development and emotional comprehension.

Another way the teacher may be classified within the child's mesosystem is through the inclusive educational setting. The collaboration between a teacher and a parent regarding how to best arrange and set up the classroom for the child has a direct effect on the child's development. Elkins et al. (2003) concluded from their study that many parents who participated were in favor of inclusion, and others would be also, had additional resources been provided. Ensuring accommodations for children with DD/D may be easier when parents collaborate with teachers, thus increasing resources for the child and inevitably improving their outlook on inclusion. This may also lead to a higher quality teacher-child relationship, due to the child feeling as though their needs are being met and as though the teacher has invested in them.

Vygotsky's Sociocultural Theory

The last theory to apply to the constructs of child behavior, teacher-child relationships, and inclusive education is Lev Vygotsky's sociocultural theory, specifically his ideas of the Zone of Proximal Development (ZPD) and his social constructivist stance on educating children with disabilities. Though Vygotksy is credited for both of these

ideas, much of his work is now interpreted by other researchers because of his short life span, which unfortunately did not allow him to expand upon or experiment with these ideas in a manner that is easily applied to today's educational standards. ZPD is considered the distance between a child's developmental ability to problem solve independently and the possible level of development that can be achieved with the help of adult guidance or in collaboration with more skilled peers (Vygotsky, 1978). Teaching involves enabling students to accomplish more, and if we teach effectively, the students have the potential to achieve more skills than they could in the past on their own (Wass & Golding, 2014). However, there is a very fine line between chaos and students successfully learning independently (Harland, 2003). When teachers are modeling the solution to a behavioral problem, they must be careful to not provide too much assistance or too little as children learn to regulate their behaviors and emotions through scaffolding. Teachers engage in scaffolding when they assist children to do something that they could not do independently and thus the help or assistance that is provided typically gives children the ability to execute the skill on their own later (Wass & Golding, 2014).

Vygotsky's social constructivist stance on educating and assisting children with disabilities was referred to as defectology in the 1920s and early 1930s. By today's standards, this terminology would be inappropriate, due to its negative connotation and lack of respect towards children with disabilities (Gindis, 1995). Gindis (1995) also points out that Vygotsky likely used this terminology due to his original theory of disontogenesis (i.e., defective or distorted development). His aim was to point out that this population of children was developing at different rates than that of their peers. In his book, "*The Fundamentals of Defectology*," he states, "For us it is important to know not

only what kind of defect has been diagnosed in a given child and how the assessed child has been affected, but also what kind of child possessed the given defect, that is, what role this defect plays in the child's individual makeup (Vygotsky, 1993, p. 125)." Thus it is important to compare children with disabilities to those without not only because of how the disability affects the child and the way they form relationships, but also how each disability looks different for different children. Although two children may have the same diagnosis (e.g., Autism), a teacher may have entirely different perceptions of the children's behavior due to the fact that each child has unique characteristics and personality traits. This difference in the teacher's perception ultimately affects the teacher-child relationship.

Vygotsky also advocated for a focus on social development and the process of becoming socialized when he wrote, "Full social esteem is the ultimate aim of education in as much as all the processes of overcompensation are directed at achieving social status" (Vygotsky, 1993, p. 57). Children with and without disabilities need strong relationships with their teachers in order to learn how to maintain other social relationships. Vygotsky's theoretical ideas of both ZPD and the education of children with disabilities can be helpful in not only developing a deeper understanding of the need for inclusion and high-quality teacher-child relationships for children with DD/D, but advocating for these concepts as well.

Child Behavior

Exploring teachers' and parents' perceptions of the behavior of children with and without disabilities is integral to understanding children's social development, but also in studying how these two sets of perceptions differ, with specific focus across time, can

provide information that may impact the child's development in the future. For example, Call, Reavis, McCracken, Gillespie, and Scheithauer (2015) selected parent participants of primary and secondary school-aged children with developmental disabilities (e.g., Autism, ADHD, chromosomal disorder, etc.) and gave them the Discounting of Delayed Monetary Rewards Assessments, which specifically looked at hypothetical treatments, and their outcomes, for their child's problem behavior. From this assessment, Call et al. (2015) found that parents placed a lesser value upon the outcome of a strategy or solution for their child's problem behavior, the more amount of time that was needed for the outcome to be achieved. In other words, if a particular set of strategies are being used by various teachers over time to evoke change in a child's problem behavior, parents in Call et al.'s (2015) study felt that the longer it took to see results or a positive change in their child's behavior, the less they felt the strategy, or even environment, was effective. Yet, little research has been conducted on whether or not teachers have a more improved outlook or more positive perception of the child's behavior over time as has been discovered for parents' outlook on the child. Furthermore, presence of a disability in the child may have some effect on whether or not parents and teachers see improvement or perceive the child's behavior in a more positive light as time passes and the child continues to develop. Perhaps, for example, teachers and parents perceive a child with Autism as having the same level of problem behavior over time, whereas a child with Down syndrome may be perceived as having less negative behavior and potentially more prosocial behavior as time passes. However, the parents and teachers may have differing perceptions of the child, thus in comparing these two views, the aspects of the child's development that are affecting their perceptions can be analyzed. In Eisenhower, Blacher,

and Bush's (2015) study, it was found that children who display more frequent problem behavior not only experienced significant decreases in the quality of their teacher-child relationship, but this higher level of problem behavior was also a predictor for conflict within the teacher-child relationship into the following year with a different teacher; hence a needed focus on a change in perceptions across time.

Comparing parents' perceptions of child behavior with teachers' perceptions provides multiple perspectives on the child's behavioral development, which allows for more reliable and valid conclusions to be drawn about the child. Findings from Efstratopoulou, Simons, and Janssen's (2012) study underscore the importance of obtaining multiple informants for assessing children with disabilities. In Efstratopoulou et al.'s (2012) study with teachers and parents of elementary-school aged children with attention-deficit/hyperactivity disorder (ADHD), correlations were found to be higher and more significant among various teachers (i.e., physical education teachers and general education teachers) than correlations between parents and teachers, alluding to idea that different environments, different relationship roles with the child, and potentially different expectations could be a contributing factor to contrasting results and reports.

In a study by Gerdes et al. (2007), findings suggested that parental perceptions of relationship quality were predicted by the child's disability status, which in this case was ADHD. Out of the children who were recruited from the same school in Gerdes et al.'s (2007) study, 175 boys and girls were diagnosed with ADHD, while 119 boys and girls were included as the local normative comparison group. Parents in this study perceived more negative interactions with their child with a disability, ranging from seven years old to 9 years old, compared to parents of a child who is typically developing, thus these

perceptions in turn affected the parent-child relationship. This association may have implications for a child's successful social and emotional development. In a study by Kissel and Nelson (2014), results indicated that parents who rated their child's Autism diagnosis as more severe, also experienced higher levels of parental distress and more dysfunctional parent-child interactions. Thus, the way that parents perceive or view their child's behaviors can be related to a more positive or negative parent-child attachment relationship, as seen in a study by Goodman and Glenwick (2012). Goodman and Glenwick (2012) utilized parent participants of children, ages two to ten years, with Autism Spectrum Disorder and found that parents' perceptions of their child's functional behavior as less impaired were significantly related to parents' positive view of their attachment relationship with their child. The attachment relationship is a crucial model, which the child references for future relationship formation. Verschueren and Koomen's (2012) research highlights that children internalize their experiences with the first adults they build attachment relationships with and typically carry these internalized models or schemas into the next relationships that they develop.

As mentioned briefly before, whether or not the child has a disability, and the behavioral phenotype associated with said disability, plays an important role in comparing teachers' perceptions to parents' perceptions of the child's behavior. The ways that teachers and parents perceive a child's behavior may be associated differently depending upon the child's developmental abilities. Determining if the child's teacher has a more negative perception of their behavior as compared to the parent, could reveal important information about the attachment relationship's effect on perceptions, as well as if the environment (i.e., home or school) is an influential factor of positive or negative

perceptions. For example, in Male's (2003) study, a number of teachers reported a level of concern about the problem behavior of school-aged children with disabilities, finding it stressful, yet still considered themselves to be effective in managing the behavior. Thus, in this study, even though teachers perceive the child's behavior in a negative light, they still attempt to use guidance strategies that will foster strong socioemotional development and more secure attachment relationships. As for parents, in Kissel and Nelson's (2014) study, parents of elementary school-aged children with Autism with more severe behaviors reported higher stress levels than those of children with more manageable behaviors. This finding reveals that children of differing abilities and disabilities may have differing levels of problem or negative behavior, which in turn results in perceiving child behavior from different perspectives for both the parents and the teacher.

In a study by Baurain, Nader-Grosbois, and Dionne (2013), children with intellectual disability (ID) who participated had a mean chronological age of nine years, with a developmental age of four and a half, which was equivalent to that of their peers who were typically developing, with a mean chronological age of four and a half. The social-emotional regulation level in children with ID predicted teachers' perceptions of their social behavior and adjustment (Baurain et al., 2013). Thus, for children with ID, teachers perceived their behavior more positively or negatively based on their ability to regulate their emotions and control their behaviors. Intellectual disability is but one disability diagnosis among many; therefore, exploring multiple disabilities as seen in children, teachers' perceptions can be better understood, along with teachers' perceptions of the teacher-child relationship as being close, conflicting, or dependent. Not only is it

important to gather information about children of multiple disabilities, but it is helpful to compare those findings with what is known about teacher perceptions of child behavior and the teacher-child relationship for children who are typically developing.

Teacher-Child Relationships

Not only has the nature of teacher-child relationships been extensively studied in research to determine its effect on children's outcomes, but it is also the cornerstone of meaningful teaching instruction and potential academic success. Improving the quality of teacher-child relationships can be viewed as a critical aspect of education due in large part to the academic and social outcomes that often result from positive relationships (Jerome, Hamre, & Pianta, 2009). In reference to Bowlby's attachment theory, it may be perceived that children who develop a close relationship with their teacher gain a secure base, which allows them to explore and manipulate the environment and their role within it (Birch & Ladd, 1997). Hamre and Pianta (2001) note that young children who have formed secure attachments are more likely to collaborate actively with peers, display higher levels of self-esteem, demonstrate a unique capability for forming friendships, and show less negative emotion and aggression than their peers who do not share a secure attachment with their teacher. In contrast, Pianta and Stuhlman (2004) found that kindergarten children who have greater negative relationships with their teachers have displayed more behavior problems and a lesser capacity for behavioral skills than their peers who have more positive relationships with their teachers.

It is widely accepted across research that there are two sides of the spectrum of teacher-child relationships: closeness and conflict (Jerome, et al., 2009). Qualities of closeness include warmth, positivity, and direct, open communication. Conversely,

aspects of conflict in teacher-child relationships include negativity, opposition, and sometimes lack of ease in handling children's behavior (Maldonado-Carreno & Votruba-Drzal, 2011). Outcomes related to a teacher-child relationship that is perceived as close or holding the potential for a child to form a secure base from include higher levels of school involvement, better attitude in regards to school, higher academic achievement, more cooperative in nature, and higher levels of peer interaction, to name a few (Birch & Ladd, 1997).

Teacher-child relationships characterized by conflict, wherein the child has formed an avoidant and/or anxious attachment level, are related to outcomes that counteract many of the positive products of close relationships for both children with and without disabilities. For example, in comparison to children with secure attachments, these children may be less emotionally stable, lack the ability to explore the environment independently, and experience difficulty in learning from adults (Pianta, 1999). There is substantial evidence that the relationships teachers build with children are not only significantly meaningful, but also predictive of longitudinal outcomes for children academically and socially, ultimately depending upon the type of relationship that is fostered (Jerome et al., 2009). Some of these outcomes include peer interaction, social boldness, academic achievement, and higher levels of school adjustment (Jerome et al., 2009). Existing studies have revealed that young children who consistently form relationships characterized by conflict show less cooperation in school, display a lower level of school liking, and are less engaged in the classroom, when compared to children who form relationships characterized by closeness (Pianta & Stuhlman, 2004). Thus, students who have developed conflicting relationships with their teachers have more

difficulty staying engaged and also relating to others, inevitably creating a behavior problem in the classroom that elicits teacher intervention and proper modeling of problem solving during social situations.

As for positive, close relationships between a teacher and a child with DD/D, outcomes may be similar to those mentioned previously, but the importance of these outcomes for children with disabilities remains very high. In school, children with DD/D require more support from adults in order to successfully develop skills related to behavior, academics, and the social realm (Eisenhower, Baker, & Blacher, 2007). In some studies, the differences between relationships with children who are typically developing and their teachers compared to children with disabilities and their teachers are apparent. Eisenhower et al. (2007) study showed that young children with intellectual disabilities (ID) experienced lower quality relationships with their teachers, illustrated by more conflict and dependency and lower levels of closeness, compared to their classmates who were typically developing. In a study by Eisenhower, et al. (2015), findings revealed that children, averaging an age of 5 years and 8 months, with Autism Spectrum Disorder (ASD) experienced elevated student-teacher relationship problems characterized by less closeness and more conflict, also in comparison to peers who are typically developing. Also in this study by Eisenhower et al. (2015), the association between externalizing problem behavior and the teacher-child relationship may be considered bidirectional, such that negative child behavior influences the quality of the teacher-child relationship and conversely, a lack of effort put forth by the teacher to foster a strong, secure relationship with the child may result in more frequent externalizing behavior from the child.

In contrast to Eisenhower et al.'s (2015) study and despite the social and behavioral difficulties children with ASD may face, Robertson, Chamberlain, and Kasari (2003) study highlighted that the student-teacher relationship for a child with ASD is in fact similar to that of a child who is typically developing. This finding was based on the observation that any child, with or without a disability, may have exhibited defiance or impulsivity at some point, which led to a more conflictual relationship; however, the same can be said for prosocial behavior and a relationship characterized by warmth and closeness. Thus, student-teacher relationships do not always greatly depend upon the student's disability, but rather the student's behavior and individual dispositions. The differences in these two studies' findings highlight the need for additional research comparing teacher-child relationships and their association with the teachers' perceptions of the behavior for children with and without disabilities.

Research supports that some teachers report difficulty forming high quality relationships with children with disabilities, characterized by closeness rather than conflict (Murray & Greenberg, 2001; Eisenhower et al., 2007; Eisenhower et al., 2015). In Murray and Greenberg's (2001) study, findings showed that students in the fifth and sixth grades with emotional disturbance (ED), now referred to as emotional behavioral disturbance, and children with mild mental retardation (MMR), now referred to as intellectual disability, had poorer relationships with teachers as compared to children with other disabilities or who were typically developing. Murray and Greenberg (2001) note that this finding may be due to children with disabilities' difficulty to build or maintain acceptable interpersonal relationships. Zhang and Sun (2011) conducted a study on the internalizing and externalizing behaviors of preschool children from three urban nursery

schools and the association of these behaviors with a teacher-child relationship of closeness or conflict. The study mentions the possibility that a teacher's attitude, paired with their behavioral responses toward the child, may mediate any association between teacher-child conflict and problem behavior from the child. Zhang and Sun (2011) expand on this point by stating that a teacher may perceive a child who displays high levels of externalizing problem behavior as stressful, thus reacting to the child in a negative manner, ultimately affecting their relationship. For children with DD/D, their social and emotional development is typically affected, and although it may not always be affected in a negative manner, occasionally, higher levels of problem behavior may be demonstrated ultimately increasing the likelihood of developing poor relationships with teachers and peers.

Furthermore, results from one study with 152 teacher participants, 97% of them being female and 82% being Caucasian, revealed that teachers felt less confident in their capability to successfully meet the needs of young children with disabilities as compared to their ability to meet the needs of children without disabilities (Chung, Marvin, & Churchill, 2005). This is not surprising considering that children with disabilities enter school with a higher rate of behavioral problems (Eisenhower et al., 2007) and behavioral problems have been identified as a strong predictor of conflict in teacher-child relationships (Jerome et al., 2009). Teachers from Chung et al.'s (2005) study who were perceived to be lacking confidence to teach preschool- age children with disabilities exhibited a set of lower expectations and also found the teaching environment inadequate, resulting in a poorer teacher-child relationship. Teachers in Chung et al.'s (2015) study identified three groups of children with disabilities in their classroom: those

with developmental delays, those with noncompliant behavior, and children who have difficulty with speech/language patterns. Though relationships with children with DD/D may not always be characterized as easy, teachers pointed out that the key to forming a strong relationship with these children is to accept their unique qualities and traits and establish the relational foundation on a primarily individual level (Chung et al., 2005).

Though there is a very limited amount of research on the effect that teachers' perceptions of child behavior may have on the teacher-child relationship, in a study by Cameron and Cook (2003), findings indicated that teachers' expectations for their students with more severe disabilities were narrowly focused on social development rather than providing a diverse set of educational goals compared to other students developing at different rates. In short, the teachers in this study had a certain perception or expectation of the child's capabilities and what their behavior would allow them to achieve, which could ultimately hurt the teacher-child relationship due to the teacher placing limitations on the child's potential development. Interestingly, in a recent study by Pasta, Mendola, Prino, Longobardi, and Gastaldi (2013), findings showed that when the level of conflict increases within a teacher's relationship with a student with a specific learning disability (SLD), the teachers do not perceive a decrease in the amount of closeness present in the relationship. Pasta et al. (2013) interpreted these findings as having occurred due to the teachers likely having prior knowledge and expectations about the challenges of having an SLD. Thus, the teachers in this study continued to maintain a high quality teacher-child relationship characterized by closeness, rather than allowing themselves to be influenced by aspects of conflict or problem behavior exhibited by the child (Pasta et al., 2013).

Inclusive Education

Inclusion is an increasingly common option for children with DD/D as prevalence rates for disabilities continue to rise (Boyle et al., 2011; Atiles, Jones, & Kim, 2012). Boyle et al. (2011) used data from the 1997-2008 National Health Interview Survey to conclude that not only are developmental disabilities in children becoming increasingly common, but it was also reported that one in six children in the United States from 2006-2008 was diagnosed with a developmental disability. With these rates continuing to increase, there is an evident need to accommodate children of all ability levels in a classroom alongside their peers who are typically developing so that they may have an equal opportunity to build relationships and develop to their full socioemotional potential. According to one study, the most difficult facet of inclusion seems to be the balance between maintaining a level of fairness in the classroom and providing students with DD/D the appropriate accommodations and modifications (Lopez & Corcoran, 2014). However, the challenges of inclusion seem minimal compared to the benefits that children with disabilities, and their classmates who are typically developing, can gain from inclusive educational settings (Rafferty & Griffin, 2005).

Vakil, Welton, O'Connor, and Kline (2009) point out that early childhood teachers who have decided to adopt inclusive practices have enhanced learning for children with various disabilities in the general education classroom. Inclusion can be beneficial for children with and without disabilities, as they both learn to accept and appreciate diversity within the classroom (Rafferty & Griffin, 2005). Additional perceived benefits for children also found in Rafferty and Griffin's (2005) study include social awareness of peers' needs, prosocial behaviors, such as higher levels of

responsiveness to other children's needs, and a lower likeliness to develop prejudice or stereotypes. Inclusive teachers ease the fear of a lack in individualized attention for children who are typically developing by recognizing and planning instruction based on the wide range of abilities and learning needs of all the children present in their classroom (Vakil et al., 2009). Inclusive settings also allow for individualized instruction that promotes more intimate relationships between teacher and child that increases social skill ability (Lopez & Corcoran, 2014). It should be noted, however, that inclusion might not be the right fit for every single child with disabilities, as every individual has unique needs. Children with disabilities are required to be given the least restrictive environment (LRE) by federal law so they receive an education alongside their peers, who are typically developing unless, even after accommodations and modifications have been provided, they cannot be successful in that classroom setting (§300.114).

Knowing that a choice must be made as to whether or not an inclusive education setting is best for the child with DD/D, both the thoughts of the parents and the teachers about the effectiveness of inclusion must be considered. Elkins et al., (2003) administered a survey to parents of school-aged children with disabilities (i.e., Autism, speech/language disorder, etc.), including those at the preschool, primary, and secondary school age. The survey assessed parents' attitudes and opinions about the needs of their child and the support they received. Elkins et al. (2003) highlight that current research has shown great diversity in parents' opinions regarding which types of classrooms their children are placed in. Parents within Elkins et al.'s (2003) study had positive perceptions of inclusion because they witnessed mutual benefits for both children with and without disabilities in areas such as independence, social interaction, empathy, tolerance,

friendship, and more. More recently in a study by Hilbert (2014), parent participants of children, aged 6 months to 6 years, with and without disabilities who attended an inclusive preschool program, were given a survey assessing their attitudes toward inclusion, as well as how they perceived inclusion to impact both children with and without disabilities. Interestingly, parents in this study were in agreement that inclusion had positive effects on both children with and without disabilities, yet parents' satisfaction level with inclusive practices decreased when children with high levels of challenging behavior were placed in the inclusive classroom (Hilbert, 2014). Brewin, Renwick, and Schormans (2008) conducted a study with 9 parents of children, ages 3-12, with Asperger Syndrome, which is now categorized under the diagnosis of ASD, in which each parent participant was interviewed using a semi structured, open-ended question format about the positive and negative aspects of their life with a child with Asperger's. Brewin et al. (2008) found that specifically, parents perceived that one significant potential challenge for inclusion was their child's lack of social skills and lower levels of social interest. Thus, if parents have these thoughts about inclusion, it is likely to influence the teacher-child relationship in one of two ways. They could either foresee inclusion from a positive perspective as allowing their child to facilitate better social skills or they could view inclusion more negatively in the sense that their child will have more difficulty connecting socially in an inclusive environment where there are a diverse range of ability levels, ultimately causing strain to the teacher-child relationship. Furthermore, the child's disability may dictate the possibility of being placed in an inclusive setting and have an affect over potential outcomes.

Teachers' beliefs about inclusion may also influence parents' thoughts about inclusion and whether or not it is benefitting their child with DD/D. In a comprehensive review of literature regarding children with varying levels of ASD, Falkmer, Anderson, Joosten, and Falkmer (2015) found that the attitudes, knowledge, and understanding about inclusive education were contributing factors to parents' belief in the effectiveness of inclusion. Bennett, Deluca, and Bruns (1997) conducted a study in which teachers and parents of preschool and elementary-age children provided answers to a survey as well as in-depth interviews about their experiences with inclusion. Findings from Bennett et al.'s (1997) study revealed that a positive attitude toward inclusion, confidence in ability, and the access to resources have an influence on the collaborative success of inclusion in the classroom. It may be possible that when parents see that teachers are educated on the disabilities of the children in their classroom and also have a passion for implementing inclusive practices, they are more likely to have a positive perception of inclusion and its potential positive outcomes for their child with DD/D. For example, in a study by Pianta et al. (2001), a multi-informant method was utilized, by which parents, teachers, and other school personnel of preschool-aged children provided reports to surveys about the child's transition to kindergarten as well as the condition of home-school relationship. Pianta et al. (2001) found that mothers and teachers displayed relationships of mutual trust, as they both held each other in high regard for the impact each had on the child. It is also important to note that aside from the attitudes and actions of the teacher, peers of the child with or without a disability may play a role in how effective the inclusive environment may be. For example, de Boer, Pijl, Post, and Minnaert (2013) implemented a cross sectional study with elementary-aged children who were typically developing as

well as children with ASD and ADHD, where teachers and children provided responses to surveys about behavior problems, peer acceptance and friendship, and attitudes towards students with disabilities. In de Boer et al.'s (2013) study, it was discussed that high levels of problem behavior in children with DD/D may lead to lower levels of peer acceptance; however, when children experience less acceptance from peers, social behavior issues may also follow as a result. Both teachers and the peers of the child may have an influence over the parents' support of inclusion, which in turn may aid or hinder the teacher-child relationship.

Current research has yet to determine if parents' perspectives or thoughts about inclusion are associated with the teacher's perception of the teacher-child relationship. In other words, if parents have a more positive outlook on how inclusion is meeting their child's needs, this may have a positive effect on the quality of the teacher-child relationship. Similar to much of the current research base, Elkins et al. (2003) are in agreement that there are numerous parent opinions on the choice of educational setting for their child, including those that are in support of inclusive classrooms and those who desire separate placement to name a few. Also in Elkins et al.'s (2003) study, the parent participants who had positive attitudes about inclusion ranked socialization very high in terms of educational goals for their child. Thus, if teachers feel supported by the parents in their instruction and guidance of behavioral issues, they are likely to foster strong teacher-child relationships because the teacher is implementing techniques that are effective at both home and school. Furthermore, if parents have a positive outlook on inclusion, they are more likely to be involved, thus strengthening the overall relationship the teacher has with the entire family, including the child. Parents in Bennett et al.'s

(1997), study reported that inclusion was beneficial to their child through increases in social skills, access to role models for behavior, and an increased formation of friendships. Parents in this study also noted that these benefits of inclusion were possible due to the involvement of all parties (i.e., teachers, parents, administrators, etc.) Therefore, parents who advocate for inclusion may see social and relational gains for their child with not only their teacher, but with other peers as well.

The Current Study

The previously reviewed literature demonstrates a unique need for the current study's questions to be further explored. The first research goal was to determine if there were differences between teachers' perceptions of child behavior and parents' perceptions of child behavior for children with and without disabilities across time. It was hypothesized that teachers' and parents' perceptions of child behavior would both be more positive (e.g., reports of more prosocial behavior, less anxious and aggressive behavior) over time, but teachers' positive perceptions would be related to higher levels of prosocial behavior when compared to parents' positive perceptions. Additionally, it was also hypothesized that the behavior of children with disabilities would be perceived more negatively, due to higher levels of internalizing or externalizing behaviors, than children who are typically developing.

Another facet of the teacher-child relationship that this study aimed to explore was whether teachers' perceptions of the child's behavior were linked to teachers' perceptions of the teacher-child relationship for children with and without developmental delays or disabilities, and if that varied over time. It was hypothesized that teachers who perceived the child's behavior as more anxious or aggressive, rather than prosocial,

would perceive the teacher-child relationship as characterized by more conflict, rather than closeness. This research goal also explored differences depending upon the presence of a disability in the child.

Lastly, the parents' perspectives on inclusion were explored to see if there was an association between their positive or negative perspectives and how the teacher perceived the teacher-child relationship. This idea behind this aspect of the study was that if parents believe in the benefits of inclusive practices, then ultimately the teacher would feel more supported in developing a close, rather than conflicting, teacher-child relationship. It was hypothesized that there would be a positive association between parents who have a more positive perspective of inclusion and a teacher-child relationship characterized by high levels of closeness.

CHAPTER III

METHODOLOGY

Research Background

This study will feature an approach based on secondary data. Previously collected quantitative data from a larger study conducted by Dr. Amy Tate entitled "Child, Family, and School Influences on Developmental Outcomes of Young Children with and without Disabilities" will be used. Some of the key research goals of the larger study related to the current study include: determining whether or not there is an association between children's developmental outcomes and attending an inclusive educational setting; examining the relations between family functioning and attendance in an inclusive setting; and gathering information about the effectiveness of the inclusive setting overall.

Participants in the larger study include parents and teachers who provided reports on children with and without disabilities attending an inclusive child development laboratory school at a Midwestern university. At the school, children are divided into four classrooms chronologically by age, starting at 12 months and ranging up to 5 years. Children at this lab school are particularly diverse in their ethnicity, race, and cultural background. The youngest classroom averages around 12 children and the classroom with the oldest children has around 20 members, keeping the teacher to child ratio at an exceptional rate. Each classroom is equipped with two certified teachers

holding either an early childhood education degree or a degree in a related field such as special or elementary education; teaching assistants as needed for the number of students enrolled in the class; and pre-service teachers who are completing degree requirements for their early childhood education degree option at the university. Pre-service teachers are only in the classroom for specific blocks of time (e.g., typically one to two hours) unless they are completing their student teaching semester, which requires them to be present for the same amount of time as the certified teachers.

Additionally, in applying to attend this lab school, parents indicate on a form whether or not their child has a developmental delay or disability, which informs the director and teachers of services that the child may need upon enrollment. Parents also indicated on the demographic sections of the measures used in the current study whether or not their child was diagnosed with a developmental delay or disability. All classrooms at the lab school are inclusive in that children with and without disabilities learn and develop alongside one another in the same age-specific classroom. Furthermore, related services (e.g., speech therapy, music therapy, occupational therapy, physical therapy, and warm water therapy) are typically implemented in the classroom where the child with DD remains with peers. This often results in many children benefitting from the services provided to those with DD, even further strengthening the inclusive nature of the classroom environment.

Participants

The participants in the current study include a subsample of teachers and parents of children who currently or previously attended the university lab school. A number of children in this subsample were identified by their parents as having a developmental

delay or disability (e.g., Autism Spectrum Disorder, Sensory Disorder, Speech Delay, Down Syndrome, Williams Syndrome, Fragile X Syndrome, etc.), while the rest of the children in the subsample were considered to be developing typically. Due to the longitudinal design of the study, children's ages span from age 1 to age 10 at this NAEYC accredited facility. Though the oldest child able to attend the lab school would be kindergarten-age, many parents of children with DD give consent for their children to continue participating in the study as they move on to primary schooling.

The descriptive statistics for child age and teachers' years of experience at both time points can be found in Table 1, which includes the means, standard deviations, and ranges for each variable. It should be noted that the sample size is smaller for the analyses of the first two research questions with N=48 due to that fact that taking data at two time points limited the amount of available participants, whereas data was taken at only one time point for the analysis of the third research question. Frequencies were also computed for the categorical variables used in the first two research questions (e.g., child disability, child type of disability, child race, and child gender), which are shown as demographics and can be found in Table 2. The descriptive statistics for the variables of child age and teachers' years of experience can be found in Table 3, which had a larger sample size (N=133). Table 4 displays parents' reports of child demographic information utilized in the analysis of parents' thoughts about inclusion and the teacher-child relationship.

Procedures

With approval from the Institutional Review Board, data from the original study was obtained from parents and teachers after receiving their consent. This study's

Table 1

Child Age and Teachers' Years of Experience at Time 1 and Time 2 (N=48)

Item	*M*	*SD*	Range
Child Age			
Time 1	3.58	1.02	2-5
Time 2	4.58	1.02	3-6
Teachers' Years of Experience			
Time 1	9.71	8.01	1-25
Time 2	7.90	3.66	1-12

Table 2

Parent Report of Child Demographic Information from Child Sample Assessed with the CBCL, CBS, and STRS (N=48)

Variable	n (%)
Child Disability	
Yes	13 (27.1%)
No	35 (72.9%)
Child Type of Disability	
No Disability	35 (72.9%)
Autism	5 (10.4%)
Williams Syndrome	1 (2.1%)
Nager Syndrome	1 (2.1%)
Down Syndrome	2 (4.2%)
Fragile X Syndrome	1 (2.1%)
Sensory Disorder	1 (2.1%)
Speech Delay	2 (4.2%)
Child Race	
White	36 (75.0%)
African American	2 (4.2%)
Asian	4 (8.3%)
Biracial	4 (8.3%)
Native American	2 (4.2%)
Child Gender	
Male	25 (52.1%)
Female	23 (47.9%)

Table 3

Child Age and Teachers' Years of Experience from Sample Assessed with MTAI and STRS (N=133)

Item	*M*	*SD*	Range
Child Age	4.03	1.34	1-6
Teachers' Years of Experience	9.83	6.74	1-26

Table 4

Parent Report of Child Demographic Information from Child Sample Assessed with MTAI and STRS (N=133)

Variable	n (%)
Child Disability	
Yes	29 (21.6%)
No	104 (77.6%)
Child Type of Disability	
No Disability	104 (77.6%)
Autism	10 (7.5%)
Williams Syndrome	1 (0.7%)
Nager Syndrome	1 (0.7%)
Down Syndrome	4 (3.0%)
Fragile X Syndrome	2 (1.5%)
Sensory Disorder	2 (1.5%)
Speech Delay	5 (3.7%)
Brain Damage – Stroke	1 (0.7%)
Bronchopulmonary Dysplasia; Bowel Problems; Cognitive Delay	1 (.07%)
Dandy Walker Syndrome	1 (0.7%)
Child Race	
White	98 (73.1%)
African American	3 (2.2%)
Hispanic/Latino	2 (1.5%)
Asian	15 (11.2%)
Biracial	12 (9.0%)
Native American	2 (1.5%)
Other	1 (0.7%)
Child Gender	
Male	64 (47.8%)
Female	69 (51.5%)

participants have been selected through total population sampling, based on all children and families who chose to participate. Families of the children participating in this study have been sent a letter requesting consent to participate. Parents completed surveys once on an annual basis, typically in the months of April and May, by responding to questions and returning the assessment included in the parent packet provided to them. This determined what years their child participated in the study over time. Teachers also completed survey packets annually between April and May. For the current study, data from the most recent two consecutive time points for each child were used. Both of the time points were based on data that was gathered in the spring at the end of two consecutive school years.

Measures

Specifically, data from parents and teachers were gathered using the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2000), Child Behavior Scale (CBS; Ladd & Profilet, 1996), Student-Teacher Relationship Scale (STRS; Pianta, 2001), and My Thinking about Inclusion (MTAI; Stoiber, Gettinger, & Goetz, 1998).

Child Behavior Checklist. Teachers' perceptions of child behavior and parents' perceptions of child behavior across time was assessed using parent and teacher responses on the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2000). This measure was chosen because it taps into children's internalizing and externalizing behaviors. Specifically, parents answered questions assessing their child's anxious and aggressive behavior while teachers answered questions on emotional reactivity, anxiousness, withdrawal, attention, and aggression. The CBCL has 99 competence items and also open-ended problem questions that are optional. Parents completed the CBCL

using a 3 point Likert scale, where '0' means not true (as far as you know), '1' means somewhat or sometimes true, and '2' means very true or often true (Achenbach & Rescorla, 2000). Parents completed items only for the anxious and aggressive subscales with 8 and 20 items respectively. Teachers also completed the entire Caregiver-Teacher Report Form (C-TRF) from the CBCL for children ages 2-5 years. Comparisons among parents and teachers will be made using data from the anxious and aggressive subscales completed by both informants. Questions that correspond to subcategories are grouped together (e.g., questions about withdrawn behavior and questions about destructive behavior). Pearson's r = .85 for the CBCL scales, determining good internal reliability for all items assessed in this measure (Cronbach's α =.89, .92, .95 for internalizing, externalizing, and total problems scales respectively). In the current study, internal consistency ranged from .85-.91 and .62-.73 for parents' reports of aggressive and anxious behavior respectively. For teachers' reports, α levels ranged from .93-.97 for aggressive behavior and .55-.77 for anxious behavior. Content validity, criterion-related validity, and construct validity were all supported by findings where the CBCL was measured against itself and other external measures (Achenbach & Rescorla, 2000). Additionally, the CBCL is widely used in specialized populations due to the assessments ability to measure ages 1 ½ to 5 years, while also having scales specifically constructed to be consistent with DSM-IV diagnostic categories (Achenbach & Rescorla, 2000). Multiple studies have used the CBCL to obtain data from parents and teachers of children with developmental delays or disabilities (Jepsen, Gray, & Taffe, 2012; Kanne, Abbacchi, & Constantino, 2009; Shashi, Wray, Schoch, Curtiss, & Hooper, 2013).

Child Behavior Scale. The Child Behavior Scale (CBS; Ladd & Profilet, 1996) was used to assess teachers' and parents' perceptions of child behavior due to its focus on

prosocial behavior and social competence in an effort to complement the maladaptive or problem behavior measured by the CBCL. The CBS has 59 items, with 44 of these items conceptually divided into six subscales, with 10 specific items for the subscale of prosocial behavior, that are assessed on a 3 point Likert scale with '1' meaning doesn't apply (child seldom displays the behavior), '2' meaning applies sometimes (child occasionally displays the behavior), and '3' meaning certainly applies (child often displays the behavior; Ladd & Profilet, 1996). Sample prosocial behavior items from the CBS ask whether or not the child is cooperative with peers, has concern for moral issues, and recognizes feelings. Cronbach's α was calculated by Ladd and Profilet (1996) for all six subscales, ranging from .76 to .92; specifically, the α for the prosocial behavior subscale is .87. For the current study, α levels ranged from .87-.92 for parents' report of prosocial behavior and .90-.93 for teachers' reports of prosocial behavior. Internal reliability was determined over a 4-month period in which teachers compared two cohorts of children on two separate occasions (Ladd & Profilet, 1996). The validity of this measure was determined by taking the subscale scores and correlating them with external measures containing both related and unrelated constructs, which also had multiple informants (Ladd & Profilet, 1996). This measure uniquely assesses young children's behaviors as they interact with peers in the school setting, with the teacher providing the data report; thus, many studies have utilized this measure in order to gather information about children's aggressive, withdrawn, and prosocial behaviors (Birch & Ladd, 1998; Ladd, 2006; Ogelman & Seven, 2012).

Student-Teacher Relationship Scale. Teacher perception of the teacher-child relationship will be measured by having teachers provide their self-reported responses to

the Student-Teacher Relationship Scale (STRS; Pianta, 2001). The STRS has 28 items that are assessed on a 5-point Likert scale with '1' meaning definitely does not apply, '2' meaning does not really apply, '3' meaning neutral (not sure), '4' meaning applies somewhat, and '5' meaning definitely applies. The scale assesses the teacher's perception of the teacher-child relationship, the nature of a student's behavior with them, and how the teacher perceives the student's thoughts about the teacher. For the purpose of this study, only the subscales of conflict and closeness will be utilized, with 12 and 11 items in each subscale, respectively. The subscale of conflict may be described as the level of negative or conflicting behavior that is perceived within the teacher-child relationship, while the subscale of closeness is determined by experiences of warmth, affection, and positive communication .A sample item from the conflict subscale states, "This child sees me as a source of punishment and criticism," while a sample item from the closeness subscale states, " If upset, this child will seek comfort from me" (Pianta, 2001). Internal consistency was determined using Cronbach's α method with a normative sample for both the closeness scale, having an α level of 0.92, and the conflict scale, having an α level of 0.86 (Pianta, 2001). In the current study, internal consistency ranged from .81-.91 for teacher-child closeness and .88-.94 for teacher-child conflict. Test-retest reliability was determined from a subsample of the total normative sample over a 4-week interval. Hamre and Pianta's (2001) study was one of many studies that correlated in predictable ways with concurrent and future measures, which also assessed constructs such as academic success, peer relationships, and behavior problems. The STRS has been widely used to measure student-teacher relationship quality and the effect these relationships have on certain outcomes and other variables, which allows for the study of the role

disability plays in the student-teacher relationship for the current study (Pianta, 2001). Many studies have used the STRS to determine the quality of relationships between teachers and their students with disabilities and their students who were typically developing as well (Eisenhower et al., 2007; Koomen & Jellesma, 2015; Murray & Greenberg, 2001).

My Thinking about Inclusion. Parents' perspectives of inclusion were assessed using the My Thinking about Inclusion (MTAI) assessment developed by Stoiber, Gettinger, and Goetz (1998). The MTAI is a 28-item comprehensive measure with three brief subscales including: Core Perspectives, Expected Outcomes, and Classroom Practices (Stoiber, Gettinger, & Goetz, 1998). Parents responded to the assessment using a 5-point Likert scale where a '1' indicates strongly accept, '2' indicates agree, '3' is undecided/neutral, '4' indicates disagree, and '5' means strongly reject (Stoiber, Gettinger, & Goetz, 1998). A sample question from the measure states, "Inclusion is socially advantageous for children with special needs," to which the parent and teacher would respond with one of the five possible choices from 'strongly accept' to 'strongly reject'. (Stoiber, Gettinger, & Goetz, 1998). Within Stoiber et al. (1998) study, Cronbach's alpha was examined to determine the level of internal consistency or validity and reliability. Cronbach's α levels were .80, .85, and .64 for Core Perspectives, Expected Outcomes, and Classroom Practices, respectively. As for the current study, α levels ranged from .83-.89 for Core Perspectives, .86-.88 for Expected Outcomes, and .66-.81 for Classroom Practices. Stoiber et al. (1998) state that the purpose of creating the measure was to determine whether or not parents' and practitioners' beliefs had an influence over the implementation of inclusion, which is similar to the research aims of

other studies in the field (de Boer, Timmerman, Pijl, & Minnaert, 2012; Kalyva, Gojkovic, & Tsajiris, 2007).

Data Analysis

Descriptive analyses were performed, including means, standard deviations, and ranges for all study variables, as well as correlational analyses. Children in the study were divided into groups according to their ability levels, such that children with any developmental delay or disability will be in one group and children with typically developing abilities will be in a second group; therefore, presence of disability served as an independent variable. Developmental outcomes among children in these groups were compared to determine if teacher and parent perceptions differ by presence of disability; as such, parent perception and teacher perception also served as an independent variable. Dependent variables included teacher-child relationship quality, specifically closeness and conflict; child behavior, specifically anxious and aggressive behavior; and perceptions about inclusive classrooms.

The first research question is as follows: Are there differences between teachers' perceptions of child behavior and parents' perceptions of child behavior across time for children with and without developmental delays or disabilities? Three repeated-measures multivariate analysis of variance (MANOVAs) were conducted. The independent variables for all three analyses were presence of disability (yes/no) and participant report (parent or teacher). The dependent variable for the first analysis was anxious behavior, aggressive behavior for the second analysis, and prosocial behavior for the third analysis.

The second research question states: What is the association between teachers' perceptions of child behavior and the teachers' perception of the teacher-child

relationship for children with and without developmental delays or disabilities, and does this vary over time? Two repeated-measures MANOVAs were conducted. The independent variable for both analyses was presence of disability (yes/no). The dependent variable for the first analysis was teacher-child closeness; teacher-child conflict was the dependent variable for the second analysis.

Lastly, the third research question asks: What is the association between parents' perspectives on inclusion and teachers' perceptions of the teacher-child relationship for children with and without developmental delays or disabilities? Canonical correlations were used to examine whether parents' perspectives on inclusive education predicted the quality of teacher-child relationships. The first correlation analysis explored the relationship using data for children with disabilities; the second explored the relationship among these variables using data for children without disabilities. Specifically, the predictor variables were parent perceptions of the three MTAI subscales: Core Perspectives, Expected Outcomes, and Classroom Practices. The criterion (outcome) variables included teacher-child closeness and teacher-child conflict.

CHAPTER IV

RESULTS

The purpose of the present research was to explore relationships among parent and teacher perceptions of behavior for children with and without disabilities across time. Additionally, teachers' perceptions of child behavior and their association with closeness and conflict present within the teacher-child relationship were explored across time for both children with and without disabilities. Lastly, the relationship between parents' perspectives on inclusion and the teacher-child relationship was studied. This chapter will detail the findings of the analyses used to explore these relationships among variables.

Research Question 1

In order to answer the first research question about differences between teachers' and parents' perceptions of child behavior across time for children with and without disabilities, three different repeated measures MANOVAs were run: one for anxious behavior, one for aggressive behavior, and one for prosocial behavior. Table 5 includes the means and standard deviations for parent and teacher reports on child anxious, aggressive, and prosocial behavior at time points 1 and 2 for children with and without developmental delays and disabilities. A special subset of data was generated from the larger, longitudinal data set. Specifically, the most recent two consecutive data time points for each child were used; these two time points varied and spanned years 4-8 of data collection.

Table 5

Means, Standard Deviations, and Ranges for Anxious, Aggressive, and Prosocial Behavior at Time 1 and 2 from Parents and Teachers for Children with and without Disabilities (N=48)

Child Disability	Teacher or Parent Report	Child Behavior and Time Point	Mean	SD	Range
Disability	Parent Report	Anxious Time 1	4.07	.59	2.88-5.26
		Anxious Time 2	2.07	.60	.88-3.27
	Teacher Report	Anxious Time 1	3.53	.59	2.35-4.72
		Anxious Time 2	2.76	.60	1.57-3.96
No Disability	Parent Report	Anxious Time 1	2.08	.36	1.36-2.81
		Anxious Time 2	2.34	.36	1.61-3.07
	Teacher Report	Anxious Time 1	1.71	.36	.99-2.43
		Anxious Time 2	2.80	.36	2.07-3.53
Disability	Parent Report	Aggressive Time 1	9.53	1.92	5.72-13.35
		Aggressive Time 2	9.61	1.91	5.81-13.41
	Teacher Report	Aggressive Time 1	19.61	1.92	15.80-23.43
		Aggressive Time 2	12.76	1.91	8.97-16.56
No Disability	Parent Report	Aggressive Time 1	6.11	1.17	3.78-8.44
		Aggressive Time 2	6.48	1.16	4.17-8.80
	Teacher Report	Aggressive Time 1	5.57	1.17	3.24-7.89
		Aggressive Time 2	5.28	1.16	2.97-7.60
Disability	Parent Report	Prosocial Time 1	15.15	.93	13.29-17.00
		Prosocial Time 2	16.23	.88	14.67-17.99
	Teacher Report	Prosocial Time 1	11.69	.93	9.83-13.54
		Prosocial Time 2	14.23	.88	12.46-15.99
No Disability	Parent Report	Prosocial Time 1	17.94	.56	16.81-19.07
		Prosocial Time 2	18.91	.54	17.83-19.98
	Teacher Report	Prosocial Time 1	16.82	.56	15.69-17.95
		Prosocial Time 2	17.62	.54	16.55-18.70

Anxious behavior. Table 6 displays the multivariate and univariate analyses of variance for anxious behavior. The main effect for anxious behavior across time was non-significant. The interaction between anxious behavior and disability status was significant, showing that children with disabilities were reported to have higher levels of anxious behavior (p=.000). The interaction between anxious behavior and teacher/parent

Table 6

Multivariate and Univariate Analyses of Variance for Anxious Behavior (N=48)

	Multivariate		Univariate
Source	df	F	Anxious Behavior
Anxious (A)	1	1.67	.19
A X Child Disability (D)	1	13.91	.000***
A X Teacher/Parent Report (R)	1	3.49	.06
A X D X R	1	.13	.71

Note. Multivariate F ratios were generated from Wilks' λ.
*p<.05. **p<.01. ***p<.001.

report was non-significant. Additionally, this interaction between anxious child behavior and teacher or parent report approached significance (p=.065). Finally, the interaction between anxious behavior, disability, and teacher/parent report was also non-significant.

Aggressive behavior. The second MANOVA indicated that the main effect for aggressive behavior over time was significant (p=.041), with aggressive behavior lower at the second time point. The interaction between aggressive behavior and disability status was significant (p=.036). Thus, children with disabilities were reported as having higher levels of aggressive behavior as compared to children without disabilities. The interaction between aggressive behavior and teacher/parent report was also significant (p=.021). Parents reported lower levels of aggressive behavior as compared to teachers' reports on aggressive behavior. Lastly, the interaction between aggressive behavior, disability status, and teacher/parent report was non-significant, but approached significance (p=.055). Table 7 displays the multivariate and univariate analyses of variance for aggressive child behavior as reported by parents and teachers for children with and without developmental delays and disabilities.

Prosocial behavior. The third and final indicated that the main multivariate effect for prosocial behavior over time was significant and prosocial child behavior was higher

Table 7

Multivariate and Univariate Analyses of Variance for Aggressive Behavior (N=48)

	Multivariate		Univariate
Source	df	F	Aggressive Behavior
Aggressive (AG)	1	4.29	.041*
AG X Child Disability (D)	1	4.52	.036*
AG X Teacher/Parent Report (R)	1	5.52	.021*
AG X D X R	1	3.77	.055

Note. Multivariate F ratios were generated from Wilks' λ.
*p<.05. **p<.01. ***p<.001.

at the second time point (p=.000). The interaction between prosocial behavior and disability status was non-significant. The interaction between prosocial behavior and teacher/parent report was non-significant. Finally, the interaction between prosocial behavior, disability status, and teacher/parent report was non-significant. Table 8 displays the multivariate and univariate analyses of variance for prosocial child behavior as reported by parents and teachers for children with and without developmental delays and disabilities.

Research Question 2

In order to examine the association between parents' and teachers' perceptions of the teacher-child relationship for children with and without disabilities across time, two repeated-measures MANOVAs were computed: one for closeness and one for conflict. Means and standard deviations for teachers' reports of closeness and conflict for children with and without disabilities and both time points can be seen in Table 9.

Teacher-child closeness. The first MANOVA for the second research question indicated that the main multivariate effect for teacher-child closeness over time was significant (p=.011); see Table 10. Further, levels of closeness within the teacher-child

Table 8

Multivariate and Univariate Analyses of Variance for Prosocial Behavior (N=48)

	Multivariate		Univariate
Source	df	F	Prosocial Behavior
Prosocial (P)	1	13.06	.000***
P X Child Disability (D)	1	1.53	.21
P X Teacher/Parent Report (R)	1	.74	.38
P X D X R	1	1.20	.27

Note. Multivariate F ratios were generated from Wilks' λ.
*p<.05. **p<.01. ***p<.001.

Table 9

Means, Standard Deviations, and Ranges for Closeness and Conflict at Time Point 1 and 2 from Teachers for Children with and without Disabilities (N=48)

Child Disability	Teacher-Child Relationship Behavior and Time Point	M	SD	Range
Disability	Conflict Time 1	33.53	2.47	28.55-38.52
	Conflict Time 2	25.92	2.35	21.19-30.65
No Disability	Conflict Time 1	19.60	1.50	16.56-22.63
	Conflict Time 2	20.45	1.43	17.57-23.34
Disability	Closeness Time 1	36.35	2.06	32.38-40.68
	Closeness Time 2	42.30	1.90	38.47-46.14
No Disability	Closeness Time 1	46.51	1.25	43.98-49.04
	Closeness Time 2	45.97	1.16	43.63-48.30

Table 10

Multivariate and Univariate Analyses of Variance for Teacher Reports on Closeness (N=48)

	Multivariate		Univariate
Source	df	F	Closeness
Closeness (CL)	1	7.06	.011*
CL X Child Disability (D)	1	10.31	.002**

Note. Multivariate F ratios were generated from Wilks' λ.
*p<.05. **p<.01. ***p<.001.

relationship were lower at the second time point. The interaction between teacher-child closeness and disability status was also significant (p=.002). Teachers reported that levels of closeness were higher for children without disabilities as compared to children with disabilities (i.e., more closeness for children without disabilities).

Teacher-child conflict. The second MANOVA for the second research question revealed that the main multivariate effect for teacher-child conflict over time was significant (p=.024); see Table 11. Additionally, teachers reported lower levels of conflict within the teacher-child relationship at the second time point as compared to the first. The interaction between conflict and disability status was also significant (p=.005). Thus, teachers reported lower levels of conflict for children without disabilities as compared to children with disabilities.

Research Question 3

In order to examine to association between parents' perspectives on inclusion and teachers' perceptions of the teacher-child relationship for children with and without disabilities, two canonical correlational analyses were computed. The first analyzed data for children with disabilities, while the second analyzed data for children without disabilities. Parents reported their thoughts and feelings about inclusion on three separate subscales for the MTAI including: Core Perspectives, Expected Outcomes, and Classroom Practices. Teachers' reports of closeness and conflict levels for children with and without disabilities were recorded through the STRS. Unlike the first and second research questions, this one did not involve the concept or variable of time, such that two time points were not collected, but rather data was collected one time point at the end of the year for each participant. The subscales of the MTAI, reported on by parents, were

Table 11

Multivariate and Univariate Analyses of Variance for Teacher Reports on Conflict (N=48)

	Multivariate		Univariate
Source	df	F	Conflict
Conflict (CO)	1	5.431	.024*
CO X Child Disability (D)	1	8.535	.005**

Note. Multivariate F ratios were generated from Wilks' λ.
*p<.05. **p<.01. ***p<.001.

used as the predictor (independent variables), while teacher-child closeness and conflict ratings were used as the outcome (dependent) variables. Table 9 shows the descriptive statistics, including means, standard deviations, and ranges for the STRS subscales, while Table 12 shows descriptive statistics for the MTAI subscales.

Neither of the canonical correlations was significant. Specifically, for children with disabilities, the relationship between core perspectives, expected outcomes, classroom practices as predictor variables and teacher-child closeness and teacher-child conflict as outcome variables was not significant; Wilks $\lambda = .95$, $F (6, 256) = 1.20$, $p=.31$. Likewise, for children without disabilities, the relationship between core perspectives, expected outcomes, classroom practices as predictor variables and teacher-child closeness and teacher-child conflict as outcome variables was not significant; Wilks $\lambda = .91$, $F (6, 198) = 1.62$, $p=.14$.

Table 12

Means, Standard Deviations, and Ranges for Parent Reports on MTAI Subscales and Teacher Reports on Closeness and Conflict for Children with and without Disabilities (N=133)

STRS Subscale	MTAI Subscale	M Square	SD	Range
Closeness	Core Perspective	56.21	.16	-.16-.49
	Expected Outcomes	51.80	.19	-.57-.20
	Classroom Practices	60.36	.24	-.73-.23
Conflict	Core Perspectives	491.97	.21	-.90- -.06
	Expected Outcomes	403.26	.24	.02-.99
	Classroom Practices	171.22	.30	-.19-1.02

CHAPTER V

DISCUSSION

Teachers' and Parents' Perceptions of Child Behavior

The first research question, which explored differences between teachers' and parents' perceptions of child behavior, was broken down through the exploration of three specific behavior types: anxious, aggressive, and prosocial behavior.

Anxious behavior. First, differences between teachers' and parents' perceptions of child anxious behavior across time for children with and without DD/D were explored. The interaction between anxious behavior and disability status was found to be significant, meaning that children with disabilities were perceived as having higher levels of anxious behavior as compared to children without disabilities. This finding is consistent with previous research. Specifically, in a study on the development of anxiety as seen in children with and without intellectual disability (ID), children with ID had significantly higher scores on items assessing anxiety on the CBCL than children without ID (Green, Berkovits, & Baker, 2015) As referenced previously, Schuengel, et al. (2013) found that children with disabilities may have more difficulty creating secure attachment relationships, which may result in more frequent anxiety as they do not have a secure base from which to form other relationships. Eisenhower et al. (2015) found that children with disabilities experienced decreased levels of closeness and increased levels of conflict within relationships with their teachers as compared to children who are typically

developing, which may add to their level of anxiety, as there is a lack of security and predictability within the relationship. The interaction between anxious behavior and parent or teacher report was found to be non-significant. Thus, there was no difference in parents' and teachers' reports on levels of anxious behavior seen in children with and without disabilities. In a study by Cai, Kaiser, and Hancock (2004), parents and teachers reported on preschool children's behavior using the CBCL and it was found that the most frequently reported problem behaviors were significantly different between parents and teachers. Further, Cai et al. (2004) found that parents and teachers were more likely to agree on externalizing behaviors than on internalizing or anxious behaviors, which contrasts the current study's finding that there was no difference in reports of anxious behavior among parents and teachers. This contrasting finding from Cai et al.'s study (2004) may have occurred because parents and teachers are more likely to be in communication about the occurrence of externalizing behaviors that are disruptive to the child and others, than internalizing behaviors that are not as noticeable. In Zhang and Sun's (2011) study, teachers reported that externalizing behaviors were stressful, thus perhaps parents and teachers are less likely to recognize and have discretion in reporting internalizing behaviors in children due to the fact that externalizing behaviors are more readily visible and demand immediate attention.

Lastly, the main effect for anxious behavior over time was non-significant such that children with and without disabilities did not have significant differences in their levels of anxious behavior from the first time point to the second time point. Again, it could be that it is more difficult to accurately report on children's anxious behavior due to its internalized nature and less visible symptoms. Furthermore, the data was based on

only two time points, which were both taken at the end of the school year in April or May one year apart, making noticeable change more difficult to observe.

Aggressive behavior. The second child behavior that was analyzed in the first research question was aggressive behavior. The main effect for aggressive behavior over time was found to be significant, with aggressive behavior lower at the second time point. In a study by Lopez and Corcoran (2014), one asset of inclusion that was presented was that individualized instruction seen in these environments promotes more close relationships between teacher and child, ultimately promoting social development. Thus, it could be suggested that aggressive behavior decreased over time due to increased time spent at an inclusive setting with teachers who promote positive social behaviors, which teachers at the school where data were collected strive to do. The interaction between aggressive behavior and disability status was found to be significant. Children with disabilities were perceived as having higher levels of aggressive behavior than children without disabilities. Baurain et al. (2013) found that teachers perceived children with ID as having more positive social behavior and better overall adjustment if their social-emotional regulation level was also high. Thus, it is likely that children with disabilities experience higher levels of aggressive behavior due to their lower social skills and emotion regulation as compared to children who are typically developing. In a study by Lynn, Carroll, Houghton, and Cobham (2013) of school-age children with various developmental delays and disabilities (i.e., Autism Spectrum Disorder, ADHD, Emotional Behavioral Disorder; EBD), it was found that children with EBD specifically were more likely than other children in the study with disabilities to fight or show signs of aggression. Further, Lynn et al. (2013) discussed how friendships and acceptance

among peers could be delayed if children have more aggressive tendencies. De Boer et al. (2013) found that high levels of problem behavior in children with DD/D may result in lower levels of peer acceptance; consequently, when children experience less acceptance from peers, social behavior problems may also follow as a result, ultimately displaying the bidirectional relationship.

Additionally, the interaction between aggressive behavior and teacher or parent report was found to be significant. Parents reported lower levels of aggressive behavior for children with and without DD/D than teachers reported. Efstratopoulou et al. (2012) found that correlations among various teachers were higher and more significant than correlations between parents and teachers, posing the idea that environments, relationships, and potentially different expectations could be factors behind contrasting results and reports among parents and teachers. It could be that a child exhibits higher aggression at school when surrounded by more peers than in the home where they may be the only child and have fewer opportunities to act out aggressively when adult supervision is not limited to a large group of children. Also, parenting styles and approaches to managing child behavior as compared to the teacher's behavioral guidance strategies may affect how and when the child acts aggressively. Additionally, as suggested by Cai et al.'s (2004) study, parents may be more conservative in their reports of children's aggressive behavior as it was found that differences in reports of problem behaviors may be due to a difference in roles and priorities of parents and teachers in the regulation of these child behaviors. In a comparison study by Doge and Keller (2014), mothers and teachers were assessed on their level of similarity in regards to their goals for socialization for the preschool-aged child. They found that for obedience-related

goals, mothers rated these higher than teachers, revealing that mothers place a higher priority over this type of social behavior than teachers. Thus, for the current study, parents and teachers may have differed in their reports of children's aggressive behavior because of differences in their chosen guidance style or the ways that they choose to manage the child's problem behavior. Lastly, the three-way interaction between aggressive behavior, parent or teacher report, and disability status was found to be non-significant.

Prosocial behavior. The last sub-question that was explored within the first research question was how parents and teachers differed in their perceptions of children's prosocial behavior across time. First and foremost, the main effect for prosocial behavior over time was significant, with reports of children exhibiting higher prosocial behavior at the second time point (i.e., the end of the following school year). Previous research has produced similar findings. In a study by Rafferty and Griffin (2005), some of the benefits associated with an inclusive education are a heightened social awareness of peers' needs, prosocial behaviors (i.e., higher levels of responsiveness to other children's needs), and a lower likeliness to develop prejudice or stereotypes. Thus, it could be that as the length of time that children were in the inclusive lab school increased, the more prosocial behavior parents and teachers reported. In a review by Ferraioli and Harris (2011), it was noted that some of the social outcomes of inclusion for children with ASD include play and conversation initiation, an increase in the length of social interaction and better overall development of language skills. Additionally, Ferraioli and Harris (2011) discussed that exposure to an inclusive environment has been found to be related to more positive

attitudes from both typically developing children and children with DD/D about each other.

The interaction between prosocial behavior and disability status was non-significant, meaning that children with disabilities did not exhibit significantly different levels of prosocial behavior than children who are typically developing. The interaction between prosocial behavior and parent or teacher report was also found to be non-significant, suggesting that within this sample, there are no differences between parents' reports of prosocial behavior and teachers' reports of prosocial behavior. Finally, the three-way interaction between prosocial behavior, disability status, and parent or teacher report was found to be non-significant. Unlike anxious or aggressive behaviors, prosocial behaviors require less immediate feedback from both parents and teachers, thus there is less discretion for parents and teachers to perceive and then report different levels of prosocial behavior. Additionally, as mentioned previously in the review by Ferraioli and Harris (2011), both children with and without disabilities each experienced increased prosocial behaviors and attitudes towards one another in an inclusive setting, which aligns with the finding in the current study that prosocial behavior and disability status did not interact significantly.

Child Behavior and the Teacher-Child Relationship

The two sub-questions within the second research question involved the level of closeness and conflict perceived by the teacher within the teacher-child relationship for both children with and without disabilities across time. First, the main effect for teacher-child conflict over time was found to be significant and more specifically, teachers reported that levels of conflict were lower at the second time point (i.e., the end of the

following school year). De Schipper et al. (2006) noted that attachment relationships for children with DD/D can be considered protective in nature for the behavior problems they experience at a higher rate than other children who are typically developing. This finding by De Schipper et al. (2006) leads immediately into the next finding from the current study, in which the interaction between conflict and disability status was found to be significant, such that children without disabilities were reported as displaying less conflict within the teacher-child relationship than children with DD/D. Eisenhower et al.'s (2007) study found that young children with intellectual disabilities (ID) experienced poorer relationships with their teachers, characterized by more conflict and dependency and lower levels of closeness, as compared to their classmates who were typically developing. Additionally, in Eisenhower et al.'s (2015) study, findings showed that children with ASD experienced more frequent student-teacher relationship problems, which were characterized by lower levels of closeness and higher levels of conflict, also in comparison to peers who are typically developing. Thus, the existing research supports that children with disabilities are experiencing more conflict with their teachers than children without disabilities. Though the secure attachments that children with disabilities are forming with their teachers could be an explanation for the decrease in conflict within relationships over time, behavior of the children in this study was reported on by two different teachers at two different time points due to children being nested in a different classroom each year . Thus, it could be that as children mature and outgrow certain aggressive behaviors that are typical of their specific developmental period, they could experience less conflict with their teachers over time.

The second sub-question within the second research question explored teachers' reports of closeness within the teacher-child relationship for children with and without disabilities across time. The main effect for teacher-child closeness over time was found to be significant, with levels of closeness reported as being lower at the second time point. While this finding initially seemed unexpected, as the goal is for closeness among the teacher and child to increase over time, it could be that having reports from two different teachers at the different time points could be the explanation for the finding. It may be that children simply did not create as close of a relationship with their teacher at the second time point (e.g., the end of the school year in the 3 and 4 year old room) as they did with their teacher at the first time point (e.g., the end of the school year in the 2 and 3 year old room). Current research supports that some teachers report difficulty forming high quality relationships of closeness with children with disabilities (Murray & Greenberg, 2001; Eisenhower et al., 2007; Eisenhower et al., 2015). Had the same teacher reported on the child's behavior at both time points, the lower level of closeness that was found could have been due to the fact that there was not enough time that passed between the two time points to allow teachers to make considerable strides in the amount of closeness within the relationship they were working towards.

Additionally, the interaction between closeness and disability status was found to be significant, with children without disabilities experiencing higher levels of closeness with their teachers than children with disabilities. Schuengel, et al. (2013) showed that children with DD/D may have more difficulty forming secure, organized attachment with adults than children who are typically developing. Murray and Greenberg (2001) found that elementary students with EBD and ID had poorer relationships with teachers as

compared to children with other disabilities or who were typically developing. Closeness is a significant aspect of a secure attachment relationship such that Bowlby (1982) defined attachment behavior as any type of behavior that ends with a person, in this case a child, gaining or sustaining a level of closeness to another adult who seems to be more able to cope with and understand the world. Without secure attachments, children with disabilities will continue to experience lower levels of closeness than children who are developing typically socially and emotionally.

Parents' Perspectives on Inclusion and the Teacher-Child Relationship

For the third research question, there were no significant associations, among parents' perspectives on inclusion (core perspectives, expected outcomes, and classroom practices) and the teacher-child relationship (closeness and conflict). This was the case for children with and without disabilities. Perhaps no significant associations were found because parents' beliefs and feelings toward inclusion did not directly impact the relationship between the child and teacher. Current research supports that possible associations should have been explored between parents' thoughts about inclusion and the teacher's relationship with the parent, which could have an effect on the child. Pianta et al. (2001) found that collaboration among teachers and parents is valuable due to the sense of mutual respect and support that is fostered for the sake of the child's successful development. Findings from Davis, Ravenscroft, and Bizas (2015) study show that ineffective inclusion practices occur not because of participants' innate characteristics, but rather as a result of a lack of collaborative planned practice and implementation between the teacher and the family. Thus, due to the lack of significant associations that were found in the current study among parents' perspectives on inclusion and the quality

of the teacher-child relationship, perhaps parents' thoughts about inclusion and willingness to share those thoughts does not directly affect the way that teachers implement inclusive practices, which ultimately affects the child and his or her relationship with the teacher. As mentioned previously, Bronfrenbrenner's ecological systems theory can explain how children are directly or indirectly affected by the interactions among those that surround them (e.g., the relationship quality between a parent and a teacher).

Strengths and Limitations

The first strength of the study is that it expanded upon the gap in the literature in the number of studies currently present that explore how perceptions of children's behavior can change as the length of their attendance in an inclusion setting increases. This study also shows how parents and teachers may differ in their reports on child behavior, which adds to the literature on understanding how the home and school settings may differ. Further, although there were no significant associations found between parents thoughts about inclusion and the teacher-child relationship, this aids in the direction of future research by showing that the association between parents thoughts about inclusion and the parent-teacher relationship should be explored.

Although the sample sizes used for each research question were not representative of the general population, the ratio of children with a disability to children without a disability of the current study was typical of what a teacher can expect to see in today's classroom. In a study by de Boer et al. (2013), 45 classrooms of students participated in the study with each classroom having an average of 21 students who were typically developing and 2 students with a disability. A limitation of the study is that there were

numerous disability diagnoses represented by the children in the study, rather than multiple children who have the same disability. Thus, the diversity within the disabilities present in the study does not allows the results to be generalizable to the entire population as there are very few children in each disability category. Yet, it can be argued that teachers are likely to have a variety of disabilities present in their classroom, including those that have a greater or lesser impact on the variables explored in the current study. As discussed previously, teachers may perceive children's behavior differently based on the type of disability they have. For example, teachers may perceive that children with Autism have higher levels of problem behavior due to their lower levels of social skills, whereas a child with Down syndrome may be perceived as having less problem behavior and more prosocial behavior.

Yet another limitation of the study also involves the number of time points that data was collected. Though the sample size from the larger study was substantial, only data from two time points were taken because of the data that was needed for each child and what data was collected at certain years. The two time points only display a small picture of how children develop and change over time. Results may have differed had multiple time points been utilized. Also, though numerous parents and teachers participate in the larger study from which the current study was drawn, there are some years that parents did not participate, which leaves gaps in the data set. Thus, the data that was collected at each time point for the current study was not the same for each child, but rather the last two consecutive time points for which data was available were used. In other words, for some children, the data used for their first time point occurred when they were in the 3 and 4 year old room and then the second time point data was taken in the 4

and 5 year old room; however, for other children, their data may have been consecutive from the 1 and 2 year old room to the 2 and 3 year old room, but a lack of participation or enrollment when they were in the 3 and 4 year old room did not allow the data to be consecutively collected at the same time points as the first children mentioned. Therefore, differences in parent and teacher reports for each child could be attributed to numerous conditions (e.g., teacher turnover, differences in classroom environment at the time the data was collected for a specific time point, change in the child's teacher across the two time points.).

Furthermore, the teachers and parents within the current study also do not represent the general population. Many of the parents of the child attending the lab school are employed in higher education and have a higher than average socioeconomic status as compared to typical parents of a child in an early childhood classroom. Additionally, many of the teachers that work at the lab school have received specialized degrees in general education and special education along with having many years of inclusive classroom experience, rather than having a different higher education background and becoming alternatively certified or having never taught children with DD/D. Thus, the demographics and values of the teachers and parents within the study may have impacted the results of the study in that they were more aware of specific externalizing and internalizing behaviors that are typical or atypical of the children's development.

Implications and Future Directions

Creating classroom environments that foster higher levels of closeness and lower levels of conflict for children with disabilities is needed. Being aware of the higher levels of aggressive and anxious behavior seen in children with DD/D can aid in the formation

of a more positive bidirectional relationship between the teacher and child, where teachers react less negatively to the child's problem behavior and in turn, do not perpetuate the cycle of the child exhibiting higher levels of problem behavior due to a relationship of conflict with the teacher. Eisenhower et al. (2015), expanded on the significant association between externalizing problem behavior and the teacher-child relationship as being bidirectional, such that higher levels of problem behavior exhibited by the child may result in a more negative teacher-child relationship and conversely, a lack of effort put forth by the teacher to foster a strong, secure relationship with the child may result in more frequent externalizing behavior from the child.

Another implication brought forth by the current study is that children with disabilities need to be placed in and remain in inclusive settings, as children seem to exhibit higher levels of prosocial behavior and lower levels of anxious and aggressive behavior as more time is spent in this type of setting. Despite the finding that children with disabilities exhibited lower levels of closeness within the teacher-child relationship over time, future research should explore teacher-child relationships within inclusive classroom settings that utilize multiple time points (e.g., data collection that occurs at several different times in the course of one school year, rather than once a year as utilized by the current study) of teacher report, as well as having the same teacher to report the child's behavior over time.

As mentioned previously, the current study yielded some findings that do not suggest a reduction in the implementation of inclusive education practices, but simply highlighted the differences between children who are typically developing and children who have developmental delays and/or disabilities. Thus, it is important to highlight not

only the possible explanations for these findings, but also the multitude of positive outcomes that all children, families, and teachers participating in inclusion may experience. First, there is a sense of community that is fostered within an inclusive environment. Teachers implementing inclusion are likely to promote a teamwork attitude where all children help one another and work together to solve problems that allow for meaningful learning experiences. In an article by Lopez and Corcoran (2014) where inclusive education teachers were interviewed in focus groups, many teachers emphasized the need for creating an atmosphere that is accommodating for each student's diverse educational needs. This type of environment can allow children with DD/D to feel empowered and capable of achieving the reachable goals that they have a voice in setting. Further, inclusive teachers must create and implement a learning curriculum that is differentiated and individualized for every learner, such that children with and without DD/D are being appropriately challenged and also "scaffolded" through their zone of proximal development as needed. In a review by Vakil et al. (2009), it is conveyed that inclusion is largely based on its method of delivery in the sense that instruction must be developmentally, individually, culturally, and age appropriate.

Another facet of inclusion that elicits potential positive outcomes is that children who are typically developing can model appropriate social and emotional behavior that is accepted by others for children with DD/D. Despite the current study's findings that children with DD/D have exhibited increased levels of anxious and aggressive behavior over time in comparison to children who are typically developing, the secure attachments that the child with DD/D makes with his/her teacher and peers can aid in managing or potentially decreasing these behaviors because of the level of security and stability that is

found within those attachment relationships. Birch and Ladd (1998) found that some of the child behaviors that predict the quality of children's peer relationships have also been linked to foreshadow the quality of the teacher-child relationship in the future. Thus, if children with disabilities are creating secure attachment relationships with their peers in inclusive environments, while also learning from the appropriate behaviors that are being modeled by their peers who are typically developing, there is a higher likelihood that the child with DD/D will develop similar secure attachments with teachers and other adult figures.

Yet, inclusion does not solely have positive outcomes for children with DD/D, but children who are typically developing also experience these benefits. Inclusion can help children who are typically developing learn to appreciate and respect individual differences among people. Learning alongside someone with a disability can provide all children with experiences that promote open-mindedness, patience, kindness, and a helpful nature. In a review by Odom, Buysse, and Soukakou (2011), it is discussed that children without disabilities who participate in an inclusive education setting may gain a positive knowledge and attitude about disabilities. Further, the friendships that result from inclusive classrooms among both children with and without disabilities can be considered a protective mechanism against the development of poor social behavior and even having difficulty academically as well, as the friend can be a resource in times of need. Research by Odom et al. (2006) produced findings that friendship has the potential to mediate social acceptance for children with disabilities. Therefore, when children with disabilities participate in inclusion and are given opportunities to create friendship with

children of all ability levels, their level of social acceptance can increase, which may eliminate problem behaviors.

Additionally, aside from the teachers and children, parents and families can be a prominent aspect of why inclusion should be implemented among other forms of education. In an inclusive lab school such as the one in this study, parents are actively involved in the child's education and experiences; thus, children with DD/D are more supported and there is greater consistency or continuity between the home and school environment. Additionally in this specific inclusive environment, special services such as occupational therapy, speech therapy, music therapy, physical therapy, and early intervention services are provided to the child with DD/D directly in the classroom, which allows for the child to receive services while continuing to learn alongside peers. Parents are informed on these practices and services so that they can continue to implement them in the home as well. Bennett et al. (1997) conducted research in which parents' and teachers' perspectives were gathered regarding the practice of inclusion. It was found that parents felt they had a high level of involvement in the team that supports their child at school and they also communicated with their child's classroom teacher as often as possible. The multifaceted support that children can receive from teachers, parents, peers, and other service providers in an inclusive classroom sets this educational method apart at such a high quality.

Finally, future research should continue to explore the various aspects of inclusion at the early childhood level. An influx of research was published surrounding the passing of laws requiring early intervention services for children with disabilities as well as education in a least restrictive environment; yet, despite professionals' recommendations

to being early intervention services as early as possible, specifically for children with disabilities, there is limited new research on inclusion in early childhood settings. For example, Odom et al.'s (2011) review asserts that there is far less research available on the effects of program quality for children with DD/D than what is for children who are typically developing. In order to continue improving the standard of education and providing classrooms that are fit for each learner, research needs to progress in order to keep educators informed as well as implemented the best practices for all children.

Reflection

An immensely important aspect of conducting research is thinking critically about and reflecting on specific findings and their meaning for not only the exiting literature, but also how that may affect society. Reflecting on personal positions, thoughts, and biases allows for more vulnerable and authentic contributions to the world of research, as displayed in an article by Brayboy (2005). In the article, Brayboy (2005), proposes the critical race theory and the TribalCrit theory, which highlight the ethical and social issues that American Indians face in society, whether that be a native language loss, an overrepresentation in special education, a lack of students graduating from college, and many more. The article is fascinating in part because the writer himself is a member of an Indigenous tribe. Brayboy (2005) speaks of society trying to colonize or change how American Indians are; yet, he finds himself in a unique position, as a researcher, by which he is conducting research that could elicit change for the current expectations of this population, of which he is also a member. In short, I find that I can relate to Brayboy (2005) as I reflect on my own position within the current study. My role is unique because not only have I conducted research on parents and teachers of children within the

inclusive lab school, but I am also a teacher at the lab school where the research was conducted. Furthermore, I am a sibling to someone with a disability. In reflecting on these diverse roles, I find myself in a unique situation by which I am conducting research to explore how relationships can affect inclusive classrooms, but as a teacher I am also directly involved in being shaped by that research. It could be suggested that my inside perspective as a teacher who knows the children in the current study on a personal level could create a level of bias within the interpretation of the results. Additionally, having lived with my brother with Autism firsthand, there is a substantial internal desire to advocate for an inclusive environment and the fostering of relationships that contribute to that environment because of my own personal experiences with my brother and his disability.

As a recent early childhood education graduate and having received my teaching certification in today's time period, I have been educated from a perspective that encourages and supports inclusive classrooms, rather than earlier generations of teachers who completed teacher preparation programs prior to the rise in prevalence of inclusion in education. Having been educated from this perspective increases the likelihood that I may be biased in my interpretation of the results of the current study, such that I am more likely to see the results in a positive light because of my predisposed notion about how inclusion is typically beneficial for all children. Further, having been a witness to own my brother being educated in a variety of styles of elementary classrooms, I have seen him have the most developmental success when placed in an inclusive setting. Like many children with and without disabilities in the current study, my brother often had difficulty building relationships with his teachers and peers, due to the school district's choice to

place special education teachers for specific grades at designated schools, which often resulted in him being moved year to year without the stability of an inclusive environment. Once my family decided to advocate for him to stay at the same school and learn alongside his peers in a general education classroom rather than in a special education classroom, he flourished and began to find his own independence. It is experiences like this and others from my own teaching career that may be reflected in the way that I perceive the results of the current study and how they may contribute to the general society.

Conclusion

Fostering strong relationships between teachers and children with and without disabilities is the clear message to take away from the current study. The quality of teachers' relationships with both children and with parents makes up a large portion of the quality of the inclusive environment. The most important findings from the current study are that children with developmental delays and/or disabilities exhibited higher levels of anxious and aggressive behavior than children who are typically developing and children with DD/D experienced lower levels of closeness and higher levels of conflict as compared to children without disabilities. These findings display the evident need for more research in early childhood inclusive settings so that the implications for the findings across a variety of settings can be better understood and teacher instruction be modified. However, it is important to note that both children with and without disabilities were not significantly different in their level of prosocial behavior, meaning that both groups of children were displaying similar frequency of positive behaviors in this environment. Additionally, findings revealed an increase in the level of prosocial

behavior seen in all children over time, which is supported by numerous research studies that there are positive effects seen in all children when attending an inclusive classroom, rather than solely children with disabilities. In their review, Odom et al. (2011) state that despite the fact there are no randomized experimental studies to confirm that inclusion is beneficial to all children, there is quasi-experimental and descriptive research that supports this point. Also, not only is there research supporting the implementation of inclusion, but parents are also in agreement. In a study by Hilbert (2014), it was found that parents of children with and without disabilities agreed that inclusion was beneficial for both groups of children and most disagreed that inclusion was a risk for children who are typically developing.

Despite the lack of significant associations found within the third research question, current research has shown that support from parents is instrumental in aiding the education of children with DD/D. Future research should explore the parent-teacher relationship that is formed when a child is attending school inclusively. More importantly, this partnership between the teacher and parent should be studied in conjunction with its effects on the child and the child's relationships with those around them including both peers and the teacher. The stark differences seen in relationship quality among teachers and children with disabilities and children without disabilities is evidence enough that more should be done for children with DD/D in the classroom to combat externalizing and internalizing behaviors that lead to high levels of conflict within relationships.

It should also be noted that externalizing and internalizing behaviors may not be the only reason that children with disabilities experience higher levels of conflict and

lower levels of closeness. As the current study displayed, children with disabilities showed lower levels of closeness over time in this particular inclusive lab school, as well as increased level of conflict as compared to their typically developing peers. Future research advocating for inclusion may benefit from exploring the effects of providing a more stable environment for children with disabilities. One option that may provide stability is looping. If children with DD/D were able to loop up and have the same teacher for multiple years, lower levels of conflict and higher levels of closeness may be seen within the teacher-child relationship as they are able to form a more secure attachment relationship with time. Also, as mentioned earlier, this sample included children with many different disabilities (e.g., Autism, Williams Syndrome, Down Syndrome, Fragile X Syndrome, Speech Delay, etc.), hence it was difficult to generalize the findings. Thus, future research may benefit from a study design that follows multiple students in inclusive settings with the same disability so that there is a lower chance that one child with a disability that is characterized by more severe problem behavior may impact the results when other children present in the sample have disabilities that do not exhibit problem behaviors as frequently or as intensely. Furthermore, teachers should implement strategies such as modeling appropriate behaviors and forming close relationships with the child and the family early in the school year that elicit more prosocial behaviors for children with disabilities, as the outcomes of these behaviors are beneficial to the entire classroom community.

REFERENCES

Achenbach, T. M., & Rescorla, L. A. (2000). *Manual for the ASEBA Preschool Forms & Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families.

American Association on Intellectual and Developmental Disabilities. (2010). *Frequently asked questions on intellectual disability*. Retrieved from http://aaidd.org/intellectual-disability/definition/faqs-on-intellectual-disability#.VTbs1VxZG0s

Atiles, J. T., Jones, J. L., & Kim, H. (2012). Field experience + inclusive ECE classrooms = increased preservice teacher efficacy in working with students with developmental delays or disabilities. *Educational Research Quarterly, 36*(2), 62-85.

Baurain, C., Nader-Grosbois, N., & Dionne, C. (2013). Socio-emotional regulation in children with intellectual disability and typically developing children, and teachers' perceptions of their social adjustment. *Research in Developmental Disabilities, 34,* 2774-2787. doi:10.1016/j.ridd.2013.03.022

Bennett, T., Deluca, D., & Bruns, D. (1997). Putting inclusion into practice: Perspectives of teachers and parents. *Exceptional Children, 64,* 115-131.

Birch, S. H., & Ladd, G. W. (1997). The teacher-child relationship and children's early school adjustment. *Journal of School Psychology, 35*(1), 61-79. doi:10.1016/S0022-4405(96)00029-5

Birch, S. H., & Ladd, G. W. (1998). Children's interpersonal behaviors and the teacher-child relationship. *Developmental Psychology, 34,* 934-946. doi:10.1037/0012-1649.34.5.934

Bowlby, J. (1982). Attachment and loss: Retrospect and prospect. *American Journal of Orthopsychiatry, 52*(4), 664-678.

Brayboy, B. M. (2005). Toward a tribal critical race theory in education. *The Urban Review, 37,* 425-446. doi:10.1007/s11256-005-0018-y

Brewin, J. B., Renwick, R., & Schormans, A. F. (2008). Parental perspectives of the quality of life in school environments for children with Asperger syndrome. *Focus on Autism and Other Developmental Disabilities, 23,* 242-252. doi:10.1177/1088357608322997

Bronfenbrenner, U. (1976). The experimental ecology of education. *Educational Researcher, 5*(9), 5-15.

Bronfenbrenner, U. (1994). Ecological models of human development. In *International Encyclopedia of Education,* (2nd ed., Vol. 3, pp. 1643-1647). Oxford: Elsevier.

Boyle, C. A., Boulet, S., Schieve, L. A., Cohen, R. A., Blumberg, S. J., Yeargin-Allsopp, M., ... Kogan, M. D. (2011). Trends in the prevalence of developmental disabilities in US children. *Pediatrics, 127,* 1034-1042. doi:10.1542/peds.2010-2989.

Cai, X., Kaiser, A. P., Hancock, T. B. (2004). Parent and teacher agreement on child behavior checklist items in a sample of preschoolers from low-income and predominantly African American families. *Journal of Clinical Child and Adolescent Psychology, 33*, 303-312. doi:10.1207/s15374424jccp3302_12

Call, N. A., Reavis, A. R., McCracken, C. E., Gillespie, S. E., & Scheithauer, M. C. (2015). The impact of delays on parents' perceptions of treatments for problem behavior. *Journal of Autism and Developmental Disorders, 45,* 1013-1025. doi:10.1007/s10803-014-2257-9

Cameron, D. L., & Cook, B. G. (2013). General education teachers' goals and expectations for their included students with mild and severe disabilities. *Education and Training in Autism and Developmental Disabilities, 48,* 18-30.

Chung, L., Marvin, C. A., & Churchill, S. L. (2005). Teacher factors associated with preschool teacher-child relationships: Teaching efficacy and parent-teacher relationships. *Journal of Early Childhood Teacher Education, 25*(2), 131-142. doi:10.1080/1090102050250206

Davis, J. M., Ravenscroft, J., & Bizas, N. (2015). Transition, inclusion and partnership: Child-, parent- and professional-led approaches in a European research project. *Child Care in Practice, 21*, 33-49. doi:10.1080/13575279.2014.976543

Dearing, E., Kreider, H., Simpkins, S., & Weiss, H. B. (2006). Family involvement in school and low-income children's literacy: Longitudinal associations between and within families. *Journal of Educational Psychology*, *98*, 653–664. doi:10.1037/0022-0663.98.4.653

de Boer, A., Pijl, S. J., Post, W., & Minnaert, A. (2013). Peer acceptance and friendships of students with disabilities in general education: The role of child, peer, and classroom variables. *Social Development, 22,* 831-844. doi:10.1111/j.1467-9507.2012.00670.x

de Boer, A., Timmerman, M., Pijl, S. J., & Minnaert, A. (2012). The psychometric evaluation of a questionnaire to measure attitudes toward inclusive education. *European Journal of Psychology of Education, 27,* 573-589. doi:10.1007/s10212-011-0096-z

De Schipper, J. C., Stolk, J., & Schuengel, C. (2006). Professional caretakers as attachment figures in day care centers for children with intellectual disability and behavior problems. *Research in Developmental Disabilities, 27,* 203-216. doi:10.1016/j.ridd.2005.02.001

DEC/NAEYC. (2009). Early childhood inclusion: A joint position statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC). Chapel Hill: The University of North Carolina, FPG Child Development Institute.

Doge, P. & Keller, H. (2014). Similarity of mothers' and preschool teachers' evaluations of socialization goals in a cross-cultural perspective. *Journal of Research in Childhood Education, 28,* 377-393. doi:10.1080/02568543.2014.913279

Eisenhower, A. S., Baker, B. L., & Blacher, J. (2007). Early student-teacher relationships of children with and without intellectual disability: Contributions of behavioral, social, and self-regulatory competence. *Journal of School Psychology, 45*(4), 363-383. doi:10.1016/j.jsp.2006.10.002

Eisenhower, A. S., Blacher, J., & Bush, H. H. (2015). Longitudinal associations between externalizing problems and student-teacher relationship quality for young children with ASD. *Research in Autism Spectrum Disorders*

Elkins, J., van Kraaynoord, C. E., & Jobling, A. (2003). Parents' attitudes to inclusion of their children with special needs. *Journal of Research in Special Educational Needs, 3,* 142-158. doi:10.1111/1471-3802.00005

Efstratopoulou, M., Simons, J., & Janssen, R. (2012). Concordance among physical educators', teachers', and parents' perceptions of attention problems in children. *Journal of Attention Disorders, 17,* 437-443. doi:10.1177/1087054711431698

Falkmer, M., Anderson, K., Joosten, A., & Falkmer, T. (2015). Parents' perspectives on inclusive schools for children with autism spectrum conditions. *International Journal of Disability, Development, and Education, 62*(1), 1-23. doi:10.1080/1034912X.2014.984589

Ferraioli, S. J. & Harris, S. L. (2011). Effective educational inclusion of students on the autism spectrum. *Journal of Contemporary Psychotherapy, 41,* 19-28. doi:10.1007/s10879-010-9156-y

Galindo, C., & Sheldon, S. B. (2012). School and home connections and children's kindergarten achievement gains: The mediating role of family involvement. *Early Childhood Research Quarterly, 27,* 90-103. doi:10.1016/j.ecresq.2011.05.004

Gerdes, A. C., Hoza, B., Arnold, L. E., Hinshaw, S. P., Wells, K. C., Hechtman, L.,…Wigal, T. (2007). Child and parent predictors of perceptions of parent-child relationship quality. *Journal of Attention Disorders, 1,* 37-48. doi:10.1177/1087054706295664

Gindis, B. (1995). The social/cultural implication of disability: Vygotsky's paradigm for special education. *Educational Psychologist, 30,* 77-81. doi:10.1207/s15326985ep3002_4

Goodman, S. J., & Glenwick, D. S. (2012). Correlates of attachment perceptions in parents of children with Autism Spectrum Disorders. *Journal of Autism and Developmental Disorders, 42*, 2056-2066. doi:10.1007/s10803-012-1453-8

Green, S. A., Berkovits, L. D., & Baker, B. L. (2015). Symptoms and development of anxiety in children with or without intellectual disability. *Journal of Clinical Child and Adolescent Psychology, 44,* 137-144. doi:10.1080/15374416.2013.873979

Hamre, B. K., & Pianta, R. C. (2001). Early teacher-child relationships and the trajectory of children's school outcomes through eighth grade. *Child Development, 72*(2), 625-638.

Harland, T. (2003). Vygotsky's Zone of proximal development and problem-based learning: Linking a theoretical concept with practice through action research. *Teaching in Higher Education, 8*(2), 263-272. doi:10.1080/1356251032000052483

Hilbert, D. (2014). Perceptions of parents of young children with and without disabilities attending inclusive preschool programs. *Journal of Education and Learning, 3*, 49-59. doi:10.5539/jel.v3n4p49

Hill, N. E., & Taylor, L. C. (2004). Parental school involvement and children's academic achievement: Pragmatics and issues. Current Directions in Psychological Science, 13, 161–164. doi:10.1111/j.0963-7214.2004.00298.x

Howe, D. (2006). Disabled children, parent-child interaction and attachment. *Child and Family Social Work, 11,* 95-106. doi:10.1111/j.1365-2206.2006.00397.x

Individuals with Disability Education Act Amendments of 1997 [IDEA]. (1997). Retrieved from http://thomas.loc.gov/home/thomas.php

Jepsen, M. I., Gray, K. M., & Taffe, J. R. (2012). Agreement in multi-informant assessment of behavior and emotional problems and social functioning in adolescents with autistic and Asperger's disorder. *Research in Autism Spectrum Disorders, 6,* 1091-1098. doi:10.1016/j.rasd.2012.02.008

Jeynes, W. H. (2005). A meta-analysis of the relation of parental involvement to urban elementary school student academic achievement. Urban Education, 40, 237–269. doi:10.1177/0042085905274540

Jerome, E. M., Hamre, B. K., & Pianta, R. C. (2009). Teacher-child relationships from kindergarten to sixth grade: Early childhood predictors of teacher-perceived conflict and closeness. *Social Development, 18*(4), 915-945. doi:10.1111/j.1467-9507.2008.00508.x

Kalyva, E., Gojkovic, D., & Tsakiris, V. (2007). Serbian teachers' attitudes toward inclusion. *International Journal of Special Education, 22,* 31-36.

Kanne, S. M., Abbacchi, A. M., & Constantino, J. N. (2009). Multi-informant ratings of psychiatric symptom severity in children with autism spectrum disorders: The importance of environmental context. *Journal of Autism and Developmental Disorders, 39,* 856-864. doi:10.1007/s10803-009-0694-7

Kissel, S. D., and Nelson, M. W. (2014). Parents' perceptions of the severity of their child's autistic behaviors and differences in parental stress, family functioning, and social support. *Focus on Autism and Other Developmental Disabilities,* 1-9. doi:10.1177/1088357614537352

Koomen, H. M. & Jellesma, F. C. (2015). Can closeness, conflict, and dependency be used to characterize students' perceptions of the affective relationship with their teacher: Testing a new child measure in middle childhood. *British Journal of Educational Psychology, 85*, 479-497. doi:10.1111/bjep.12094

Ladd, G. W. (2006). Peer rejection, aggressive or withdrawn behavior, and psychological maladjustment from ages 5 to 12: An examination of four predictive models. *Child Development, 77,* 822-846. doi:10.1111/j.1467-8624.2006.00902.x

Ladd, G. W. & Profilet, S. M. (1996). The child behavior scale: A teacher-report measure of young children's aggressive, withdrawn, and prosocial behaviors. *Developmental Psychology, 32*, 1008-1024.

Liew, J., Chen, Q., Hughes, J. N. (2010). Child effortful control, teacher–student relationships, and achievement in academically at-risk children: Additive and interactive effects. *Early Childhood Research Quarterly, 25,* 51-64. doi:10.1016/j.ecresq.2009.07.005

Lopez, C., & Corcoran, T. (2014). Relationships with special needs students: Exploring primary teachers' descriptions. *International Journal of Inclusive Education, 18*(12), 1304-1320. doi:10.1080/13603116.2014.897385

Lynn, S., Carroll, A., Houghton, S., & Cobham, V. (2013). Peer relations and emotion regulation of children with emotional and behavioral difficulties with and without a developmental disorder. *Emotional and Behavioral Difficulties, 18,* 297-309. doi:10.1080/13632752.2013.769707

Maldonado-Carreno, C., & Votruba-Drzal, E. (2011). Teacher-child relationships and the development of academic and behavioral skills during elementary school: A within- and between-child analysis. *Child Development, 82*(2), 601-616. doi:10.1111/j.1467-8624.2010.01533.x

Male, D. (2003). Challenging behavior: The perceptions of teachers of children and young people with severe learning disabilities. *Journal of Research in Special Educational Needs, 3,* 162-171. doi:10.1111/1471-3802.00011

McLeskey, J., & Waldron, N. L. (2007). Making differences ordinary in inclusive classrooms. *Intervention in School and Clinic, 42,* 162-168. doi:10.1177/10534512070420030501

Mucci, A. M. (2014). Teacher perceptions and responses towards behavior in catholic secondary schools**.** *American Secondary Education, 42*(2), 4-19.

Murray, C., & Greenberg, M. T. (2001). Relationships with teachers and bonds with school: Social emotional adjustment correlates for children with and without disabilities. *Psychology in the Schools, 38,* 25-41. doi:0.1002/1520-6807(200101)38:1<25::AID-PITS4>3.0.CO;2-C

Odom, S. L., & Buysse, V., & Soukakou, E. (2011). Inclusion for young children with disabilities: A quarter century of research perspectives. *Journal of Early Intervention, 33,* 344-356. doi:10.1177/1053815111430094

Odom, S. L., & Diamond, K. E. (1998). Inclusion of young children with special needs In early childhood education: The research base. *Early Childhood Research Quarterly, 13*(1), 3-25.

Odom, S. L., Li, S., Sandall, S., Zercher, C., Marquart, J. M., Brown, W. H. (2006). Social acceptance and rejection of preschool children with disabilities: A mixed-method analysis. *Journal of Educational Psychology, 98,* 807-823. doi:10.1037/0022-0663.98.4.807

Ogelman, H. G., & Seven, S. (2012). The effect social information processing in six-year-old children has on their social competence and peer relationships. *Early Child Development and Care, 182,* 1623-1643. doi:10.1080/03004430.2011.636810

Pasta, T., Mendola, M., Prino, L. E., Longobardi, C., & Gastaldi, F. G. (2013). Teachers' perception of the relationship with pupils having specific learning disabilities. *Interpersona: An International Journal on Personal Relationships, 7,* 125-137. doi:10.5964/ijpr.v7i1.120

Pavlovic, M., Zunic-Pavlovic, V., & Glumbic, N. (2013). Students' and teachers' perceptions of aggressive behavior in adolescents with intellectual disability and typically developing adolescents. *Research in Developmental Disabilities, 34,* 3789-3797. doi:10.1016/j.ridd.2013.07.035

Pianta, R. C. (1999). Enhancing relationships between children and teachers. Washington, DC, US: American Psychological Association.

Pianta, R. C. (2001). Student-teacher relationship scale [Professional Manual]. Lutz, FL: Psychological Assessment Resources.

Pianta, R. C., & Kraft-Sayre, M., & Rimm-Kaufman, S., & Gercke, N., & Higgins, T. (2001). Collaboration in building partnerships between families and schools: The national center for early development and learning's kindergarten transition intervention. *Early Childhood Research Quarterly, 16*, 117-132. doi:10.1016/s0885-2006(01)00089-8

Pianta, R. C., & Stuhlman, M. W. (2004). Teacher-child relationships and children's success in the first years of school. *School Psychology Review, 33*(3), 444-458.

Plant, K. M., & Sanders, M. R. (2007). Reducing problem behavior during caregiving in families of preschool-aged children with developmental disabilities. *Research in Developmental Disabilities*, *28*(4), 362-385. doi:10.1016/j.ridd.2006.02.009

Rae, H., & Murray, G. (2011). Teaching staff knowledge, attributions and confidence in relation to working with children with an intellectual disability and challenging behavior. *British Journal of Learning Disabilities, 39,* 295-301. doi:10.1111/j.1468-3156.2010.00667.x

Rafferty, Y., & Griffin, K. W. (2005). Benefits and risks of reverse inclusion for preschoolers with and without disabilities: Perspectives of parents and providers. *Journal of Early Intervention, 27*(3), 173-192.

Robertson, K., Chamberlain, B., & Kasari, C. (2003). General education teachers' relationships with included students with autism. *Journal of Autism and Developmental Disorders, 33,* 123-130.

Schuengel, C., Schipper, J. C., Sterkenburg, P. S., & Kef, S. (2013). Attachment, intellectual disabilities and mental health: Research, assessment and intervention. *Journal of Applied Research in Intellectual Disabilities, 26,* 34-46.

Shashi, V., Wray, E., Schoch, K., Curtiss, K., & Hooper, S. R. (2013). Discrepancies in parent and teacher ratings of social-behavioral functioning of children with chromosome 22q11.2 deletion syndrome: Implications for assessment. *American Journal on Intellectual and Developmental Disabilities, 118,* 339-352. doi:10.1352/1944-7558-118.5.339

Stoiber, K. C., Gettinger, M. & Goetz, D. (1998). Exploring factors influencing parents' and early childhood practitioners' beliefs about inclusion. *Early Childhood Research Quarterly, 13*, 107‐124.

Tillery, A. D., Varjas, K., Meyers, J., & Collins, A. S. (2010). General education teachers' perceptions of behavior management and intervention strategies. *Journal of Positive Behavior Interventions, 12*(2), 86-102. doi:10.1177/1098300708330879

Vakil, S., Welton, E., O'Connor, B., & Kline, L. S. (2009). Inclusion means everyone! The role of the early childhood educator when including young children with autism in the classroom. *Early Childhood Education Journal, 36*, 321-326. doi:10.1007/s10643-008-0289-5

Verschueren, K., & Koomen, H. M. (2012). Teacher-child relationships from an attachment perspective. *Attachment & Human Development, 14,* 205-211. doi:10.1080/14616734.2012.672260

Vygotsky, L. S. (1978). *Mind in Society: the development of higher mental processes* (Cambridge, Harvard University Press).

Vygotsky, L. S. (1993). The collected works of L. S. Vygotsky. Volume 2: The fundamentals of defectology (abnormal psychology and learning disabilities) (R. W. Rieber & A. S. Carton, Eds.; J. E. Knox & C. B. Stevens, Trans.). New York: Plenum.

Wass, R., & Golding, C. (2014). Sharpening a tool for teaching: The zone of proximal development. *Teaching in Higher Education, 19*(6), 671-684. doi:10.1080/13562517.2014.901958

Wood, S. C. (2012). Examining parent and teacher perceptions of behaviors exhibited by gifted students referred for ADHD diagnosis using the Conners 3: An exploratory study. *Roeper Review, 34,* 194-204. doi:10.1080/02783193.2012.686426

You, S., & Sharkey, J. (2009). Testing a developmental-ecological model of student engagement: A multilevel latent growth curve analysis. *Journal of Educational Psychology, 29*(6), 659-684. doi:10.1080/01443410903206815

Zhang, X., & Sun, J. (2011). The reciprocal relations between teachers' perceptions of children's behavior problems and teacher-child relationships in the first preschool year. *The Journal of Genetic Psychology, 172,* 176-198. doi:10.1080/00221325.2010.528077

APPENDICES

ID# _____
Date_____

Child Behavior Checklist for Ages 1 ½ - 5
(Parent/Caregiver)

Below is a list of items that describe children. For each item that describes the child **now or within the past 2 months**, please circle the **2** if the item is **very often or often true** of the child. Circle the **1** if the item is **somewhat or sometimes true** of the child. If the item is **not true** of the child, circle the **0**. Please answer all items as well as you can, even if some do not apply to the child.

0 = *Not True (as far as you know)*
1 = *Somewhat or Sometimes True*
2 = *Very True or Often True*

	Not True	Somewhat or Sometimes True	Very True or Often True
	0	1	2
1. Can't stand waiting; wants everything now	○	○	○
2. Clings to adults or too dependent	○	○	○
3. Defiant	○	○	○
4. Demands must be met immediately	○	○	○
5. Destroys property belonging to his/her family or other children	○	○	○
6. Disobedient	○	○	○
7. Doesn't seem to feel guilty after misbehaving	○	○	○
8. Easily frustrated	○	○	○
9. Feelings are easily hurt	○	○	○
10. Gets in many fights	○	○	○
11. Gets too upset when separated from parents	○	○	○
12. Hits others	○	○	○

ID#_____
Date_____

	Not True 0	Somewhat or Sometimes True 1	Very True or Often True 2
13. Hurts animals or people without meaning to	○	○	○
14. Looks unhappy without good reason	○	○	○
15. Angry moods	○	○	○
16. Nervous, highstrung, or tense	○	○	○
17. Physically attacks people	○	○	○
18. Punishment doesn't change his/her behavior	○	○	○
19. Screams a lot	○	○	○
20. Self-conscious or easily embarrassed	○	○	○
21. Selfish or won't share	○	○	○
22. Stubborn, sullen or irritable	○	○	○
23. Temper tantrums or hot temper	○	○	○
24. Too fearful or anxious	○	○	○
25. Uncooperative	○	○	○
26. Unhappy, sad, or depressed	○	○	○
27. Wants a lot of attention	○	○	○

ID# _____
Date_____

Please be sure you answered all items. Underline any you are concerned about.

Does the child have any illness or disability (either physical or mental)?

○ No

○ Yes – Please describe:

_____

_____

What concerns you most about the child?

_____

_____

_____

Please describe the best things about the child:

_____

_____

_____

Achenbach, T.M., & Rescorla, L.A. (2000). *Manual for ASEBA Preschool Forms & Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth & Families.

ID#_____
Date_____

Child Behavior Checklist for Ages 1 ½ - 5
(Teacher)

Please fill out the form to reflect *your* view of the child's behavior even if other people might not agree. Feel free to write additional comments beside each item and in the space provided. ***Be sure to answer all items.***

Child's gender
○ Boy
○ Girl

Child's age: _____years, _____ months

Child's ethnic group or race:
_____

Today's date:
Mo._____Day_____Year_____

Child's Birthdate:
Mo._____Day_____Year_____

Parents' usual type of work, even if not working now. Please be specific – for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.

Father's type of work _____

Mother's type of work_____

Your role at the school or care facility:
○ primarily educational (teacher)
○ primarily care (caregiver)

Your training for this position:_____

Your experience in child care or early education:_____ years.

1. What kind of facility is it? (Please be specific, e.g. home day care, day care center, nursery school, preschool, school readiness class, Early Childhood Special Education, Head Start, Kindergarten, etc.)
   _____
2. What is the average number of children in the child's group or class?_____ children in the child's group or a class.
3. How many hours per week does this child spend at the facility? _____ hours per week.
4. For how many months have you known this child? _____ months.
5. How well do you know him/her?
   ○ Not well
   ○ Moderately well
   ○ Very well
6. Has he/she ever been referred for a special education program or special services?
   ○ Don't know
   ○ No
   ○ Yes – what kind and when?

ID#_____
Date_____

Below is a list of items that describe children. For each item that describes the child **now or within the past 2 months**, please circle the **2** if the item is **very often or often true** of the child. Circle the **1** if the item is **somewhat or sometimes true** of the child. If the item is **not true** of the child, circle the **0**. Please answer all items as well as you can, even if some do not apply to the child.

0 = *Not True (as far as you know)*
1 = *Somewhat or Sometimes True*
2 = *Very true or Often True*

	Not True	Somewhat or Sometimes True	Very True or Often True
	0	**1**	**2**
1. Aches or pains (without medical cause; **do not** include stomach or headaches)	○	○	○
2. Acts too young for age	○	○	○
3. Afraid to try new things	○	○	○
4. Avoids looking others in the eye	○	○	○
5. Can't concentrate, cant pay attention for long	○	○	○
6. Can't sit still, restless, or hyperactive	○	○	○
7. Can't stand having things out of place	○	○	○
8. Can't stand waiting; wants everything now	○	○	○
9. Chews on things that aren't edible	○	○	○
10. Clings to adults or too dependent	○	○	○
11. Constantly seeks help	○	○	○
12. Apathetic or unmotivated	○	○	○

ID#_____
Date_____

	Not True 0	Somewhat or Sometimes True 1	Very True or Often True 2
13. Cries a lot	○	○	○
14. Cruel to animals	○	○	○
15. Defiant	○	○	○
16. Demands must be met immediately	○	○	○
17. Destroys his/her own things	○	○	○
18. Destroys property belonging to others	○	○	○
19. Daydreams or gets lost in his/her thoughts	○	○	○
20. Disobedient	○	○	○
21. Disturbed by any change in routine	○	○	○
22. Cruelty, bullying, or meanness to others	○	○	○
23. Doesn't answer when people talk to him/her	○	○	○
24. Difficulty following directions	○	○	○
25. Doesn't get along with other children	○	○	○
26. Doesn't know how to have fun; acts like a little adult	○	○	○

ID#_____
Date_____

	Not True 0	Somewhat or Sometimes True 1	Very True or Often True 2
27. Doesn't seem to feel guilty after misbehaving	○	○	○
28. Disturbs other children	○	○	○
29. Easily frustrated	○	○	○
30. Easily jealous	○	○	○
31. Eats or drinks things that are not food – **do not** include sweets (describe):_____ _____	○	○	○
32. Fears certain animals, situations, or places other than daycare or school (describe):_____ _____	○	○	○
33. Feelings are easily hurt	○	○	○
34. Gets hurt a lot, accident-prone	○	○	○
35. Gets in many fights	○	○	○
36. Gets into everything	○	○	○
37. Gets too upset when separated from parents	○	○	○
38. Explosive and unpredictable behavior	○	○	○
39. Headaches (without medical cause)	○	○	○
40. Hits others	○	○	○

ID#_____
Date_____

	Not True 0	Somewhat or Sometimes True 1	Very True or Often True 2
41. Holds his/her breath	○	○	○
42. Hurts animals or people without meaning to	○	○	○
43. Looks unhappy without good reason	○	○	○
44. Angry moods	○	○	○
45. Nausea, feels sick (without medical cause)	○	○	○
46. Nervous movements or twitching (describe): _____ _____	○	○	○
47. Nervous, highstrung, or tense	○	○	○
48. Fails to carry out assigned tasks	○	○	○
49. Fears daycare or school	○	○	○
50. Overtired	○	○	○
51. Fidgets	○	○	○
52. Gets teased by other children	○	○	○
53. Physically attacks people	○	○	○
54. Picks nose, skin, or other parts of body (describe): _____ _____	○	○	○

ID#_____
Date_____

	Not True 0	Somewhat or Sometimes True 1	Very True or Often True 2
55. Plays with own sex parts too much	○	○	○
56. Poorly coordinated or clumsy	○	○	○
57. Problems with eyes without medical cause (describe): _____ _____	○	○	○
58. Punishment doesn't change his/her behavior	○	○	○
59. Quickly shifts from one activity to another	○	○	○
60. Rashes or other skin problems (without medical cause)	○	○	○
61. Refuses to eat	○	○	○
62. Refuses to play active games	○	○	○
63. Repeatedly rocks head or body	○	○	○
64. Inattentive, easily distracted	○	○	○
65. Lying or cheating	○	○	○
66. Screams a lot	○	○	○
67. Seems unresponsive to affection	○	○	○
68. Self-conscious or easily embarrassed	○	○	○

ID#_____
Date_____

	Not True 0	Somewhat or Sometimes True 1	Very True or Often True 2
69. Selfish or wont share	○	○	○
70. Shows little affection toward people	○	○	○
71. Shows little interest in things around him/her	○	○	○
72. Shows too little fear of getting hurt	○	○	○
73. Too shy or timid	○	○	○
74. Not liked by other children	○	○	○
75. Overactive	○	○	○
76. Speech problem (describe): _____ _____ _____	○	○	○
77. Stares into space or seems preoccupied	○	○	○
78. Stomachaches or cramps (without medical cause)	○	○	○
79. Overconforms to rules	○	○	○
80. Strange behavior (describe) :_____ _____ _____	○	○	○
81. Stubborn, sullen or irritable	○	○	○
82. Sudden changes in mood or feelings	○	○	○

ID#_____
Date_____

	Not True 0	Somewhat or Sometimes True 1	Very True or Often True 2
83. Sulks a lot	○	○	○
84. Teases a lot	○	○	○
85. Temper tantrums or hot temper	○	○	○
86. Too concerned with neatness or cleanliness	○	○	○
87. Too fearful or anxious	○	○	○
88. Uncooperative	○	○	○
89. Underactive, slow moving, or lacks energy	○	○	○
90. Unhappy, sad, or depressed	○	○	○
91. Unusually loud	○	○	○
92. Upset by new people or situations (describe): _____ _____	○	○	○
93. Vomiting, throwing up (without medical cause)	○	○	○
94. Unclean personal appearance	○	○	○
95. Wanders away	○	○	○
96. Wants a lot of attention	○	○	○

ID#_____
Date_____

	Not True	Somewhat or Sometimes True	Very True or Often True
	0	1	2
97. Whining	○	○	○
98. Withdrawn, doesn't get involved with others	○	○	○
99. Worries	○	○	○

100. Please write in any problems the child has that were not listed above.

_____

_____

_____

Please be sure you answered all items. Underline any you are concerned about.

Does the child have any illness or disability (either physical or mental)?

○ No

○ Yes – Please describe:

_____

_____

What concerns you most about the child?

_____

_____

_____

Please describe the best things about the child:

_____

_____

_____

_____

Achenbach, T.M., & Rescorla, L.A. (2000). *Manual for ASEBA Preschool Forms & Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth & Families.

ID# _____
Date_____

Child Behavior Scale

Please consider the descriptions contained in each of the following items below and rate the extent to which each of these descriptions applies to this child, particularly in the context of his or her behavior with peers. For example, mark 3-"Certainly applies" if the child often displays the behavior described in the statement, mark 2—"Applies sometimes" if the child occasionally displays the behavior, and mark 1—"Doesn't apply" if the child seldom displays the behavior. Please mark only one response per item.

1 = Doesn't Apply
2 = Applies Sometimes
3 = Certainly Applies

	Doesn't Apply 1	Applies Sometimes 2	Certainly Applies 3
1. Shows a recognition of the feelings of others; is empathic.	O	O	O
2. Seems concerned when other children are distressed.	O	O	O
3. Kind toward peers.	O	O	O
4. Cooperative with peers.	O	O	O
5. Shows concern for moral issues (e.g. fairness, welfare of others).	O	O	O
6. Offers help or comfort when other children are upset.	O	O	O
7. Helps other children.	O	O	O

Ladd, G. W., & Profilet, S. M. (1996). The Child Behavior Scale: A teacher-report measure of young children's aggressive, withdrawn, and prosocial behaviors. *Developmental Psychology, 32* (6), 1008-1024.

ID# _____
Date_____

Student-Teacher Relationship Scale

Please reflect on the degree to which each of the following statements currently applies to your relationship with this child. Using the point scale below, fill in the circle that corresponds with the appropriate number for each item. Do not skip any items and do not spend too much time on any item. Please be as honest as possible.

1 = Definitely does not apply
2 = Does not really apply
3 = Neutral, not sure
4 = Applies somewhat
5 = Definitely applies

	Definitely does not apply 1	Does not really apply 2	Neutral 3	Applies somewhat 4	Definitely applies 5
1. I share an affectionate, warm relationship with this child.	○	○	○	○	○
2. This child and I always seem to be struggling with each other.	○	○	○	○	○
3. If upset, this child will seek comfort from me.	○	○	○	○	○
4. This child is uncomfortable with physical affection or touch from me.	○	○	○	○	○
5. This child values his/her relationship with me.	○	○	○	○	○
6. When I praise this child, he/she beams with pride.	○	○	○	○	○
7. This child spontaneously shares information about himself/herself.	○	○	○	○	○
8. This child easily becomes angry with me.	○	○	○	○	○
9. This child tries to please me.	○	○	○	○	○

ID# _____
Date_____

	Definitely does not apply 1	Does not really apply 2	Neutral 3	Applies somewhat 4	Definitely applies 5
10. It is easy to be in tune with what this child is feeling.	○	○	○	○	○
11. This child sees me as a source of punishment and criticism.	○	○	○	○	○
12. This child remains angry or is resistant after being disciplined.	○	○	○	○	○
13. When this child is misbehaving, he/she responds well to my look or tone of voice.	○	○	○	○	○
14. Dealing with this child drains my energy.	○	○	○	○	○
15. I've noticed this child copying my behavior or ways of doing things.	○	○	○	○	○
16. When this child is in a bad mood, I know we're in for a long and difficult day.	○	○	○	○	○
17. This child's feelings towards me can be unpredictable or can change suddenly.	○	○	○	○	○
18. Despite my best efforts, I'm uncomfortable with how this child and I get along.	○	○	○	○	○
19. This child whines or cries when he/she wants something from me.	○	○	○	○	○
20. This child is sneaky or manipulative with me.	○	○	○	○	○
21. This child openly shares his/her feelings and experiences with me.	○	○	○	○	○
22. My interactions with this child make me feel effective and confident.	○	○	○	○	○
23. This child feels that I treat him/her unfairly.	○	○	○	○	○

Pianta, R.C. (2001). *Student-teacher relationship scale*. Lutz, FL: Psychological Assessment Resources, Inc.

ID#_____
Date_____

MTAI:
My Thoughts About Inclusion

The questionnaire contains 28 statements. Read each statement carefully. For each statement, please indicate your degree of belief for each statement, and fill in the corresponding circle. Please note the term 'exceptional needs' is the same thing as 'special needs'.

Fill in the circle corresponding to SA if you strongly accept the statement.

Fill in the circle corresponding to A if you agree with the statement.

Fill in the circle corresponding to U/N if you are undecided or neutral.

Fill in the circle corresponding to D if you disagree with the statement.

Fill in the circle corresponding to SR if you strongly reject the statement.

SA = *Strongly Accept*
A = *Agree*
U/N = *Undecided/Neutral*
D = *Disagree*
SR = *Strongly Reject*

	SA	A	U/N	D	SR
1. Students with special needs have the right to be educated in the same classroom as typically developing students.	○	○	○	○	○
2. Inclusion is **not** a desirable practice for educating most typically developing students.	○	○	○	○	○
3. It is difficult to maintain order in a classroom that contains a mix of children with exceptional education needs and children with average abilities.	○	○	○	○	○
4. Children with exceptional education needs should be given every opportunity to function in an integrated classroom.	○	○	○	○	○
5. Inclusion can be beneficial for parents of children with exceptional education needs.	○	○	○	○	○
6. Parents of children with exceptional needs prefer to have their child placed in an inclusive classroom.	○	○	○	○	○
7. Most special education teachers lack an appropriate knowledge base to educate typically developing children.	○	○	○	○	○

ID#_____
Date_____

SA = *Strongly Accept* D = *Disagree*
A = *Agree* SR = *Strongly Reject*
U/N = *Undecided/Neutral*

	SA	A	U/N	D	SR
8. The individual needs of children with disabilities **cannot** be addressed adequately by a regular education teacher.	○	○	○	○	○
9. We must learn more about the effects of inclusive classrooms before inclusive classrooms take place on a large scale basis.	○	○	○	○	○
10. The best way to begin educating children in inclusive settings is just to do it.	○	○	○	○	○
11. Most children with exceptional needs are well behaved in integrated education classrooms.	○	○	○	○	○
12. It is feasible to teach children with average abilities and exceptional needs in the same classroom.	○	○	○	○	○
13. Inclusion is socially advantageous for children with special needs.	○	○	○	○	○
14. Children with special needs will probably develop academic skills more rapidly in a special, separate classroom than in an integrated classroom.	○	○	○	○	○
15. Children with exceptional needs are likely to be isolated by typically developing students in inclusive classrooms.	○	○	○	○	○
16. The presence of children with exceptional education needs promotes acceptance of individual differences on the part of typically developing children.	○	○	○	○	○
17. Inclusion promotes social independence among children with special needs.	○	○	○	○	○
18. Inclusion promotes self-esteem among children with special needs.	○	○	○	○	○

ID# _____
Date_____

SA = *Strongly Accept* D = *Disagree*
A = *Agree* SR = *Strongly Reject*
U/N = *Undecided/Neutral*

	SA	A	U/N	D	SR
19. Children with exceptional needs are likely to exhibit more challenging behaviors in an integrated classroom setting.	○	○	○	○	○
20. Children with special needs in inclusive classrooms develop a better self-concept than in a self-contained classroom.	○	○	○	○	○
21. The challenge of a regular education classroom promotes academic growth among children with exceptional education needs.	○	○	○	○	○
22. Isolation in a special class does **not** have a negative effect on the social and emotional development of students prior to middle school.	○	○	○	○	○
23. Typically developing students in inclusive classrooms are more likely to exhibit challenging behaviors learned from children with special needs.	○	○	○	○	○
24. Children with exceptional needs monopolize teachers' time.	○	○	○	○	○
25. The behaviors of students with special needs require significantly more teacher-directed attention than those of typically developing children.	○	○	○	○	○
26. Parents of children with exceptional education needs require **more** supportive services from teachers than parents of typically developing children.	○	○	○	○	○
27. Parents of children with exceptional needs present no greater challenge for a classroom teacher than do parents of a regular education student.	○	○	○	○	○
28. A good approach to managing inclusive classrooms is to have a special education teacher be responsible for instructing the children with special needs.	○	○	○	○	○

Stolber, K.C., Gettinger, M., & Goetz, D. (1998). Exploring Factors Influencing Parents' and Early Childhood Practitioner's Beliefs about Inclusion. *Early Childhood Research Quarterly, 13 (1),* 107-124.

VITA

Taylor Leigh Wynne

Candidate for the Degree of

Master of Science

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Education:

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