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A STUDY ON PARENTS' AND EDUCATORS' PERCEPTION ON INCLUDING YOUNG CHILDREN WITH HIGH-FUNCTIONING AUTISM IN GENERAL EDUCATION SETTINGS

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A STUDY ON PARENTS' AND EDUCATORS' PERCEPTION ON INCLUDING YOUNG CHILDREN WITH HIGH-FUNCTIONING AUTISM IN GENERAL EDUCATION SETTINGS

A DISSERTATION APPROVED FOR THE
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

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DEDICATION

This dissertation is dedicated to my wonderful family: my husband, Arto, and my loving children, Areen and Armen. It is also dedicated to the memory of my loving father. May God bless his soul in heaven.

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As I end this long journey, I would like to thank many people who have contributed to the development, refinement, and completion of this research study. First and foremost, I thank them all but owe a debt of gratitude to my committee chair, Dr. Joyce Brandes. Without her unwavering support and guidance, I would not have crossed the finish line. I must also thank my former chair, for Dr. Kathryn Haring, who inspired me with ideas and support to pursue my professional dreams. I am also immensely grateful to Dr. Ji Hong for quick reviews of manuscript drafts and outstanding methodological support.

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS iv

LIST OF TABLES xiii

ABSTRACT xiv

CHAPTER 1 1

INTRODUCTION TO THE STUDY 1

Definition 1

Prevalence and Cost 1

Interventions 2

Human Terms and Cost 7

Parents of All Children and Their Role in Education 7

Parents of Children with Disabilities and Their Role in Education 10

Inclusion 13

Differing Inclusion Perspectives 14

Parental Advocacy and Inclusion 16

Early Intervention/Early Childhood Special Education (EI/ECSE) 17

Conceptual Underpinnings for the Study 19

Family Systems Theory 19

Ecological Systems Theory 22

Special Education Legislation 25

IDEA and Parents 27

Inclusion-Definition and Research Support 28

Inclusive Education in Action 31

Statement of the Problem 32

Purpose of the Study 33

Definition of Key Terms 36

CHAPTER 2 40

REVIEW OF LITERATURE 40

School Impact 41

Trend of Research 41

Purpose of Chapter 2 42

Parents' Perceptions 42

Educators' Perceptions 45

Parents' and Educators' Beliefs 46

Parental Concerns 47

Parental Stress in Raising a Child with ASD 49

Factors that Influence Educators' Inclusion Practices 50

Supporting Studies on Including Students with ASD 52

Conclusion 54

CHAPTER 3 56

Methodology 56
Research Design 58
Bounded System 59
Research Participants 60
Social Responsiveness Scale (SRS) 62
Table 1: SRS Parents' Scores 63
Table 2: SRS Educators' Scores 63
Data Collection Procedures 64
Setting. 64
Data sets. 64
Demographics. 65
Parent interview. 67
Educator interview. 67
Researcher memos. 68
Program documents. 69
The Role of the Researcher 70
The researcher's experiences/biases related to the topic. 70
Past/current professional roles. 70
Trustworthiness 71
Credibility/truth-value. 71

Peer debriefing. 72

Triangulation. 72

Member check. 72

Transferability/applicability. 73

Dependability/consistency. 73

Confirmability/neutrality. 74

Data Analysis 74

Data reduction. 75

Data display. 76

Conclusion drawing and verification. 77

Summary 77

CHAPTER 4 79

Results 79

Child One: Miko 79

Miko's background story. 79

Miko's current placement. 82

Mrs. Madison's perception on including Miko in the typical classroom. 83

Mrs. Madison's concerns about Miko's support and services. 84

Mrs. Madison's involvement in Miko's education and school. 86

Ms. Ashley's perception on including Miko in the typical classroom. 87

Mrs. Madison and Ms. Ashley's perception on including Miko. 90

Child Two: Ethan 93

Ethan's background story. 93

Ethan's current placement. 95

Ms. Eagle's perception on including Ethan in the typical classroom. 96

Ms. Eagle's concerns about Ethan's support and services. 97

Ms. Eagle's involvement in Ethan's education and school. 99

Ms. Sally's perception on including Ethan in the typical classroom. 99

Ms. Eagle and Ms. Sally's perception on including Ethan. 102

Child Three: Tyler 103

Tyler's background story. 103

Tyler's current placement. 106

Mrs. Timpson's perception on including Tyler in the typical classroom. 106

Mrs. Timpson's concerns about Tyler's support and services. 108

Mrs. Timpson's involvement in Tyler's education and school. 109

Ms. Rachel's perception on including Tyler in the typical classroom. 110

Mrs. Timpson's and Ms. Rachel's perception on including Tyler. 113

Child 4: Ava 113

Ava's background story. 113

Ava's current placement. 117

Mrs. Adamson's perception on including Ava in the typical classroom. 117

Mrs. Adamson's concerns about Ava's support and services. 119

Mrs. Adamson's involvement in Ava's education and school. 120

Ms. Kimberly's perception on including Ava in the typical classroom. 120

Ms. Monica's perception on including Ava in the typical classroom. 123

Mrs. Adamson's, Ms. Kimberly's and Ms. Monica's perception in including Ava. 125

Cross-Case Analysis 127

Research Questions 1 and 2 128

Research Question 3 132

Research Question 4 134

Educator's preparedness and willingness to include a child with HFA in the typical class. 134

Child gains in social interactions and peer awareness/acceptance. 135

Administrative/school support. 137

Research Questions 5 139

Summary 140

CHAPTER 5 142

Discussion 142

Discussion of Findings 143

Research Question 1 144

Research Question 2 145

Research Question 3 147

Research Question 4 148

Research Questions 5 151

Implications for Parents 152

Implications for Educators 156

Implications for Future Research 158

Study limitations 160

Conclusion 162

REFERENCES 164

APPENDICES 182

Appendix A. Overview of Autism Spectrum Disorder 183

Overview of Autism Spectrum Disorders 184

Prevalence of ASD 188

Causal Factors of ASD 191

Early Indicators 193

Young Students with ASD 197

Appendix B. IRB Approval Letter 199

Appendix C. Informed Consent for Parents 201

Appendix D. Informed Consent for Educators 206

Appendix E. Social Responsive Scale Copyright 210

Appendix F. Demographic Parents 212

Appendix G. Demographic Educators 215

Appendix H. Interview Protocol Parents 218

Appendix I. Interview Protocol Educators 222

Appendix J. Subjectivity Statement 225

LIST OF TABLES

Table 1: SRS Parent's Scores ……. 63

Table 2: SRS Educator's Scores …….. 63

Table 3: Characteristics of Parents …….. 65

Table 4: Characteristics of Children …… 66

Table 5: Characteristics of Educators…….. 66

Table 6: Triangulation Methods …….. 74

Table 7: Summary of Case One…… 82

Table 8: Summary of Case Two…… 95

Table 9: Summary of Case Three…….. 106

Table 10: Summary of Case Four…… 117

ABSTRACT

The practice of inclusion, even the term itself, has been the subject of controversy over the last several decades. "Inclusion" has many interpretations, depending upon the student, educator, and setting. In my dissertation, I sought to find answers from parents and educators' regarding their perceptions on including young children (4-7) with high functioning autism in general education settings through their unique experiences. This qualitative study aimed to describe the successes, challenges, differences, and commonalities of each case using multiple-case study design. Purposive sampling was used to identify participants. Data were collected through semi-structured interviews with the parents of young children with HFA and their educators (general and special education teachers). A cross-case analysis method was used to analyze the data. Data were confirmed using methods of triangulation, respondent validation and member checking.

The results of the study indicated that parents and educators had more commonalities than differences. Four major themes emerged from the parents' perceptions: (1) social gain, (2) supportive team and classroom environment, (3) quality of services and interaction with peers, and (4) services. Another four themes emerged from the educators' perceptions: (1) educators' preparedness and willingness to include children with ASD in the general education classrooms, (2) children's gains in social interactions, (3) peer awareness/acceptance, and (4) administrative/school support.

Parents and educators shared similar goals for their children and students with ASD. However, their shared experiences suggested their interactions often involved conflict. Results of this research study can be utilized by parents, educators, school

administrators, and institutions for higher education to create professional development programs that focus on collaboration, partnership, and strategies for inclusive practice. Implications for practice and recommendations for future research are presented.

CHAPTER 1

INTRODUCTION TO THE STUDY

The world of autism is ever changing. More research than ever before is being conducted related to the prevalence of autism, its causes, and implementation of evidence-based practices. The complexity of autism and increased amount of research has resulted in an expanded public awareness of the impact of this disorder. In order to understand the field of autism, one must understand how it is defined.

Definition

Autism Spectrum Disorders (ASD) are a group of complex neurological developmental disabilities that are characterized by impaired social interaction, problems with non-verbal and verbal communication, and unusual or severely limited activities, interests, or behaviors. Autistic Disorder, Pervasive Developmental Disorder, Asperger syndrome, Childhood Disintegrative Disorder, and Rett's syndrome are all classified under Autism Spectrum Disorders. ASD affects each individual differently and to varying degrees of severity (IDEA, 2004).

Prevalence and Cost

The Centers for Disease Control and Prevention (CDC) reported in 2002 that approximately 1 in 150 individuals in the United States had a diagnosis of ASD. The current prevalence rate is reported as 1in 88 individuals (CDC, 2012). This increase indicates that ASD impacts more than 1.5 million individuals and that costs over $3 million to care for a person on the spectrum throughout the individual's lifetime. Using

Ganz' scale (2007), caring for these Americans with autism could cost the United States roughly $35 billion dollars (medical and non medical expenses) per year.

To help give this a perspective, the U.S. Department of Agriculture recently released a report that stated the cost for raising a child without a disability to age 18 (including child care and education, food, transportation, health care, clothing, and miscellaneous expenses) was $234, 900 for the year 2011. An increase of 3.5% was reported from the year 2011 to the year 2012 (Lino, 2012). The cost of raising a child without a disability versus a child with a disability pales when compared to the expenses associated with children on the spectrum. Parents of children with autism frequently seek alternative therapies, diets, and newer techniques which usually lead them further into debt due to the associated costs which continue to increase. For the remainder of this dissertation, "parent" will be the term used to represent the "primary caregiver" of the families.

Interventions

Teaching strategies shown to be effective with most students often fall short of serving students on the spectrum; thereby, requiring alternatives and/or additional research-based strategies shown to be effective when teaching students with ASD. Their education must be based on interventions shown to be effective that increase engagement of students with ASD in the school environment. Frequently, these strategies require small teacher/student ratio which helps ensure student engagement, thus increasing the overall expenses associated with learning (Myles & Simpson, 2001). Core components of effective education for students with ASD have been distilled from a recent review of the autism literature (Iovannone, Dunlap, Huber, & Kincaid, 2003).

These components include (a) individualized supports and services, (b) systematic instruction, (c) structured environments, (d) specialized curriculum content, (e) functional approach to problem behaviors, and (f) family involvement.

(a) Individualized supports and services: These must be tailored to meet the unique individual needs of the individuals with autism and their families' characteristics. Individualized programming includes (a) considering family preferences when selecting curriculum, (b) developing programming that reflects a student's preferences and interests, and (c) determining the appropriate intensity and level of instruction on the basis of the student's strengths and weaknesses.

(b) Systematic instruction: Teaching must be based on identifying desirable learning outcomes, developing specific and focused teaching strategies to achieve these outcomes, consistently implementing teaching strategies, and using information about student performance to guide daily instructional decisions.

(c) Comprehensible and structured learning environments: These allow students to understand and predict their daily routines and respond appropriately to behavioral expectations during different activities.

(d) Specific curriculum content: This component must include and emphasize language and social interaction, because these are the primary challenges for students with ASD.

(e) Functional approach to problem behavior: This represents movement away from punishment-based approaches that emphasize obedience and compliance toward instruction that emphasizes useful skill development.

(f) Family involvement: Family involvement improves programming because family members know their children best, spend the most time with them, and have an immense influence on their children. It is crucial that families are active participants in developing and implementing their children's educational programming.

It is essential to mention that every person impacted by autism may benefit from different types of treatments or interventions and/or combinations thereof. Interventions that are based on or include one or more of the core components of effective instruction described by Iovannone et al., should be part of the effective interventions.

Behavior-based methods shown to be efficacious with many children with autism include those based on the principles of applied behavior analysis (Myles & Simpson, 2001), such as Discrete Trial Training (DTT is the most common ABA-based treatment approach for children with ASD. In the DTT approach, students are provided with many repeated opportunities (called learning "trials") to practice specific skills and receive direct feedback from an instructor. DTT has been shown to be very effective for some children with autism. Lovaas and colleagues (Lovaas, 1987; McEachin, Smith, & Lovaas, 1993; Smith, 2001) reported that as many as 47% of children enrolled in their in-home, structured programs mainstream into general education and do well academically.

Pivotal Response Intervention (PRT) is a naturalistic behavioral intervention model derived from ABA approaches. It is a child-, parent- and family-centered program, where children are taught to master four key pivotal response skills (such as motivation, responsivity to multiple cues, self-management, and social initiations) – skills that once mastered; provide the platform on which a broad base of other skills depend. PRT is a scientific; research based, and empirically validated autism training method, with over 30 years of research and development behind its principles (Koegel, Koegel, McNerney, 2001; Stahmer, Schreibman, & Powell, 2006).

A few techniques that are not behavioral in nature demonstrate effectiveness as well. A functional, comprehensive technique developed in North Carolina called Treatment and Education of Autistic and related Communication handicapped CHildren (TEACCH) is based on understanding the learning characteristics of individuals diagnosed with ASD and their families. These include, developing person- and family-centered plans, structuring physical environments, and using visual cueing. Case studies and studies of components of the TEACCH technique support this method (Jennett, Harris, & Mesibov, 2003; Mesibov, Shea, & Schopler, 2004; Schopler, Mesibov, & Baker, 1982).

Another developmental approach is the Greenspan approach, also known as the Developmental Individual Difference (DIR)/Floortime Model (Greenspan & Weider, 1998). This model is described as a relationship-based model where the goal is to help children develop interpersonal connections. Several well conducted studies indicate efficacy of interventions that incorporate this approach (Aldred, Green, & Adams, 2004; Ingersoll & Dvortcsak, 2006; Vismara, Colombi, & Rogers, 2009). The first study to

show initial evidence for the DIR/Floortime Model was published in 1997. Greenspan and Wieder reviewed charts of 200 children who were diagnosed with autistic spectrum disorder, and who were part of a cohort of children seen by the authors over a period of eight years. In 2005, Greenspan and Wieder published a ten- to fifteen- year follow up study [since the start of treatment] of 16 children diagnosed with ASD who were part of the first 200 case series and part of the 58% of children who showed great improvement (2005).

When determining which strategies need to be employed, characteristics of every child's condition must be taken into account. This includes their perspective regarding the environmental and learning interventions being implemented and those shown to be most effective (Simpson, 2005). The characteristics of children on the spectrum must be considered against the core components presented by Iovannone et al. (2003). Interventions that are based on or include one or more of the core components described by Iovannone et al. Ingersoll & Dvortcsak,(2006) developed a curriculum to teach social communication to young children with ASD. The curriculum focused on the children's interests and ability levels when planning on systematic instructions to plan successful ways to increase social communication and family involvement. The curriculum incorporated several of the core components such as, individualized support, systematic instruction, specialized curriculum content, and family involvement. Ingersoll & Dvortcsak trained families to teach their children social communication skills.

Human Terms and Cost

Instead of investigating the fiscal and educational responsibilities associated with parents of children with ASD, Phelps, Hodgson, McCammon, and Lamson (2009) investigated the toll taken on these families of children on the spectrum and found that parents tend to focus on the future of having children diagnosed with ASD. In addition, these parents face psychological, familial, and social implications as well as, services, spiritual benefits, and economic challenges as they relate to emotional, cognitive and behavioral aspects of having a child diagnosed with ASD. Unfortunately, Phelps et al., did not measure the perceptions of parents related to their children's education, but they found that the family dynamic was altered when there was a child in the family with ASD.

Parents of All Children and Their Role in Education

Most parents care about their children with and without disabilities and the education they receive (Cicero & Barton, 2003). Similar to one of the core components presented by Iovannone et al. (2003), numerous studies have found parental involvement in their children's education to be an important component of student achievement (Compton-Lilly, 2003; Hoover-Dempsey & Sandler, 1997; Morrison, Rimm-Kauffman, & Pianta, 2003; Walker, Wilkins, Dallaire, Sandler & Hoover-Dempsey, 2005). Anderson (2000) discussed the critical role parents play in their children's education when she investigated two types of parental involvement. The first was the surface involvement (e.g. coming to school, monitoring the cafeteria, etc.), and the second type was meaningful involvement (e.g. reading to their children, working with their children, etc.). Meaningful parental involvement decreased the likelihood that

students would be placed in special education, repeat a grade, or drop out. Through meaningful involvement parents apparently filled the gap created by teachers.

Other studies found that parental involvement increased student motivation and enhanced children's attitudes, sense of well-being, and educational aspirations while also increasing grades and readiness for school (Gonzales-DeHaas, Willems & Doan Holbein, 2005; Greenwood & Hickman, 1991) and decreasing instances of behavioral problems (Domina, 2005). Gonzales-DeHass et al. (2005) reviewed a wide range of literature of parental involvement on student motivation and found that research indicated a positive link between parental involvement and student achievement motivation and attitudes. Findings suggested that parental involvement positively influenced their children's educational outcomes. Similar to Gonzales-DeHass et al., Domina (2005) found that attending parent-teacher conferences and parent organization meetings along with volunteering and checking homework were positively related to students' academic achievement. Domina used data from the mother-child sample of the National Longitudinal Survey of Youth (NLSY) 1979 to estimate time-lagged growth models of the types of parental involvement on scores on elementary school achievement tests and Behavioral Problems Index. NLYS conducted annual follow-up surveys since 1979. Domina studied 1,445 children of NLSY79 respondents. Domina's findings indicated that parent–school communication regarding other school issues, such as academic programming and future educational plans, assisted parents by providing resourceful and useful information that helped their children succeed. His study indicated that parents were more likely to communicate with and provide guidance to their children in a positive manner following informational contacts with

teachers. These communication practices benefitted students' perceived competence and engagement.

Most parents of elementary age children who are typically developing get involved in their children's education (Hoover-Dempsey & Sandler, 1997). Hoover-Dempsey and Sandler explained this choice as the parents believing in their "general ability to influence their children's developmental and educational outcomes, about their specific effectiveness in influencing the children's school learning, and about their own influence relative to that of peers and the children's teacher" (p. 19). They purported that parental involvement generally has positive effects on their children's educational outcomes.

Walker, Wilkins, Dallaire, Sandler & Hoover-Dempsey, (2005) provided a psychological perspective on parental involvement. The parents had elementary and middle school age children who were enrolled in a socioeconomically and ethnically diverse metropolitan public school system in the mid-south of the United States. Walker and her colleagues found that three categories of beliefs contributed to parents' choices of involvement activities. Somewhat akin to Hoover-Dempsey and Sandler's findings, these three categories included (1) parents' motivational beliefs, defined as parental role construction and perceived efficacy; (2) parents' perceptions of invitations for involvement from others, defined as perceptions of general school invitations, perceptions of specific child invitations, and perceptions of specific teacher invitations; and (3) parents' perceived life context, defined as self-perceived time and energy and self-perceived skills and knowledge. The result of the study indicated that perceived life context was a strong predictor of home-based involvement for parents who reported

lower time and energy, skills and knowledge. Perceived life context also seemed to be a strong predictor of school-based involvement for parents who reported higher levels of time and energy, skills and knowledge. The theoretical model suggested that parents' beliefs about their responsibilities for children's schooling were important factors underlying their involvement behavior.

Morrison, Rimm-Kauffman, and Pianta, (2003) focused on the quality of parent-child relationships and found that family and child demographic characteristics contributed the most variance in the children's academic performance, classroom behaviors, and discipline problems in school. Similar to parents of children who are typically developing, parents of children with disabilities who get involved in their children's current and future education and support impact the ultimate success of their children.

Parents of Children with Disabilities and Their Role in Education

Just as research indicates the important role of parents of children without disabilities, a substantial amount of research clearly indicates the important role parents of children with disabilities play in the educational outcomes of their young children (Burrell & Borrego, Jr., 2011; Phelps et al., 2009; Stoner & Angell, 2006; Turbull, Turnbull, Erwin, & Soodak, 2006). In addition to research, the 1997 amendments of IDEA mandate that parents of children with disabilities have the legal right to be involved in their children's education. These mandates support the idea that an inclusive school creates a society of learners that involves parents and the school's community in meaningful contributions to the education of its students. IDEA legitimizes the roles of parents in their children's life (Turnbull, Turnbull, Shank, & Leal, 1999).

Parental involvement and collaboration provide professionals (e.g., teachers, therapists, doctors) with vital information about the children (Gabriels & Hill, 2002) and serves as an essential foundational element in the development and implementation of intervention programs (Safran & Safran, 2001). Furthermore, parents view themselves as key participants in the implementation of effective intervention strategies in varied settings, such as home, school, clinic, etc. (Brookman-Frazee, Stahmer, Baker-Ericzen, & Tsai, 2006; Burrell & Borrego, Jr., 2011; Ingersoll & Dvortcsak, 2006).

When Stoner and Angell (2006) conducted their investigation, they discovered that parents described their roles in accordance with their relationships with educational professionals: *negotiator, monitor, supporter, and advocate.* Parents' roles changed from being negotiators and monitors to being supporters and advocates as they established and built trust with educational professionals. Practicing these different roles as needed ultimately benefited their children. For example, being negotiators resulted in well-written IEP goals; being monitors resulted in checking the quality of the service and communicating more frequently; being supporters resulted in having access to classroom materials and volunteering in the classroom; and, being advocates resulted in ongoing efforts providing high quality service.

Conversely, when Stoner and her colleagues (2005) interviewed parents of children with ASD regarding their interaction histories with medical personnel, early intervention, and educational professionals as they sought services for their children with autism spectrum disorders, they found that parents reported quickly that it was their responsibility to "force" experts to focus on their children.

Professionals who understand how past experiences might negatively influence trust can adjust other factors or interactions to develop greater trust. Stoner and her colleague emphasized the need for similar qualitative studies to provide the field with up-to-date research and information. The current study addressed the parents' experiences and roles in regard to the needs and wants of their children with high functioning autism (HFA) in general education classrooms and what factors influence parents' relationships with educational professionals.

School entrance can be a joyful yet anxious time for families whose children do or do not have disabilities. Pianta and Cox (1999) found that parents emphasized that their role in their children's successful transition into school included social, emotional, and academic support at home and in school.

Rimm-Kaufman and Pianta (2000) presented a theoretical framework to guide empirical research on children's transition to kindergarten (KG). They argued that as children traversed elementary school they interacted with an ever-widening range of people, gained greater independence from parents and, especially, learned how to negotiate relationships with peers and teachers.

Parents of children with disabilities note many of the same concerns as their counterparts whose children do not have disabilities. In addition, they typically have questions relating to how, when, where, and by whom their children's special services are to be provided. Entrance into school by children with disabilities can be exceedingly complex and anxiety-laden for these families. This anxiety can become even more pronounced as families consider inclusive education for their children with disabilities (Hume, 2008; Leyser & Kirk, 2004; Starr & Foy, 2010; Stoner & Angell, 2006).

Inclusion

In the Thirtieth Annual Report to Congress on IDEA, the U.S. Department of Education Office of Special Education Programs (OSEP) reported that across all disabilities categories, 53.7 percent of students (ages 6 through 21) with disabilities spend at least 80 percent of their day in settings with nondisabled peers (USDE, 2008, most recent data available). From 1997 to 2006, the largest increases (i.e., percentage point increases ranging from 10 to 14) in the number of students educated in general education classrooms were made by students served under the categories of autism, other health impairments, traumatic brain injury, specific learning disabilities, emotional disturbance, and hearing impairments respectively.

Educating students with disabilities in the general education classroom (a practice known as inclusion) often evokes parental fears and concerns about their children having successful transitions into and experiences in their inclusive classrooms. Parents often cite concerns about the attitudes of students without disabilities and peer acceptance, the quality of their children's instruction, the general education teachers' time, support and skills; and acceptance of their children by the other students' parents (Heward, 2003; Leyser & Kirk, 2004; Starr & Foy, 2010; Starr, Foy, Cramer, & Singh, 2006).

When Starr and Foy (2010) explored parents' perspectives concerning the inclusive education of their children with ASD, they focused on parents' perceptions of their children's suspension from school, parents' fears and resentment of teachers or other parents, their children's educational needs, parents' satisfaction with their children's education, and their ultimate goals for their children. Many parents reported

fear and resentment. Parents were concerned about their children requiring too much of the teachers' time; other children spending (or not spending) time with their children with ASD; and, how other parents feel when they become aware of their children's disability. Other factors, such as the children's behavior, teacher support and understanding of their children's disabilities were also sources of fear and resentment.

Active involvement of parents of children with ASD or other mild disabilities (Leyser & Kirk, 2004; Starr & Foy, 2010; Stoner & Angell, 2006;) is especially important in educational planning which contributes to greater home-school consistency of behavioral and educational approaches and expectations. This practice of active involvement is believed to lead to better educational outcomes for the students (Moroz, 1989).

Differing Inclusion Perspectives

Parent and family advocates for students with disabilities frequently present differing inclusion views. Many advocates for students with significant cognitive disabilities and multiple impairments promote full-time inclusion in natural environments, citing social and academic benefits (Scruggs et al., 2007). Likewise, a number of advocates champion for reintegration (Fuchs, Fuchs & Fernstrom, 1993; Powell-Smith & Ball, 2002) or limited inclusion (Renzaglia, Karvonen, Drasgow, and Stoxen, 2003). Perhaps one of the problems with inclusion is its differing definitions.

The terms *inclusion* and *mainstreaming* are often used interchangeably in today's education arena. In addition, the mandate of students being educated in their least restrictive environment (LRE) is frequently confused with the two terms. LRE is discussed later. The concept of inclusion grew out of mainstreaming and shares many of

its philosophical goals. However, these terms mean different things to different people (Salend, 2001). The inconsistency in their usage often leads to confusion about what educators mean when they talk about either mainstreaming or inclusion (Snyder, Garriott, & Aylor, 2001). Friend and Bursuck (1999) defined mainstreaming as the term for placing students with disabilities in the general education classrooms only when they can meet the traditional academic expectations with minimal assistance, or when those expectations are not relevant. Salend's description follows:

> The definition and scope of mainstreaming can vary greatly from any interactions between students who do and do not have disabilities to more specific integration of students with disabilities into the social and instructional activities of the general education classroom (2001, p. 10).

Inclusion, on the other hand, is generally defined as a "philosophy that brings students, families, educators, and community members together to create schools and other social institutions based on acceptance, belonging, and community" (Salend, 2001, p. 5). However, as stated by Kavale and Forness (2000) "inclusion is not something that simply happens, but something that requires careful thought and preparation… implemented with proper attitudes, accommodations, and adaptations in place" (p. 287). These definitions leave a great deal of room for interpretation. Their somewhat vague descriptions do little to clarify exactly what is meant by inclusion. For purposes of this study, Salend's (2001, p.5) definition was used.

The success of inclusion is determined primarily by the attitudes of those involved; this includes attitudes of parents (Stoner & Angell, 2006; Starr & Foy, 2010), educators (Brandes & Crowson, 2009; Burstein et al., 2004), educational administrators

(Burstein et al., 2004; Villa & Thousand, 2003) and students (Peck, Staub, Gallucci, & Schwartz, 2004). There are mixed findings from research regarding the parents' attitude towards inclusion in general. Some parents are in favor of segregated settings (Kasari, Freeman, Bauminger, & Alkin, 1999), but in general, they are in favor of some degree of inclusion (Stoiber, Gettinger, & Goetz 1998). Parents' and educators' views toward inclusion are discussed at length in a later section. There are relatively few studies that have explored views and perceptions toward inclusion of students with ASD (Robertson, Chamberlain, & Kasari, 2003; Stoner, Angell, House, & Bock, 2007).

Bringing all students with disabilities into general education classrooms, in particular children with ASD, worries some teachers and administrators who believe that including these students will hinder their instruction rather than enhance it (Simpson, De Boer-Ott, & Smith-Myles, 2003).

The path toward the educational integration of students with a variety of disabilities has been a long and winding one. Though the concept of inclusion has become more familiar to parents and educators in a variety of contexts, the lack of agreement about precisely what constitutes "inclusive education" remains a major barrier to its effective implementation. Parents' roles have helped usher in some major changes in special education legislation that specifically protect their parental rights and those of their children. However, their perspectives are not always understood or considered in the decision-making process (Yssel et al., 2007).

Parental Advocacy and Inclusion

Soodak and Erwin (2000) noted that parents' advocacy in special education in the United States resulted in groundbreaking changes in the education of students with

disabilities. The move toward inclusive education included parents' perspectives. Parents continue to be the primary stakeholders in the success of inclusive education. Soodak and Erwin developed a conceptual framework of factors that influence parents' participation in their children's inclusive education. They conducted interviews with 10 parents of children (birth to age 8) who were identified with severe disabilities by the school system and included in general education classrooms. The findings of the study indicated that parents of children with severe disabilities became effective partners in the inclusionary process only when they and their children were perceived as accepted members of the school community. An open-door policy that made parents feel welcome at any time was important. Schools that were committed to effective partnerships made an effort to hear what parents wanted for their children with severe disabilities (Soodak & Erwin, 2000).

Early Intervention/Early Childhood Special Education (EI/ECSE)

Early intervention (EI) and early childhood special education (ECSE) unify theories to compliment the needs of young children with disabilities (Odom & Wolery, 2003). EI programs for children with ASD began in the 1980s. Since then, researchers studying outcomes of EI on young children with ASD, found that with proper techniques, many children who receive EI services make measurable developmental gains (Bryson, Rogers, & Fombonne, 2003; Odom & Wolery, 2003).

Several studies state that certain characteristics of a child with ASD can predict how much progress they make in EI programs (Ben-Itzchak & Zachor, 2007; Bryson, Rogers, & Fombonne, 2003). Harris and Handleman (2000) found that beginning therapy at or before 42 months, and having an IQ around 78 at the initial intervention

are predictive of children with ASD being placed in general education settings after treatment. Although individual EI services may feature different treatment approaches, they are all family-oriented (Ingersoll & Dvortcsak, 2006 ; Odom & Wolery, 2003) and engage the children (Ingersoll & Dvortcsak, 2006).

Ingersoll and Dvortcsak (2006) conducted parent training of 3- and 4- year-old children who participated in ECSE in Oregon. The parents attended six 1-hour group sessions and three individual 45-minute sessions that included the parents and their children. Concurrently, the researchers conducted 50 hours of professional development of the teachers. These sessions included at least 6 hours of initial workshops, group trainings, individual trainings, and hands-on learning opportunities. The researchers used pre- and post-tests to measure the parents' and the teachers' knowledge of the strategies presented. Overall, parents and teachers were satisfied with the training and reported that the time commitment was reasonable. They found that the training protocol promoted generalization and maintenance of their children's skills. The teachers felt the outcome of working with the parents of the young children with ASD was effective in helping them increase their capacity to respond effectively to their students' unique needs (Ingersoll & Dvortcsak, 2006).

Programs that promote parent and teacher collaboration create opportunities for generalization and maintenance, since parents and teachers are targeting common skills. The use of common strategies and collaborative efforts that focus on the core components identified by Iovannone et al. (2003) enhances productive communication and reduces the chances of misunderstanding.

Conceptual Underpinnings for the Study

The field of Special Education has imported many theoretical frameworks from the fields of cognitive psychology, developmental psychology, and cognitive behavioral psychology. Special education has also imported ideas and methods from sociology and clinical psychology where informed studies focused on families of children with disabilities and ways to support them (Odom & Wolery, 2003; Turnbull & Turnbull, 2001). Early Intervention/Early Childhood Special Education (EI/ECSE) moved from a set of practices based on single theoretical perspectives (e.g., behavioral, cognitive) to a theory of practice, which draws from different psychological and educational theories, and could best be described as a unified theory of early intervention practice (Odom & Wolery, 2003). This unified theory includes Bowen's family systems theory (1985) and Bronfenbrenner's (1977) ecological systems theory.

Families and homes provide the primary nurturing for infants and young children. For children with disabilities, this support is even more important. As discussed earlier, families of children with disabilities assume a tremendous amount of fiscal, educational and human responsibility. Members of these families must be supported just as their children must be supported. Family members must become versed in knowing the resources and support available to them so they can help their children succeed.

Family Systems Theory

One such avenue is EI/ECSE which becomes special and essential as it provides needed support to families (Odom & Wolery, 2003). Since the families of young children are the main source of their children's early experiences, successes and

challenges, Bowen's family systems theory serves us well as we strive to understand how families function as a system.

The concept of family is one with which almost all individuals identify. Family systems theory provides a broad and comprehensive mechanism for understanding the core aspects of the Quality of Life, Membership, and a Personal Sense of Competence (Bowen, 1985) by focusing on the most important component of environmental influences-home and family. Starting at birth, children's Quality of Life is directly influenced by the kind of care, support, stimulation and education they receive from family members in the home. As infants begin to develop secure attachments with significant others, particularly family members, they begin to establish themselves as members of the first and most basic unit of society-the family. This important process forms the foundation for secure membership in other groups throughout life.

Family systems theory provides us with increased knowledge about what factors influence families' (and children's) Quality of Life, Membership, and Personal Sense of Competence (Bowen, 1985). When families are studied and understood as systems, appropriate interventions can be designed and implemented that enhance the Quality of Life of all family members.

Using the systems approach, all major environmental influences on the developing children can come together collaboratively to enhance their level of performance and competence since the focus is on the families' rather than the individuals' behavior. The theory considers communication and interaction patterns, separateness and connectedness, loyalty and independence, and adaptation to stress in the context of the whole as opposed to the individual in isolation. Family systems

theory helps explain why members of a family behave the way they do in a given situation, such as the home. By understanding the application of the family systems theory, informed educators can more rapidly interpret behavior of students as they become members of another "family" – their school.

In an effort to understand and apply the family systems theory in early childhood practice, Christian (2007) suggested teachers communicate regularly with families in an effort to recognize the variety of backgrounds and experiences that shape their students' families' perceptions of their children's development. Teachers must remember to listen and appreciate families because the intent is "to serve children well, we must work with their families. To be effective in this work, we must understand families who are diverse in ways such as culture, sexual orientation, economic status, work, religious beliefs, and composition" (p. 4). Family systems theory focuses on family behavior and includes interconnected members and their influences on one another. Family systems theory enhances our capacity to recognize and understand different parenting styles and family boundaries. It enables us to avoid stereotypes, recognize the different ways that families handle situations, and balance children's activities and curriculum. Family systems theory incorporates individual and group identities, and respects families' needs for control. Consequently, the roles families play in their children's lives has an impact on their classrooms since children carry their skills and behaviors in to different social settings.

Dunst (2000) proposed a conceptual model that was based on the family systems theory. In his model social support promotes family well-being, which in turn allows families to engage in responsive interaction styles with their children; thereby,

providing them with opportunities and help in learning important skills. Recently, Dunst (2007) proposed a definition of early (childhood) intervention that addresses this framework:

> Early childhood intervention is defined as the experiences and opportunities afforded infants and toddlers (and preschoolers) with disabilities by the children's parents and other primary caregivers (including service providers) that are intended to promote the children's acquisition and use of behavioral competencies to shape and influence their pro-social interactions with people and objects (p. 162).

Ecological Systems Theory

To further understand children with disabilities in EI/ECSE, we need to examine their environments through the ecological systems theory (Bronfenbrenner, 1977). The application of the ecological systems theory allows us to understand underlying factors that influence EI/ECSE services and is a basic tenet of human ecological theory.

Ecology is defined as the interactions between individuals and their environment. The ecological system of children includes the influences of culture, society, places, materials, and people inside and outside of their families (Bronfenbrenner, 1977).

Families are seen as systems, with boundaries between them and other systems, such as the community and the economic system. Systems have inputs that drive various processes and actions, such as the finite amounts of money or time that families possess. Systems also have throughputs, which are the transformation processes that occur within the system, such as the exchange of money for the provision of an essential

service. In addition, systems have outputs, which affect other systems, such as the production of waste materials, which are byproducts of activity in the families, being returned to the larger environment. There are feedback loops from the end of the system back to the beginning that provide positive and negative comment back into the process and allow the system to adapt to change. Each area in the ecological systems theory exerts different levels of influence on children. These areas include the *microsystem,* the *mesosystem,* the *exosystem,* the *macrosystem* and, the *chronosystem.*

A *microsystem* is a setting in which children spend significant time. Examples are the home, family residence, child-care center, family home-daycare, preschool classroom, school or hospital. *Mesosystem* refers to the interrelationships among the microsystems of which the children are a part at a particular point in their lives. The mesosystem is made up of relationships between the children's parents (or primary caregivers) and physicians, teachers, or therapists. It also includes relationships between professionals who work with the families. The *exosystem* is composed of the concrete social structures that influence the activities of the microsystem. This may include local, state, and federal agencies, neighborhood and community groups, transportation systems, media, churches, public health organizations, and school systems. The *macrosystem* is the cultural, legislative, and judicial context in which the microsystems, macrosystems, and exosystems operate. It includes laws and legal issues, prevailing social attitudes, and ethical or moral principles and concerns. The *chronosystem* encompasses the dimension of time as it relates to children's environments. It may be external, such the death of a family member, or internal, such as the psychological changes that occur within the children. As children grow older, they may react

differently to environmental changes and may be more able to determine how that change influences them.

It is clear from these descriptions of the family and the ecological system that early childhood care providers influence the lives of children on many levels (Bronfenbrenner, 1977). Professionals become an additional microsystem with the families and may impact the children by providing direct care, communicating with parents and other care providers, becoming involved in the children's community, advocating for children, being familiar with special education legislation, and approaching their work with an understanding of the families' ecological systems.

Bronfenbrenner recognized how ecological systems influence children's outcomes. For example, parental attitudes toward education affect families' goals and practices, and ultimately children performance at school. Similarly, Iovannone et al., (2003) presented the role that families play in their children's education.

Both theories emphasize parental involvement and its relationship to their children's outcomes. Both family systems theory and ecological systems theory are used as a basis of determining how families are similar or different. Family systems theorists view the family as a complex system in where every person's behavior is bidirectional, affecting and being affected by other family members. Bronfenbrenner (1979) provided the relations between the developing human beings and the settings and contexts in which they develop. Bronfenbrenner's (1979, 1989) model places children at the center of a complex system of concentric circles that represent different levels of environmental influences. Children are the center of the ecological systems theory. Child development takes place through processes of progressively more complex

interactions between the children and other persons, objects, and symbols in their immediate environments. The most influential settings for young children are their families and schools. That is where children spend most of their time; thereby, allowing it to have the most emotional influence on the children. Both family systems theory and ecological theory provide a framework for considering the effects of extrafamily and intrafamily influences on families and highlight the core components presented by Iovannone et al. (2003) where unique needs of the families are supported on different levels.

Special Education Legislation

In order to appreciate current mandates, it is important to have a general idea of the history of Special Education legislation. In1958, President Eisenhower signed Public-Law 85-926 which provided financial support to colleges and universities that prepared teachers of children with disabilities-specifically those with intellectual disabilities (Martin, Martin, & Terman, 1996). In 1961, the Special Education Act authorized funds for training professionals to train teachers of individuals who are deaf. In 1966, the State Schools Act (P. L. 89-313) authorized grants to state supported and state operated schools to help educate children with disabilities. This was the first federal grant program that targeted children and youth with disabilities.

Finally, the Handicapped Children's Early Education Assistance Act of 1968 (P. L. 90-538) mandated education of infants and children with disabilities, from birth to age eight. It was the first legislation that focused on the education of all children with disabilities and the beginning of the early childhood special education. Consecutively,

P. L. 92-424, the Economic Opportunities Amendments of 1972 authorized support for Head Start enrollment of young children with disabilities.

In 1975, P. L. 94-142, the Education of All Handicapped Children Act, was mandated for students with disabilities. The Act highlighted six major principles that are still in effect today. These include: (1) zero reject- this principle serves in favor of every student age three to twenty-one the right for appropriate public education regardless of the nature or the severity of the disability; (2) nondiscriminatory evaluation- this process determines whether a child has a disability and, if so, whether special education and related services are warranted. Testing and evaluation procedures must not discriminate on the basis of race, culture, or native language; (3) free appropriate public education (FAPE) -this principle mandates that all children with disabilities receive FAPE regardless of the nature or the severity of the disability. P.L. 94-142 mandates that all children with disabilities served must have an Individualized Education Program (IEP) to address their unique needs; (4) least restrictive environment (LRE) - the Act mandates that students with disabilities be educated with children without disabilities to the maximum extent appropriate. If, for any reason, this is not feasible, the Act mandates that the IEP provides a justification; (5) procedural due process - this principle addresses the right of the parents/guardians to participate in all meetings, examine all educational records, and obtain an independent educational evaluation of their children. Parents have the right to written notice when the school proposes or refuses to change the identification, evaluation or placement of children. Parents have the right to request an impartial due process hearing regarding the identification, assessment, and educational placement of their children; and (6) parental

and student participation -schools must collaborate with parents and students (whenever appropriate) who provide input into the content of the IEP and the implementation of services.

In 1990, P. L. 94-142 was reauthorized and the name was changed to the Individuals with Disabilities Education Act (IDEA). IDEA is the federal special education law protecting parents and children with disabilities. The IDEA was reauthorized in 1997 and again in 2004. It was put into effect on the first day of July, 2005.

One of the significant components of this legislation was the specific requirements of "highly qualified" teachers. The purpose of this updating was to provide an opportunity for individuals to see how the law plays out in practice and what needed to be done to make it clearer, more efficient or effective. Some of the primary changes were reflected in the: Findings and Purposes, Definitions, State Responsibilities, Evaluations and the IEPs, and Procedural Safeguards.

IDEA and Parents

A fundamental provision of IDEA is the right of parents to participate in the educational decision-making process. Parents must become informed members of the educational team to help assure a successful outcome for their children. IDEA ensures that all children with disabilities receive FAPE with the appropriate special education and related services designed to meet their individual educational needs. The law states that children with disabilities must be educated in their LRE. Though LRE provides the legal basis for inclusion programs as it strengthens and reinforces the objective of educating all students in a general education classroom to the maximum extent possible,

it does *not* mandate inclusion. IDEA mandates that school-age students with disabilities be provided a free appropriate education in the least restrictive environment (Snyder, 1999). The law states that:

> … 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 20 U.S.C. 1412(a)(5)(A) (IDEA '04)

Special education changed with the passage of the 1975 IDEA and its 1997 and 2004 amendments. The landmark legislation moved most children with disabilities from segregated classrooms into general education classrooms. Parental participation played an important role in the revolution of the legislation.

Inclusion-Definition and Research Support

Earlier in this chapter a brief history of the special education legislation was presented. To more readily understand the legislation, it is important to provide a brief history of the development of special education. "Special education, in general, began in the United States in 1823" (Lipsky & Gartner, 1997, p. 73) with a charter school for blind children. Before then, there were only schools for the deaf. The Perkins School for the Blind was established in 1829, but the school opened its doors in 1832. By 1905 and through the 1920s, some schools were established for students who were delinquent or "unteachable" in cities such as New York and Cleveland.

At about the same time, the Council for Exceptional Children was established in 1922. By 1945, the Council for exceptional Children (CEC) recommended that children who were educable be included in the general public schools (Lipsky & Gartner, 1997). In the 1960s, studies were published regarding special classes for individuals with mental retardations in public schools. There were not enough research studies to recommend one instructional setting over the other. In other words, there was not enough evidence to suggest that special segregated [self-contained] schools and classrooms were ensuring better academic progress than general education classrooms, that labels were stigmatizing, and that general education teachers were capable of teaching "slow" pupils such as those with mental retardation. Basically, although progress in educating individuals with disabilities was being made, the first seven decades of the twentieth century are commonly known as the isolation phase in that individuals with disabilities were not necessarily included in general education classrooms or society (Dybwad, 1980).

In 1975, P.L. 94-142's mandates of FAPE and LRE made it possible for children with disabilities to be educated in public schools and general education classrooms. In the1980s, advocates for inclusion proposed purposeful integration of students with special needs into the general education classrooms, regardless of the severity of their disabilities (Lipsky & Gartner, 1997). Stainback and Stainback (1984, 1989) argued that all students, even students with severe disabilities, should be included in the general education settings. They noted there were some special cases where students needed to be served in special education settings in order to experience their LRE; however, they

proposed that for the majority of students, the general education classroom constituted the LRE (Stainback & Stainback, 1998). Inclusion was evolving, but very slowly.

The term "inclusion" is not found in IDEA and the U.S. Department of Education has not defined the term. The National Center on Educational Restructuring and Inclusion (1995) developed the following working definition of inclusive education:

> Providing to all students, including those with significant disabilities, equitable opportunities to receive effective educational services, with the needed supplementary aids and support services, in age appropriate classrooms in their neighborhood schools, in order to prepare students for productive lives as full members of society. (p. 99)

Roach (as cited in Schroth, Moorman, & Fullwood, 1997) defines inclusion as "the provision of educational services to students with a full range of abilities and disabilities in the general education classroom with appropriate in-class support" (p.67). This definition was commonly used in the literature since it presented the shift from the traditional mainstreaming, where students are placed in general education classes for part of the school day, to educating children with disabilities alongside their typically developing peers in general education classroom (Schroth et al., 1997). Ferguson (1995) used the term "authentic inclusion" and defined the term as

> "a unified system of public education that incorporates all children and youths as active, fully participating members of the school community; that views diversity as the norm; and that ensures a high-quality education for each student by providing meaningful curriculum, effective teaching, and necessary supports for each student." (p. 286)

This definition best encompasses the essential characteristics of inclusion as described in previous literature. It clearly identifies the equitable and supportive nature needed to achieve successful inclusion independent of the unique needs of individual students. Moreover, this definition emphasizes individualized, needs-based programming as an essential component (Lynch & Irvine, 2009). There is no official definition of inclusion, but philosophically it is supported through the LRE principle included in IDEA.

Inclusive Education in Action

Inclusive education suggests that all students in a school, regardless of their strengths or weaknesses in any area, become part of the school community. This includes students with disabilities who need to experience a sense of belonging among their peers with or without disabilities, teachers, and support staff. IDEA and its 1997 amendments made it clear that schools have a duty to educate children with disabilities in general education classrooms with appropriate support.

The reauthorized IDEA 2004 also called for more accountability at the state and local levels as well as more outcome data. Another notable change between the 1997 and 2004 reauthorization involved school districts providing adequate instruction, interventions, and support for students with disabilities so they are successful in general education classrooms. As stated earlier, a majority of students with disabilities spend more than 80 percent of their school days being taught in the general education classroom. There is no justification for them not being served appropriately so they have opportunities for success in school and beyond.

Statement of the Problem

The Education for All Handicapped Children Act (1975) guaranteed all children, regardless of disability, the right to a free and appropriate public education in the least restrictive environment. Almost four decades later, numerous interpretations of LRE, educational reform movements, and decision-making strategies have been proposed by a number of educational scholars and disability advocates, offering a multitude of possibilities for educating students with disabilities appropriately in relation to their general education peers. However, many still debate the most basic tenet of whether individuals with disabilities, including those with ASD, should be educated in general education classroom settings. Many general and special educators are open to educating students with mild disabilities, such as those with learning or intellectual disabilities, in general education classrooms, but do not embrace the practice of inclusion for students with moderate to severe disabilities or behavior disorders, such as those with ASD (Burstein et al., 2004; Simpson, 2003; Soodak, Podell, & Lehman, 1998). This problem of acceptance of students with varying degrees of ability affects teachers, students, administrators, and parents. Many factors contribute to this problem. Two of the primary issues include a lack of current knowledge of autism and related skills by the general educators along with a lack of support from administrators for students with ASD as they are being educated within general education classrooms. Many factors contribute to this problem. Two of the primary issues include lack of current knowledge of autism and related skills by the general educators along with a lack of support from administrators for students with ASD as they are being educated within the general education classrooms.

If students with ASD do not receive adequate support and education in the general education classrooms, which is frequently their LRE, their chances of reaching their full potential is negatively impacted. This, in turn, adversely affects the United State's education system and society. "Success in education is a predictor of success in adult life. For students with disabilities, a good education can be the difference between a life of dependence and non-productivity and a life of independence and productivity" (National Council on Disability, 1989, p. 2).

The current study contributes to the body of knowledge needed to address this problem by examining parents' and educators' perceptions regarding inclusionary practices for young students with ASD. Parents and educators shared their experiences independently to address elements of successful inclusive practices.

Purpose of the Study

The purpose of my dissertation was to gain a deeper understanding of the parents and educators' perceptions of including their young children with HFA in an inclusive setting. The goal was to describe the unique wants and needs of parents, through their real life experiences, who had young children with HFA being educated in general education classrooms in their local public school systems. The ultimate goal of the study was to explore the interactions and expectations between parents and educators. Literature related to this matter is discussed in Chapter Two.

This research study was conducted using a qualitative, case study design. It involved multiple-case study design for four cases using the continuous compare and contrast model. Data were collected through interviews with parents of the young children with HFA. For triangulation purposes, interviews were also conducted with

general and special educators. A detailed description of the methodology implemented is presented in Chapter Three.

During the past decade, the success or the failure of inclusion programs for young children with disabilities, including those with autism, affected the beliefs of individuals involved in the change process (Alexander & Dochy, 1995; DEC/NAEYC, 2009; Odom & Wolery, 2003; Robertson, Chamberlain, & Kasari, 2003). It is important to understand the perspectives of parents in this matter since it influences both the process of change and standards of practice.

The goal of my research was to study the parents' and educators' perspective regarding educating their young children with HFA in inclusive classrooms. The study describes the experiences of each family and elaborates on parents' and educators' perceptions of inclusion.

The following research questions guided this study:

1. What are the parents' perceptions on including their own young children (ages 4-7) with HFA in general education settings?
    a. What do parents perceive as the advantages and/or disadvantages of including their children with HFA in inclusive settings?
    b. What are the parents' wants and needs in terms of support of the appropriate educational requirements of their children in the inclusive settings?
    c. How do parents define the quality of service?
2. What are the sources of concerns for these parents about placing their own children in inclusive classrooms?

3. How are the parents involved in their own children's success in the inclusive classrooms?
4. What are the educators' perceptions on including young children (ages 4-7) with HFA in general education settings?
5. How are parents' and educators' perceptions similar or different?

With the existing literature relevant to educating individuals with ASD, an understanding of the disability itself and its ongoing increase in incidence, we need to become more aware of the factors that facilitate appropriate gains in skills. As professionals, our aim is to ensure that children with disabilities, particularly young children with HFA, receive appropriate early intervention services and education which includes working collaboratively with parents. This helps reduce their families' stress and improve the outcome of services that are specifically tailored to meet their children's needs.

Young children with disabilities and their families received services under Public Law 105-17 since 1986. IDEA (Part C) provides early intervention services for infants and toddlers, birth through age 2, with disabilities or developmental delays and their families. Early intervention services bring families and service providers together from many aspects of the community, including public and private agencies, parent child centers, local school districts, and private providers. The purpose of early intervention is to lessen the effects of the disability or delay. This is accomplished through the provision of services, education, and support to young children who have existing delays or at-risk of developing a delays or a disability that may affect their development or impede their education. Early intervention helps ensure that supports

and services come together to meet children's unique needs and the needs of their families in their homes and communities.

Services are coordinated through Individualized Family Service Plans (IFSP) that are family-centered and designed to identify and meet the children's needs in five developmental areas. These include (1) physical development, (2) cognitive development, (3) communication, (4) social or emotional development, and (5) adaptive development. Children and their families, who are eligible for services, receive services. The services transition from Part C to Part B under IDEA, where special education services are guaranteed through the children's local education agency from age 3 through 21. Part B of the IDEA provides funding to LEAs to supplement and/or increase the level of special education and related services.

From the age of three, children with ASD are eligible for educational programs in public school settings that are appropriate to their individual needs. Educational programs for students with ASD can focus on improving communication, social, academic, behavioral, and daily living skills.

Definition of Key Terms

The following section provides definitions of key terms used in this research study and can be used to clarify their use herein.

Evidence-Based Practice. " A CEC Evidence-Based Practice Study is a systematic analysis of the relevant research on a targeted practice to determine the quality of the evidence-base."

Extended school year. Extended school year (ESY) services are provided beyond the regular school year and are determined to be necessary in order for students to make

educational progress during the school year. These services must be individually designed to meet specific objectives included in the students' individualized education programs (IEP). ESY services are part of what constitutes a free appropriate public education for students who receive them (34 CFR § Section 300.106) (IDEA '04).

High-functioning autism (HFA). HFA refers to a diagnosis given to children who meet the criteria for autism and have an average or high average intelligence quotient (IQ). High functioning autism is not an official diagnostic term but is often used in the field (Volkmar, Cohen, Bregman, Hooks, & Stevenson, 1998). The CEC elaborates on that definition and presents that students who have average or above intelligence or HFA (or Asperger syndrome) may resemble students with severe learning disabilities who also have social and/or speech and language problems. They will often have difficulty with abstract thinking and organization. In addition, they may be unable to attend to a lot of external stimuli, which may result in their over-focusing on specific, and often irrelevant things.
(www.cec.sped.org/AM/Template.cfm?Section=Home&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=2424)

Inclusion. A broad, all-encompassing definition of inclusion is the practice of educating all or most children in the same classroom, including children with physical, intellectual, and developmental disabilities (McBrien & Brandt, 1997). For purposes of this study, I chose to define inclusion as individualized and specially designed instruction for students with disabilities who are being educated in the general education classroom. In this study, the term inclusion is referred to as educating children with disabilities in the general education classroom at least 80 % of the day (U.S. Department of Education, 2011).

Individualized Education Program (IEP). An IEP means a written statement for each child with a disability that is developed, reviewed, and revised in a meeting in accordance with Sec. Sec. 300.320 through 300.324, and that must include, a statement of the child's present levels of academic achievement and functional performance, a statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided to enable the child- including- measurable annual goals, and academic and functional goal, and a an explanation of the extent, if any, to which the child will not participate with children without disabilities in the general education class (20 U.S.C. 1414(d)(1)(A) and (d)(6) IDEA '04).

Instructional Support team. A group of individuals who work to execute the educational programs for students with disabilities to ensure the students obtain their identified educational goals.

Paraprofessional (aide/assistant). The No Child Left Behind Act (NCLB) provides the federal definition of the term "paraprofessional". According to NCLB, all paraprofessionals should have completed at least 2 years of study at an institution of higher education; obtained an associate's (or higher) degree; met a rigorous standard of quality and can demonstrate (through a formal state or local academic assessment) knowledge of, and the ability to assist in instructing, reading, writing, and mathematics, or (as appropriate) knowledge of, and the ability to assist in instructing, reading readiness, writing readiness, and mathematics readiness. (20 U.S.C. § 6319(c))

SoonerStart (SS). SS is Oklahoma's early intervention program that is designed to meet the needs of infants and toddlers with disabilities and developmental delays (20 U.S.C. 1416, 1431–1444).

CHAPTER 2

REVIEW OF LITERATURE

Recent epidemiological data points to a significant increase in the number of reported cases of autism spectrum disorder (ASD) within the last two decades in the United States (CDC, 2012; Hertz-Piciotto & Delwiche, 2009; USDE, 2008). Relatively accurate prevalence data of autism, that predates the 1900s, is difficult to obtain though the condition and term were recognized as early as 1911 by the Swiss psychiatrist Eugen Bleuler. Some of the explanations for this are the condition was differently labeled (e.g. childhood schizophrenia) and that the term autism was not included as a separate diagnostic category in the Diagnostics and Statistics Manual (DSM) until the third edition in 1980, when it was referred to *as infantile autism*. By 1987, the term was changed to autistic disorder and added to the *DSM-III-R*. Since then, much has been learned. The *DSM-IV*'s (1994) diagnosis of autism includes the category of pervasive developmental disorders with subtypes: Autistic Disorder, Asperger's Disorder, Rett's Disorder, Childhood Disintegrative Disorder, and Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS). The U.S. Department of Education (USDE) statistics suggest that the number of children being served under IDEA's autism category grew more than fivefold during the 1990s (USDE, 2004). The current prevalence rate of ASD in the U.S. is 1 in 88 children by the Centers for Disease Control and Prevention (CDC, 2012). Autism is the sixth most commonly identified disability in the U.S.

School Impact

The continuous rise in ASD drives the importance of more fully understanding the strengths and needs of students on the spectrum and how to best deliver a quality education to them. Special education services has shifted from no opportunities to be taught, to separate self-contained classrooms and programs to partially or fully inclusive settings (Lipsky, 2003). Federal law does not require the placement of all students with disabilities into general education environments, but it does mandate that they are taught in their least restrictive environments (LRE), and that IEP teams provide justification for non-inclusive placements (IDEA, 1997). In its Thirtieth Annual Report to Congress on IDEA, the U.S. Department of Education Office of Special Education Programs (OSEP) reported that across all disabilities categories, 53.7 percent of students (ages 6 through 21) with disabilities spend at least 80 percent of their days in settings with nondisabled peers (USDE, 2008, most recent data available). From 1997 to 2006, the largest increases (i.e., percentage point increases ranging from 10 to 14) in the number of students educated in general education classrooms were made by students served under the categories of autism, other health impairments, traumatic brain injury, specific learning disabilities, emotional disturbance, and hearing impairments, respectively.

Trend of Research

Two distinct trends of research support children with ASD. The first trend focuses on epidemiology of the disability as noted in the first chapter. The second research trend focuses on the factors that influence implementation of effective inclusive education.

Purpose of Chapter 2

The purpose of this chapter is to provide a review of the professional literature pertaining to the second trend identified in the previous paragraph as it addresses parental perspectives. Six areas are addressed: (a) parents' views and perceptions of including children with ASD in the general education classroom; (b) parents' beliefs and satisfaction regarding inclusion; (c) sources of parental concerns; (d) parental stress related to raising a child with ASD; (e) educators' perceptions of including children with ASD in general education classrooms and (f) outcomes of inclusion for children with ASD.

Parents' Perceptions

A limited number of studies examined the factors that influence parental perception of inclusion (Kasari, Freeman, Bauminger, & Alkin, 1999; Leyser & Kirk, 2004; Starr & Foy, 2010; Stoner & Angell, 2006). Kasari et al. (1999) used surveys to study perceptions of parents of children with ASD or Down syndrome (DS) regarding inclusion by addressing two questions: whether the age of the child at the time of diagnosis had an impact on the parents' perception of inclusion; and, the parents' reported view of their children's current placement (inclusive or non- inclusive) as ideal (appropriate). The researchers investigated the perceptions of 113 parents of children with ASD and 149 parents of children with DS in southern California.

Kasari and her colleagues (1999) found that, overall, parents of children who were older than 5 (M=3.50) were less satisfied with inclusive placements for their children than parents with younger children (M=4.00) regardless of the children having either ASD or DS. Parents of children being served in general education classrooms were more in

favor of inclusion than parents of children in special education classrooms with the exception of children with ASD. Kasari et al. (1999) discovered that parents of children with ASD tended to be more content with their placements in special education classrooms and regarded their children's teachers as an advantage for their children with ASD.

Findings from Kassari and her colleagues provide us insight about how age and the diagnosis of children with ASD influence parents' perceptions in inclusion. The ongoing rise in the number of children with ASD and the current implementation of inclusion may change the results of similar investigations.

More recently, Spann, Kohler, and Soenksen (2003) surveyed 45 parents of children with ASD or related pervasive developmental disorders (PDD) (4 to 18 years of age) and measured their self-reported involvement in and perceptions of the special education services their children with ASD or PDD received. The study targeted parents of children with ASD and focused on: (1) placement and special education services, (2) communication with school personnel, (3) IEPs, and (4) priorities and satisfaction with school personnel/services. Parents reported that the majority (73%) of their children spent part of their day in the general education classroom with speech therapy being the most prevalent related service. All the parents reported they communicated with someone pivotal to their children's education at least once a week. Families, whose children were younger, reported the highest frequency of communication; those with older children, the lowest. Seventy-three percent of the parents reported moderate levels of satisfaction with the IEP process and believed younger children needed the most help

with social interaction and communication while older students needed the most help with life skills, behavior, jobs, and leisure skills (Spann et al., 2003).

Akin to what Kasari et al. (1999) and Spann et al. (2003) found, it appears there is an inverse relationship between children's ages and parents' level of satisfaction with the inclusive classroom. As children with ASD grew older, their parents became less and less satisfied with the educational services their children were receiving in the inclusive classrooms.

Based on these studies (Kasari et al., 1999; Spann et al., 2003), it appears that parents perceive the needs of their children with ASD increasingly not being fully met in their school settings as their children grow older. Another striking element in the previous studies is the significant number of families who reported not being satisfied with the services their children with ASD received from their schools. The limited satisfaction that parents reported may be a direct result of struggles experienced by the ASD community in securing disability-specific resources.

It is important to note that although these studies reported on the experiences of families with children with ASD in inclusive education environments, the construct being termed 'inclusion' was qualitatively different from that employed for this current study (U.S. Department of Education, 2011). Spann and colleagues, (2003) described inclusion of children as participating in "some degree of inclusion". On the other hand, Kasari and her associates used the term "ideal" placements which included mainstreaming and some or full degree of inclusion. Reflecting upon the description of the children's education presented in the previous studies, the educational services that have been described may more accurately be referred to as "mainstreaming"; that is,

preparing the student to function in general education classrooms rather than preparing the classroom to meet the needs of the students (Andrews & Lupart 2000).

Educators' Perceptions

There is limited research that investigated educators' perception about including children with ASD in general education classrooms. Employing interviews and surveys, Robertson, Chamberlain, and Kasari (2003) examined the relationship of general educators with students diagnosed with ASD in general education classrooms. They found that "teachers reported generally positive relationships with included students with autism. However, a higher rating of behavior problems did lessen the quality of the teacher-student relationship" (p.128).

Conderman and Johnson (2009) implemented surveys and interviews to conduct a pilot study that examined beginning general and special education teachers' perceptions of their preparation regarding teaching knowledge and skills as well as collaborative roles in meeting the standards of IDEA. Based on the data collected, Conderman and Johnson reported that beginning teachers face ongoing challenges associated with coworkers, school culture, and preservice preparation. There is a need to increase the beginning teachers' skills, expand their supports, and provide more authentic experiences to better meet their needs found in today's classrooms (Conderman & Johnson, 2009).

General education teachers most frequently report they fear inclusion due to their lack of knowledge and skills regarding students with disabilities as reported by Snyder, (1999).Studies inform us that general education teachers admit they lack the necessary skills, training, time and resources to effectively implement inclusive

education for children with ASD in their classrooms (Scruggs & Mastropieri, 1996; Snyder, 1999).

Parents' and Educators' Beliefs

Stoiber, Gettinger, and Goetz (1998) used a survey in an attempt to acquire a better understanding of parents' and early childhood practitioners' beliefs about inclusion.

Stoiber et al. defined the three constructs they measured: (1) core perspectives focused on the legal rights of children with disabilities to be educated with their typically developing peers in inclusive settings which is considered best practice; (2) expected outcomes related to the practitioners' positive expectations and linked to the students' higher achievement; and (3) classroom practices relative to the teachers' beliefs and their influence on inclusive practice in a typical classroom.

The results of the study indicated that parents of children with disabilities, with high or middle incomes, reported having more positive beliefs than parents with low incomes. An analysis of the data further indicated that general and special education teachers reported more positive beliefs than paraprofessionals regarding classroom practices that EC practitioners were more positive about inclusion than parent participants. Practitioners reported they were prepared to include children with mild disabilities, but were ill-prepared to include students with ASD and neurological impairments. Stoiber and his colleagues' study (1998) relied on a quantitative approach to explore factors influencing the participants' beliefs on inclusion.

Barriers

In an effort to examine general educators' perceptions about barriers associated with successful implementation of inclusion, Fuchs (2010) conducted a qualitative study with general educators using focus groups, individual follow up interviews, and observations. Fuchs found that teachers were not in favor of inclusion because they did not know how to meet the demands and responsibilities associated with its implementation (Avramidis, Bayliss, & Burden, 2000; Avramidis & Norwich, 2002; Bradshaw & Mundia, 2004; Hodkinson & Devarakonda, 2009; Subban & Sharma, 2006).

These studies (Fuchs, 2010; Stoiber et al., 1998) inform us about parents' and educators' beliefs toward inclusion and factors that influence successful inclusion. Parents of children with disabilities report they want the best for their children. The "best" for more parents is that they want their children educated alongside students who are typically developing. General education teachers report being in favor of inclusion, but want to be well prepared and supported by their administrators and special education colleagues for the various needs of their students. This requires attention from the education community to provide support and trainings to meet the needs of all students.

Parental Concerns

One area of concern for parents of children with ASD is the interaction they have with educational professionals. Using a collective case study approach to examine four pairs of parents' perception of their interactions, Stoner et al. (2005) focused on how parents of children with ASD describe the influences on their interactions with

education professionals and how they describe their roles and relationships with education professionals.

Based on the findings of the study, Stoner et al. (2005) recommended professionals (1) help parents obtain an early diagnosis instead of "let's wait and see", (2) provide trainings to educate the parents about the IEP process and legal rights, (3) facilitate the transition from EI services to school services, (4) help parents become part of the IEP process, (5) communicate with parents and value their expertise, and (6) enhance trust with parents.

Stoner et al. (2007) used qualitative research to investigate parental experiences and concerns in the area of transition. The researchers found that parents wanted child-centered transitions, enhanced using the same methodology as that implemented in their 2005 investigation. Data were communication with the schools, planned and practiced transitions, more information about types of transitions, and more overall support.

Frederickson, Dunsmuir, Lang and Monsen (2004) examined the perspectives of parents and school staff relevant to inclusion for students with and without disabilities. They found that all groups were in agreement that there were academic and social advantages and that sharing expertise was very important. These elements were enhanced when educators and parents collaborated and communicated effectively and frequently. This practice helped alleviate parental concerns about general educators' attitudes, preparation, academic and social support for the students and for educators themselves. It also addressed frustrations with the process used to develop the Individualized Education Program (IEP), the perceived lack of respect and receptivity toward their views and needs (Soodak & Erwin, 2000; Stoner et al., 2005).

Studies that examined parents' perception of inclusion are limited. Frederickson et al. concluded similar results as Stoner et al. (2005) and Stoner et al. (2007). The concerns of parents in the US and the UK revolved around quality communication between the parents and the educators and a lack of trust of the educational professionals. The importance of establishing effective systems of communication was presented in relation to the further development of inclusive practices (Frederickson et al., 2004; Iovannone, et al. 2003; Stoner et al., 2007).

Parental Stress in Raising a Child with ASD

There is no doubt that raising children with disabilities, particularly, children with ASD is stressful for parents. Dabrowska and Pisula (2010) used survey research to examine parental stress and coping skills of mothers and fathers of children with ASD and Down syndrome (DS) in comparison with mothers and fathers of children without disabilities. The parents were two-parent families and the biological parents of the children (2 to 6 years of age).

Results of a multivariate analysis of variance (MANOVA) indicated that parents of children with ASD with higher education levels had higher stress levels and that mothers of children with ASD reported having greater stress than their spouses. Other researchers found that stressors were not necessarily direct predictors of negative outcomes, but that their influence was moderated by social support and coping style (Dabrowska & Pisula, 2010; Dunn, Burbine, Bowers, & Tantleff-Dunn, 2001). Even though the conditions in Poland and the U.S. are not the same, both studies found similar relationships between identified stressors and negative outcomes

When Higgins, Bailey, and Pearce (2005) assessed the relationship between ASD characteristics, family functioning and coping strategies, they too, found that parents/caregivers of children with ASD experienced lower marital happiness, family adaptability and family cohesion than the normative data and that coping strategies were not predictors of marital happiness or family cohesion and adaptability.

Based on the findings of the reviewed literature (Dabrowska & Pisula, 2010; Dunn et al. 2001; Higgins et al. 2005), it appears that parents/caregivers of children with ASD reported experiencing higher levels of stress than their counterparts who have children with Down syndrome or children with no identified disabilities. Research in different countries showed that mothers of children with ASD experienced similar difficulties regardless of particular cultural environments (Dabrowska & Pisula, 2010; Dunn et al. 2001; Higgins et al. 2005). No matter where the families were, they appeared to be no or minimal support for parents of children with ASD.

Factors that Influence Educators' Inclusion Practices

Studies that investigated factors or barriers for successful inclusion presented several positive as well as negative factors related to the students' disabilities or educators' knowledge and/or experiences (Burstein et al., 2004; Robertson et al., 2003; Salend, 2001). Segall and Campbell (2012) used survey research methods to investigate the impact of experience, knowledge, attitudes, and current practices as they related to education professionals' practices for including of students with ASD. A correlation analysis revealed that experience and knowledge were significant predictors for the use of efficacious inclusion strategies.

Segall and Campbell reported favorable attitudes toward inclusion of students with ASD with general education teachers having the least positive attitudes. This is important to note since positive attitudes of teachers are correlated with successful inclusion and have been recognized as such for decades (Chow & Winzer, 1992; Hayes & Gunn, 1988; Shippen, Crites, Houchins, Ramsey & Simon, 2005; William & Algozine, 1977).

A study in Scotland (McGregor & Campbell, 2001) utilized questionnaires to investigate the possible link between knowledge and training and attitudes of teachers towards integration of children with autism into mainstream schools.

The researchers found that the more experience and knowledge the teachers had the more confident they were that the process could be successful. Thus, both specialist teachers and mainstream teachers who had knowledge and positive experiences in educating students with autism in general education classrooms showed more confidence in the process.

McGregror and Campbell (2001) assert that integration of children with autism must honor the right of all members of a community to take full part in its day-to-day life; and that the goal is to improve the quality of children's social interaction and academic development through daily contact with peers who are typically developing. They found that the unpredictable nature of young children with autism had the potential to cause extreme confusion and distress in general education teachers. Consequently, special and general educators must reorganize their class structure as well as their teaching methods in order to promote the acquisition and generalization of knowledge by all students.

Because autism is such a complex disability, it is hard for teachers to make generalizations regarding the best and most effective ways to teach students in this population. It is necessary to explore teachers' opinions toward students with this condition because their attitudes greatly affect their relationship with the students as well as the overall quality of instruction. Similarly, Soodak, Powell, and Lehman (1998) report, "Teachers' attitudes toward integration appear to vary with their perceptions of the specific disability as well as their beliefs about the demands that students' instructional and management needs will place on them" (p. 481). The fact that school personnel may treat individuals differently based on their diagnosis implies that their attitudes toward inclusion should be further explored.

Supporting Studies on Including Students with ASD

Stahmer and Ingersoll (2004) investigated the impact of inclusion on young children with ASD in a Children's Toddler School (CTS) that practiced inclusive education and employed multiple evidence-based teaching techniques (i.e. discrete trial teaching, pivotal response, incidental teaching, one-on-one structure teaching, augmentative communication such as sign language and picture exchange communication systems). In addition to the school education, children are taught by their parents who provide ten hours of tutoring per week.

Researchers found that all the children exhibited independent relational play and 40 percent of the children engaged in independent, age-appropriate extended play. At entry, none of the children engaged in social interaction with peers; while at exit, 35 percent of the children engaged in reciprocal interaction, 25 percent responded to initiations, and no children avoided their peers. By the same token, none of the children

had age-appropriate play skills at entry. By exit, all the children exhibited relational play independently; eight children were able to engage in independent, age-appropriate extended play. Stahmer and Ingersoll (2004) suggested inclusion as an effective treatment model for young children with ASD. Additional studies by Stainback and Stainback, (1992); Odom, Hoyson, Jamieson, and Strain, (1985); and Odom and Strain, (1986); Harris, Handleman, Kristoff, Bass, and Gordon (1999) and Fryxell and Kennedy (1995); suggested that inclusion supports improvement in the social skills of students with autism.

On the other hand, Peck, Staub, Galluci, and Schwartz (2004) conducted a longitudinal study that addressed questions related to the impact of inclusion on nondisabled children (students without disabilities). Their research focused on the views of parents of students without disabilities whose children had been enrolled in classrooms with students with severe disabilities. The researchers surveyed parents of children without disabilities to evaluate their perceptions on their children's academic progress and social/emotional development in inclusive classrooms next to peers who had severe disabilities. "Severely disabled" was defined as having intellectual disability (moderate through severe), ASD, cerebral palsy, and down syndrome.

The study conducted by Peck et al. (2004) helps us understand the perception of parents of children without disabilities who were enrolled in inclusive classrooms with children with severe disabilities. The researchers explored the perceived effects of inclusion from parents of children without disabilities and reported that a majority (87 percent) of the parents agreed on the positive effects in social acceptance and awareness of the disability. A majority of the parents agreed on reenrolling their children without

disabilities in inclusive classrooms. This was consistent with the findings of Stoiber et al. (1998). The study by Peck et al. (2004) contributed to the literature by investigating the impact of inclusion on students without disabilities.

Conclusion

Issues pertaining to inclusion are particularly relevant to students with ASD, as ASD is the fastest growing disability category and one in which inclusion is becoming an increasingly prevalent educational practice. Despite the fact that researchers, parents and education professionals report they favor inclusion and believe in the beneficial outcomes of general education, as demonstrated in the literature review, a major potential barrier to students' success in inclusive classrooms is the general education teachers' perceptions. Despite the potential benefits of including students with ASD in general education, the practice continues to be highly controversial. In spite of these conflicts, recent federal data suggest that more and more students with disabilities are being educated in inclusive settings. There is a growing recognition that some students with ASD, particularly those with severe behavioral problems and overall significant disabilities, represent a major challenge for general education teachers (Simpson & Myles, 1998).Teachers' views toward inclusion can directly impact the success of students being included.

As a result of this literature review regarding educators' and parents' perceptions and concerns and stress associated with raising children with ASD and educating them in inclusive settings, there is a clear need for developing positive partnerships between parents and educators to ensure parents' participation in their children's inclusive education (Soodak & Erwin, 2000). "Parents are now recognized

as the best advocates and initiators of reform and as partners and collaborators with the school in the care, treatment, and education of their children" (Chopra & French, 2004, p. 240).

The current study explored parents' and educators' perception of young children with HFA being educated in general education classrooms. The study addressed the methodological gap in the literature by using a collective case study design and targeted the parents of children with HFA who were more likely to be educated in typical classrooms. Stoner et al. (2005) and Stoner et al. (2007) used a similar design with children with ASD who had more severe symptoms. The studies by Stoner and colleagues that were presented in this review explored the parents' and educational professionals' perceptions and provided an in-depth understanding of parents' roles with education professionals, concerns and barriers regarding inclusion, and strategies for effective inclusion through the use of qualitative methodology. The methodology of this study is discussed in detail in Chapter 3.

CHAPTER 3

METHODOLOGY

A qualitative research approach was used in this study to gain a better understanding of the participants' experiences. According to Creswell (1994) a qualitative study is defined as "an inquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of informants, and conducted in a natural setting" (p.15). Merriam (2009) stated that "Qualitative researchers are interested in understanding the meanings people have constructed, that is, how they make sense of their world and the experiences they have in the world" (p. 6). Strauss and Corbin (1990) claim that qualitative methods can be used to gain new perspectives on things about which much is already known, or to gain more in-depth information that may be difficult to convey quantitatively. Thus, according to the authors, qualitative methods are appropriate in situations where quantitative measures cannot fully address the questions or interpret the situation adequately, since qualitative research problems tend to be framed as open-ended questions that support discovery of new information (Strauss & Corbin, 1990).

Qualitative research is multi-method in focus, involving an interpretive, naturalistic approach to its subject matter (Strauss & Corbin, 1990). This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret phenomena in terms of the meanings people bring to them. Qualitative research involves the studied use and collection of a variety of empirical materials (i.e., case study, personal experience, introspective, life story, interview, observational, historical, interactional and visual texts) that describe routine and problematic moments

and meanings in individuals' lives (Denzin, & Lincoln, 1994). Finally, the role of the qualitative researcher is to be an active learner who tells the story from the participant's point of view (Creswell, 2006). Qualitative research is intended to be a descriptive and interpretive activity whose purpose is understanding the people and situations under study rather than judging or evaluating them (Wolcott, 1990).

The current study explored the parents' and educators' experiences in their natural environments and questioned their beliefs and practices about including their own young children with high-functioning autism (HFA) in the typical classrooms. Data for the study were gathered by conducting semi-structured interviews with the parents and the educators and by collecting existing data and artifacts. The procedure was guided by the following research questions:

1. What are the parents' perceptions on including their own young children (ages 4-7) with HFA in general education settings?
    a. What do parents perceive as the advantages and/or disadvantages of including their children with HFA in inclusive settings?
    b. What are the parents' wants and needs in terms of support of the appropriate educational requirements of their children in the inclusive settings?
    c. How do parents define the quality of service?
2. What are the sources of concerns for these parents about placing their own children in inclusive classrooms?
3. How are the parents involved in their own children's success in the inclusive classrooms?

4. What are the educators' perceptions on including young children (ages 4-7) with HFA in general education settings?
5. How are parents' and educators' perceptions similar or different?

Research Design

This descriptive study employed qualitative case study research as defined by Merriam (2009), "A qualitative case study is an intensive, holistic description and analysis of a bounded phenomenon" (p. xiii). Bogdan and Biklen (1982) defined qualitative data analysis as "working with data, organizing it, breaking it into manageable units, synthesizing it, searching for patterns, discovering what is important and what is to be learned, and deciding what you will tell others" (p.145). The current study may be considered a multiple-case study (Yin, 2009) or a collective case study (Merriam, 2009; Stake, 2005) as there were four parents and five educators.

Utilizing the collective case study helps us gain a better understanding of the perceptions of parents and educators of children with HFA in inclusive classrooms. There are several reasons for choosing this approach. First, I wanted to study the participants in their natural everyday settings. Second, the research questions were focused on understanding what the experiences of each participant were from their own perspectives. Finally, the "why" and "how" questions could be best answered by a case study since they included direct observations and interviews (Yin, 2009). Yin (2009) explains "a case study as the empirical inquiry that investigates a contemporary phenomenon in depth and within the real-life context" (p. 18). To adequately develop a case study design into a viable study, issues of construct validity, internal validity, external validity, and reliability must be assessed, though it may be by somewhat

different means than in traditional, quantitative social science research. These issues are described in greater detail in the "Credibility Measures" section later in this chapter.

The collective case study design helped me investigate the different cases in depth and to look across cases for similarities and differences. The goal of this case study research was to understand the complexity of the case in the most complete way possible. Yin (2009) summarized six sources of data collection for the case study such as: documentations, archival records, interviews, direct observations, participant-observations, and physical artifacts. Interviewing allowed me to learn about the person or persons that were part of the case by speaking directly with each of them to finding out what I wanted to learn (Bogdan & Biklen, 1982). Data used in this dissertation came from semi-structured interviews, artifacts, such as Individualized Education Plans, parent-teacher communication forms, and researcher memos.

Bounded System

The unit of analysis is the "case" defined by the study and derived from the research questions (Yin, 2003). The unit of analysis for the current study was parents of young children with HFA and their children's educators. The research questions focused on understanding parents' and educators' perception relevant to including young children with HFA in general education classrooms. At the individual level, parents of the children were interviewed and provided me with a history of their children's diagnoses, services received through the state early intervention services, transition services, and current school placement. The parents also provided a copy of their children's Individualized Education Programs (IEP) and any home/school communication documents they had. Every child's general education teacher was

interviewed to provide an understanding of the educators' perception and to triangulate data gathered from the parents. However, one special education teacher volunteered to participate in the study to provide her perception on facilitating inclusion in a general education classroom.

The participating parents and educators were selected to share their unique experiences of having young children with HFA taught in the general education classrooms of their local education agency (LEA). The four children attended public school systems, where they were offered free and appropriate public education and IEPs to support their educational needs.

Research Participants

Qualitative research design focuses on relatively small samples of individuals who are chosen purposively (Patton, 1990). The purposive sampling for this study provided information-rich cases that provided a great deal of information from the participants' perspective (Patton, 1990). Maxwell (2005) presented purposive sampling as "This is a strategy in which particular settings, persons, or activities are selected deliberately in order to provide information that cannot be gotten as well from other choices" (p. 88).

I used criterion sampling to select participants for the study. The participating parents met the following criteria: a) were a parent of a young child with ASD, b) had a child (ages 4-7) with HFA in a public school system at a preschool or primary school level, and c) had a child included at least 80 percent of the instructional day in a general education classroom. The participants were recruited from various geographic locations in the state of Oklahoma. Each parent participant had a child in a different school

district than the other. The potential number of parent participants was nine. The research included four of the nine parents based on the scores of the Social Responsive Scale (SRS). The qualifying parents referred their educators. Five educators participated in this study; four of the educators were general education teachers and one was a special education teacher. The University of Oklahoma Institutional Review Board (IRB) approved the study (see Appendix B) and the consent forms (see Appendices C and D). The privacy and confidentiality of the parents and the educators were protected and in full compliance with the IRB. The participants were assigned coded numbers (e.g. parent-child-1) to replace their real names as soon as they consented to participate. The coded number was used for the transcribed interviews and on any forms obtained from the parent or the educator.

Recruitment flyers were sent to parents of children with autism. Following this further, parents who agreed to participate, referred their children's educators. Participation required one parent's participation, but both parents were invited to participate. Due to extenuating circumstances (e.g. two of the fathers had a day job from eight-to-five, one of the fathers had a night job, and one couple was divorced, and the mother responded to the recruitment flyer), only mothers participated in this study. All the participants in this study were referred to with a Mrs. or Ms. and a pseudonym to protect their identity. Parents were referred to by their last names while educators were referred by their first names.

I used different sites for recruiting the participating parents. Flyers were sent to private therapy sites, parent support groups, Oklahoma Family Network, and Oklahoma Autism Network. Once they consented to participate in the study, the parents completed

the Social Responsive Scale (Constantino & Gruber, 2005). The scores on the SRS determined the severity of each child's ASD. If the child scored within the high-functioning autism range, the parents were contacted to schedule an interview at their convenience. The participating parents completed the demographics, answered the interview questions, and provided artifacts.

Participating educators were secured through the parents who initiated a request to their child's educator (i.e., general educator, special educator, or a paraprofessional) and provided a written release for sharing the confidential information. The educators filled out the Teacher's Copy of the SRS. The SRS scores obtained from the educators were used to reconfirm the severity of the children's disability in comparison with the scores obtained from the parents. Afterwards, the teachers were contacted for their interviews.

Social Responsiveness Scale (SRS)

The Social Responsiveness Scale (SRS, Constantino & Gruber, 2005) (see Appendix E) is a quantitative approach to measure the autistic symptomatology across the range of the spectrum among 4 to 18 year olds. The ratings of the 65-item questionnaire are obtained from parents' and teachers' observations in naturalistic social settings (i.e. home, daycare, school). The SRS is rated on a four-point Likert scale from "0" (never true) to "3" (almost always true). It provides an overall score on the social reciprocal behavior. In addition to the total score, it generates a score in each of the five subscales: social awareness, social cognition, social communication, social motivation, and autistic mannerisms (Constantino & Gruber, 2005). Higher scores (*T*-score>65) suggest clinically significant autistic traits.

The psychometric properties of SRS have been tested in several studies involving more than 1,900 children ages 4-15 (Constantino & Todd, 2003; Constantino et al., 2003; Constantino et al., 2004). Inter-rater reliability ranged from 0.75 to 0.91 indicating strong agreement between mothers, fathers, and teachers (Constantino et al., 2003). A three-month test-retest reliability of 0.88 was reported (Constantino & Todd, 2003). The reported studies indicated that the SRS is a valid quantitative measure of autistic traits.

Table 1: SRS Parents' Scores

Participating Parents	Raw Score	T- Score
Miko	78	71
Ethan	86	75
Tyler	85	75
Ava	54	60

Table 2: SRS Educators' Scores

Participating Educators	Raw Score	T- Score
Miko	81	60
Ethan	82	60
Tyler	N/A	N/A
Ava (Gened)	38	47
Ava (Sped)	46	50

Data Collection Procedures

The goal of this multiple-case study research was to understand the complexity of each case in the most complete way possible. For this reason, case study research often involves the use of multiple methods for collecting data (Denzin & Lincoln, 2005). In this qualitative research method, the case study uses participant observation where the researcher immerses herself into the daily lives and routines of those being studied. This can also include the researcher interviewing participants or collecting artifacts and texts in an effort to learn about the person or persons being studied. Collecting and studying artifacts can also allow the researcher to learn about a bounded system (Denzin & Lincoln, 2005). Data for this study were collected through semi-structured interviews, researcher memos, and existing data.

Setting. The interview research setting was either the home where the family resided or the classroom where the teacher taught. Only one parent chose a conference room which was geographically convenient to her job site. For educators the setting was the general education classroom where the young child with HFA was included at least 80% of the day, received daily instruction, and was taught alongside his typically developing and age-appropriate peers.

Data sets. Data gathered in this investigation were organized into four sets. First, parents and educators completed demographic forms to provide information about basic characteristics. The second set included the interview data, which was comprised of approximately 90-120 minutes of semi-structured parent interviews. Third, data included participants' artifacts such as, IEPs, classroom materials, home-school communication forms/notebooks, and researcher memos. Lastly, data included 30-60

minutes interviews that were conducted with the educator of each child. Data were collected right after The University of Oklahoma Intuitional Review Board approved the research study, informed consent, and interview protocols.

Demographics. The parents and educators completed specific demographic information (see Appendices E and F). There were two versions of the form, one for each group, parents and educators. The information gathered from the parent provided some characteristics about the children, siblings, educational support, education, and income. The demographic information gathered from the educators focused on years of experience, highest degree of education, training/preparation, and other specific information. The demographic information is summarized in Tables 3, 4, and 5 respectively.

Table 3

Characteristics of Parents

Parents Demographics	Ms. Madison	Ms. Eagle	Mrs. Timpson	Mrs. Anderson
Parents Education Level	Bachelor's	Some College	Bachelor's	Bachelor's
Ethnicity	Caucasian	Caucasian	Caucasian	Caucasian
House Hold Income	> $150,000	$20-29,000	$50-74,000	$100-150,000
Financial Assistance	No	Ex-husband	No	No

Table 4

Characteristics of Children

Child Demographics	Miko	Ethan	Tyler	Ava
Child Age	5 years	6 years	7 years	7 years
Gender	Male	Male	Male	Female
Child Diagnosis	ASD	ASD	ASD	PDD-NOS
Co-occurring Disorder	N/A	N/A	ADHD	N/A
Sibling	1	1	No	No

Table 5

Characteristics of Educators

Demographics of Teachers	Ms. Ashley	Ms. Sally	Ms. Rachel	Ms. Kimberly
Years Teaching	20 years	8 years	15 years	11 years
Age	40-50 years	31-40 years	40-45 years	31-40 years
Education	Bachelor's	Bachelor's	Bachelor's	Bachelor's
Training in Autism	Yes	Yes	Yes	Yes
Number of Paraprofessionals	1	Part time	1	0

Parent interview. Semi-structured interviews were designed to investigate the parents' perceptions on including their young children with HFA in general education classroom settings. The one-time face-to-face interview questions addressed numerous issues derived from the research questions. A copy of the interview protocol is provided in Appendix G.

Semi-structured interviews were determined most appropriate for this investigation since they are flexible and guided by a list of questions to gather specific data required from informants (Merriam, 2009). In the current study, the interview questions were formulated based on the specific research questions to provide a guideline during the interviews. Patton (1990) described the interview guide as a list of questions developed to explore responses about predetermined topics (i.e., content of research questions). The interview guide allowed me to be guided yet flexible enough that I could pursue new subjects not listed if the need arose (Patton, 1990).

Forty interview questions were designed to obtain information regarding a history of intervention services, transition from early intervention services (Individualized Family Service Plan) to the public school system (Individualized Education Plan), and the parent's perception on the child's current educational placement and services. Three of the four interviews took place at the parents' homes and one of the interviews took place at the parent's workplace. Each interview lasted about 90-120 minutes. Four parent interviews were audio-taped then transcribed into verbatim scripts for analyses.

Educator interview. The educators' interviews were designed for two reasons: first, to triangulate the data by collecting it from multiple sources (Denzin & Lincoln,

2005); and, second, to address the questions related to the educators' perceptions and experiences of educating young children with HFA in general education classrooms. An approach, similar to that used with the parents, was used in conducting the interviews with the educators. The five informants were female. Four were general education teachers and one was a special education teacher. The semi-structured interviews were held in the educators' classrooms and lasted approximately 30-60 minutes. The interview protocol was comprised of 12 questions developed to gather information about the teachers' overall experiences, training received in educating children with ASD, challenges, support, and thoughts regarding inclusion. A copy of the interview protocol is provided in Appendix H.

Four audio-taped interviews were transcribed verbatim. One of the educators refused to be audio taped, so the interview notes were typed instead. The five transcribed interviews were shared with the educators to confirm the accuracy of the content and member check.

Researcher memos. Throughout the process of data collection, I regularly and systematically wrote memos after each home or classroom visit. This allowed me to keep an up-to-date a file of these writings (Maxwell, 2005). "Memos are an extremely versatile tool that can be used for many different purposes; this term refers to any writing that a researcher does in relationship to the research other than actual field notes transcription, or coding" (Maxwell, 2005, p. 12). The memos were hand written and intended to capture the observed environment (Patton, 1990). They included descriptive information about the visit, the context, the setting, and what went on during the interview (Patton, 1990). As mentioned earlier, the interviews were audio-taped and

transcribed, but the memos contained information about my feelings and reactions, as well as the participants' reactions.

The memos were written into a log book immediately after each visit. Consequently, the same memos needed to be typed which allowed me a second review of the information gathered and provided me an opportunity of becoming more familiar with the data. According to Maxwell (2005),

> Memos are one of the most important techniques you have for developing your own ideas. You should therefore think of memos as a way to help you understand your topic, setting, or study, not just as a way of recording or presenting an understanding you've already reached. (p.12)

Program documents. As mentioned earlier, multiple data sources were collected for this study. Yin (2009) describes six sources of evidence commonly used in case studies: documentation, archival records, interviews, direct observations, participant-observation, and physical artifacts. Yin (2009) recommends multiple data sources to have a good case study. Besides the parent and the educator interviews and the researcher memos, artifacts were reviewed.

If the children had any, I reviewed their home-school communication logs or notebooks, the children's homework or worksheets that were sent home, and copies of their Individualized Education Programs (IEP). These documents were used to confirm and compare the parents' and educators' concerns. Moreover, two of the educators shared the children's data sheets and existing work and all the parent participants shared their children's progress reports, diagnosis report, and previous IEPs or Individualized Family Service plans (IFSP). The IFSP is a document used in early intervention services

that includes the child's strengths, the family goals, and the desired outcomes for the child and the family.

The Role of the Researcher

The qualitative researcher is the primary instrument for data collection and analysis. The researcher's position on the topic under study is another technique used to ensure that the results are reliable (Merriam, 2009).

The researcher's experiences/biases related to the topic. My work experiences included teaching students in general education settings, teaching children with identified with developmental delays (DD) in preschool classrooms, supervising paraprofessionals who worked with individuals with ASD, teaching post-secondary special education courses and supervising special education practicum students and interns in public school systems. During this time, I had opportunities to facilitate inclusion of some young children with ASD. It was during that time that I grew to understand the role of (1) the parents in making decisions in their children's education and (2) the teachers' levels of preparation to educate individuals with ASD in the typical classrooms. I grew to understand the importance of support and training of educators and establishing trust with the families in order for their children to have successful inclusion experiences.

Past/current professional roles. I had various roles in this qualitative research study. Creswell (2006) asserts that [the researcher] should "explicitly identify his/her biases, values, and personal interests about the research topic and process" (p. 184). In terms of this study, my professional role and relationship to the participants was that I had no relationship with any of the participants. Having no direct relationship with the

participants was an important factor that reduced the bias of the study so that the participants did not feel obligated to give responses that might be deliberately helpful or harmful to the study.

As the researcher, my role was to collect and analyze the data, keep gathered data confidential by ensuring that a code or a pseudonym was assigned to the gathered forms, keep the data in a locked, secured file cabinet, and secure the demographic information that might serve as an identifier of certain participants. With regard to the present study, I wrote a subjectivity statement where I documented my personal experiences and beliefs related to inclusive education of students with ASD, as well as my interest in and reasons for pursuing qualitative research. A copy of the subjectivity statement can be found in Appendix I.

Trustworthiness

In order to monitor subjectivity, I addressed trustworthiness (Glesne, 1999). In qualitative research there are four criteria for trustworthiness that are defined by Guba (1981): credibility, dependability, confirmability, and transferability. I addressed these terms as they related to the current study.

Credibility/truth-value. Credibility in a qualitative study is one of the key criteria that ensures the study measured what it actually intended to study (Shenton, 2004). Credibility allowed me to establish confidence in the evidence of the findings. I tested credibility through member check (Guba, 1981; Schwandt, Lincoln, & Guba, 2007). I used four methods to establish credibility: peer debriefing, triangulation, member check, and transferability/applicability.

Peer debriefing. Peer debriefing provides the researcher an opportunity to discuss his data with others (Guba, 1981). One of the Special Education professors at my university, met with me on a regular basis to discuss the process, interview questions, findings and progress. She reviewed the transcribed interviews and assisted me with coding. She helped with the data analysis process and interpretation. These regular discussions provided me the opportunity to critique and make modifications accordingly.

Triangulation. Triangulation uses multiple methods of data collection (Denzin & Lincoln, 1994) to validate findings and achieve better understanding. Triangulation should include at least two different sources (Guba, 1981). This helps ensure that no single source of data will influence the results of the study. Table 6 summarizes the triangulation methods used for the current study. I compared the scores calculated on the SRS forms from parents and educators. Similarly, I compared the transcribed interviews conducted with the parents and educators to gather similar information from multiple sources. I also used researcher memos to verify the child's placement and data gathered during the interviews in the child's home and the classroom. Other sources of data (e.g. the children's IEPs, home-school communication books or notes, children's work folders) provided some verification, too.

Member check. Guba (1981) considers member checking as the heart of credibility. The interviews were audio-taped and transcribed using digital media and provided to the participants for review and member checking. Member checking is a method for verifying and validating the transcribed information (Merriam, 2009; Stake, 2005) and a method for triangulating the data. Participants are asked to review the

transcriptions and/or results of the interviews and affirm their accuracy. The transcribed interviews were member checked by several of the participants. The participants reviewed the interviews and provided feedback. Hard copies of the transcribed interviews were made available to the chair of the dissertation committee to provide feedback. The completed report was checked by two experts who read the transcribed interviews to ensure the accuracy of the report based on the themes and the participants' responses. During the data collection, I discussed the study's progress and possible themes that were derived from the interviews with various members of my dissertation committee. They provided feedback and agreed with some of the initial themes. Our collaborative discussions provided the basis of the current thematic outline.

Transferability/applicability. According to Merriam (2009), the small number of participants in a qualitative study makes it almost impossible to generalize the findings to other populations. Lincoln and Guba (1985) suggest that researchers provide thick data and enough description so that readers can conclude its applicability. To allow others to transfer the findings of the qualitative study to other settings, I provided thick descriptive data about the four different cases. Data included parents' and educators' perceptions on including their young children with HFA in general education classrooms. The variety of the cases and recruiting from different school districts provided diverse information to help readers apply it to different situations (Lincoln & Guba, 1985).

Dependability/consistency. To address the issue of dependability Lincoln and Guba (1985) stress the close ties between dependability and credibility, arguing that, in practice, a demonstration of the former goes some distance in ensuring the latter. They use "dependability" in qualitative research which is closely equivalent to the notion of

"reliability" in quantitative research. In order to achieve dependability, the researcher reports the process of the study in step by step detail (Lincoln & Guba, 1985).

Table 6

Triangulation Methods

Triangulation of Data Collection Methods	Triangulation of Data Sources	Triangulation of Data Collection Techniques
Interviews: Semi-structured	Interviews: Parent and Educator	Audio taped Interviews Researcher Memos
Document Review	Documents: Home-school Communication book, Individualized Education Program, Child Progress forms, Child Work binder.	

Confirmability/neutrality. Confirmability and neutrality include the process of being able to take the necessary steps to demonstrate that the study is neutral. Lincoln and Guba (1985) suggested the use of "triangulation" and "audit trails" which may be combined with other processes. Triangulation ensures the multiple source of data collection (Guba, 1981; Lincoln & Guba, 1985), and audit trails, as discussed in the dependability process, ensure that at least two sources of data collection were used (Guba, 1981). This process helps audit the predispositions or the assumptions I may have had and reflected on the informants (Guba, 1981).

Data Analysis

These case studies provided me the opportunity to immerse myself in the life of the community or institution and comb available documents, hold formal and informal conversations with informants, observe ongoing activities, and develop analyses (Miles & Huberman, 1994). Miles and Huberman (1994) defined data analysis, "as consisting of three concurrent flows of activity: (1) Data reduction, (2) Data display, and (3)

Conclusion drawing/ verification" (p. 10). They explained these three stages of qualitative data analysis as follows: Data reduction should not be considered separate from analysis, but a part of it. This reduction of the data can be done by selection, summary, paraphrasing, or through being subsumed in a larger pattern. Data display is the second major activity the researcher should complete. This means taking the reduced data and displaying it in an organized, compressed way so that conclusions can be more easily drawn. Conclusion drawing and verification is the final analytical activity for the qualitative researcher. It is here that the researcher begins to decide what things mean. They do this by noting regularities, patterns (differences/similarities), explanations, possible configurations, causal flows, and propositions. However, Miles and Huberman (1994) add that the competent researcher should hold such conclusions lightly, while maintaining both openness and a degree of skepticism. Bogdan and Biklen (1982) defined qualitative data analysis as "working with data, organizing it, breaking it into manageable units, synthesizing it, searching for patterns, discovering what is important and what is to be learned, and deciding what you will tell others" (p. 145).

Within-case and cross-case analysis were used across the cases (Miles & Huberman, 1994), where data sets were compared from one case to the others. Yin (2009) suggested the cross case synthesis to compare patterns of more than two cases. In cross-case analysis, I presented similarities and/or differences within-cases or other patterns that derived from the research questions.

Data reduction. The first flow of analysis, data reduction, included coding of initial data from interviews. This occurred continuously throughout the study. In an

effort to deepen the understanding of reoccurring patterns in parents and educators experiences, the interview transcripts, the researcher memos, and the other documents from parents and educators were read several times to identify themes and categories. This understanding of inductive analysis is consistent with Strauss and Corbin's (1998) description: "The researcher begins with an area of study and allows the theory to emerge from the data" (p. 12). The primary purpose of the inductive approach is to allow research findings to emerge from the frequent, dominant, or significant themes inherent in raw data, without the restraints imposed by structured methodologies.

As data collection continued, the codes were revised to make better sense of the data. The previously coded data were revised and reanalyzed based on the revised codes. This helped to break the data into categories and sub-categories. As is typical when coding, start codes were revised as needed in order to make better sense of the data. When the start codes were revised, all of the data previously coded was reanalyzed, thus data was broken down further into new categories and sub-categories. During this flow of analysis, I also used educators' data to confirm, extend, or refute data provided by the parents. Summaries of individual cases, child, parent and educator (i.e., within–case analyses) resulted from the initial phase or flow of analysis.

Data display. Data display is the second major activity I went through. This required taking the reduced data and displaying it in an organized visual display or framework of coded information so conclusions could be drawn. This process involved developing a summary of each case. The within-case analysis provided the necessary and the basic information of each case. A summary of the structure of the cases is presented in Chapter Four. Next, a cross-case analysis (Miles & Huberman, 1994) was

used to better understand the data patterns and locate common themes within the cases of individual parents and educators and across the cases of all the parents and educators.

Conclusion drawing and verification. When themes developed through the process of analysis, conclusions needed to be verified or tested for believability (Miles & Huberman, 1994; Strauss & Corbin, 1998). In this stage of analysis, meanings from the data emerged from patterns, themes, relationships between variables and regularities in the data. I examined early conclusions with skepticism (Strauss & Corbin, 1998) and confirmed and verified conclusions throughout the study by returning to the transcriptions of the interviews. The goal of the analysis process was to come to conclusions and/or propositions (Yin, 2003) regarding the research questions that may warrant further study or help explain a phenomenon that occurred in the data.

Throughout the analysis, one of my dissertation committee members worked closely with me in coding, recoding and developing themes. She provided feedback and suggestions on the data reduction and analysis portion. The final report of the analysis was presented to the dissertation chair and one of the committee members. Both professors have doctorate degrees. One has over 35 years of experience in early childhood special education area and researching with families of children with disabilities, and the other has over a decade of experience in teaching and conducting qualitative research in education.

Summary

The choice of the methodology was based primarily on the research questions and the current literature on study methodologies mentioned above. The goal of this case study research was to understand the complexity of each case in the most complete

way possible. For this reason, case study research often involves the use of multiple methods for collecting data (Denzin & Lincoln, 1994; Yin, 2009) as demonstrated in this investigation.

CHAPTER 4

RESULTS

In this chapter the results of the descriptive case study are presented. As mentioned earlier, five main questions guided this research: (1) What are the parents' perceptions on including their own children (ages 4-7) with high functioning autism (HFA) in general education settings? (2) What are the sources of concerns of these parents about placing their own children in inclusive classrooms? (3) How are the parents involved in their own children's success in the inclusive classrooms? (4) What are the educators' perceptions on including young children (ages 4-7) with HFA in general education settings? (5) How are parents' and educators' perceptions similar or different? In this chapter, I present each case and the themes that emerged from the data gathered.

Each case consists of a brief family history and the current placement of each child. Four themes emerged from the data collected from the parents and the educators. The themes are the parents' perception of including their own children in the general education setting, the educators' perception of including the children in their classroom, and a comparison between the parents' and the educators' perception. Initially, each of the themes will be presented individually for each participant. Then because of overlapping and intermingling among the participants' stories and themes, a discussion will follow as to how they are related to each other or different from each other.

Child One: Miko

Miko's background story. Miko is a five-year-old Caucasian boy, who lives in a middle class family with his mother, father and an older brother. He was adopted at

birth as a healthy baby with no knowledge of any possible delays or a disability. Miko's mother, Mrs. Madison, stays at home to take care of his needs, and his father works as a managerial accountant for a local car dealership. Miko's brother is thirteen years old, and he attends the middle school of the local education agency (LEA). The interview was conducted with Mrs. Madison while Miko and his brother were at school and his father was at work. A summary is provided in Table 7.

Miko was diagnosed with Autism Spectrum Disorder (ASD) at the age of three. According to his mother, Miko did not display any delays in his developmental milestones as an infant. Miko was very social and affectionate, which made it difficult for her to know if there was anything wrong with him. The mother did notice some delays in his play skills compared to her older son and some repetitive behaviors such as turning the light on and off, touching the corners of the toys, and throwing objects to hear the loud noise as he developed in his toddler years. She also noticed that Miko seemed behind in his speech and language skills. For example, he did not initiate requests for items he desired. Instead, Miko demonstrated frustration by screaming and throwing toys on the floor. He also displayed some feeding problems when he was introduced to solid and finger foods.

When the mother compared Miko to his older brother, she found developmental discrepancies. The family needed to understand Miko's behavior and provide him with the appropriate interventions. Mrs. Madison referred Miko to the state's early intervention program (SoonerStart). Miko started receiving services from SoonerStart for his sensory issues and speech delays when he was 18 months old. First, he received speech therapy once each week. Later, SoonerStart assessed his gross and fine motor

skills and found him eligible for occupational therapy (OT). After that, speech therapy and OT were alternated every week. His mother enrolled him in a Mothers' Day Out program that provided an opportunity for Miko to interact and play with other children twice a week. Due to his deficits in communication skills, Miko had trouble communicating with his peers and was frustrated. Eventually, his SoonerStart speech pathologist helped the family try various communicative tools such as the Picture Exchange Communication System (PECS), Board Maker icons, and sign language. Once the appropriate communication support was determined for Miko and his family, the speech pathologist trained the staff at the Mothers' Day Out program in the use of the PECS.

Mrs. Madison was still concerned with Miko's repetitive behaviors, lack of interest in toys, and language delays. She shared her concerns with her sister, a speech pathologist, who confirmed that Miko's delays seemed significant; therefore, Mrs. Madison scheduled an appointment with a child psychologist to evaluate Miko's delays. The psychologist diagnosed him with severe delays in language and communication and addressed his repetitive behavior and lack of interest in toys stating that he may have a diagnosis of ASD. The psychologist scheduled a follow up visit. At the follow up visit with the same psychologist one year later, Miko received a formal diagnosis of ASD when he was three years old.

At the age of three, Miko aged out of SoonerStart. Mrs. Madison attended the first IEP meeting where SoonerStart transitioned Miko's services to the public school system. The IEP team decided to place Miko in the preschool program for children identified with developmental delays (DD) and provide speech therapy only since he

was not eligible for OT. Mrs. Madison chose to enroll him in a private tuition Autism Day School for half day services (4 hours) where he received one-on-one interventions, based on the principles of applied behavior analysis (ABA). Miko attended this program for nine months. The Autism Day School was part of a learning laboratory for students working towards their Board Certification in ABA. He also received speech therapy services through the public school system for one hour a week.

At the age of four, Miko was placed in the public school preschool program for children identified with DD for two and a half hours a day. While attending the DD program, he continued enrollment in the Autism Day School for six to eight hours per week.

Table 7

Summary of Case One

0-3	3-5	Current	Social Support	Teacher
Family of four "Miko" adopted	Goal equal inclusion	One-on-one para-LEA general ½ day pre-school at once week SLP	Maternal grandfather	Ms. Ashley
Suburban large house	LEA provides speech only	ADS one-on-one ABA	Neighbor	17 years
Diagnosed at 3 yrs old	Autism Day School (OCU-BCBA)	Inclusion is at mom's request	Parent group	1:1 barrier to Miko
EI SLP-sign/PECS	At four years LEA DD ½ day + ADS	Ms. Ashley-Awesome? Confused		Aide conflicts with teacher
Private pysch-diagnosis	Mother joins ASD parents support group			

Miko's current placement. At the time of this study, Miko is five years old and enrolled in the LEA's Pre-Kindergarten (Pre-K) class for students who are typically

developing for half of the day. He attends Pre-K with a full time one-on-one aide who provides direct instruction. He also receives forty-five minutes of speech therapy per week as a related service through the public school he is attending. In addition to the Pre-K program at his local public school, Miko attends the Autism Day School for four to six hours per week to receive one-on-one services based on ABA. Miko has a private home therapist who takes him to the neighborhood park, local fast food restaurants and other play areas to work on his social and play skills.

Mrs. Madison's perception on including Miko in the typical classroom.

Mrs. Madison had the goal and the dream of including Miko in the typical classroom from a very young age. At the beginning of the interview she said:

> My vision is that he will not be distinguished as a child with autism. I think that we started so early, and he is very high functioning. Now he can read, add and is very smart academically. I am not worried about him academically, just socially. That is where he is delayed.

Miko's mother believes that he is in the right place and the right educational setting. She highlighted some of the gains the teacher reported and other gains that either they had observed or that others had drawn to her attention. She described them in the following example:

> He plays with friends, neighbors and kids at the park, but he is still lacking on intra-verbal. He will say, "Hey. What's your name" or "Hey. Play with me." but when they ask back and forth his answer might be "I have a ball".

Mrs. Madison was aware of some of the challenges of including Miko in a typical classroom. She shared concerns like the expectations of his one-on-one aide: "I

don't think she realized that he was not doing his work. He is smart." The aide did not demonstrate high expectations similar to hers. She completed part of his work and rewarded him inconsistently. The mother reported that the aide did not have proper or sufficient training to work with individuals with ASD. So, the mother worked hard to get the team together and outline his goals and rewards more clearly so that anyone working with Miko would know precisely what was expected of Miko as well as the aide.

Mrs. Madison's concerns about Miko's support and services. Mrs. Madison raised several concerns which were derived from her personal experiences and expectations for the people who provided services and support to Miko. One of her major concerns that she repeatedly mentioned during the interview was the lack of systematic support for Miko's social skills development at either his public school or his ABA school. Miko is in a typical Pre-K classroom with a full time aide, but no one specifically addresses his need and works on a social skills building program at school:

> I was getting a little frustrated because he was not doing his work. He was not coloring, doing his numbers. That is all compliance and that's my concern. We geared many of his IEP goals towards social skills. I am not worried about him reading but my goal is to get him more social. Honestly, it is time for me to sit down with the team...

Miko is also in a private ABA school for at least four to six hours a week, but no one can work on his existing social skills program since the children are receiving one-on-one services. So, this leaves Mrs. Madison with one other option and that is

organizing play dates with the children from Miko's typical Pre-K classroom. They meet at the park or other public places and the children play and socialize together.

As far as the school, one of Mrs. Madison's concerns was the preparedness and the training of the aide to work with individuals with ASD. She explained that in the following statement:

> The district psychologist just met with the aide because I requested. She was letting Miko escape a lot. I don't think she realized that he was not doing his work. He is smart. So he suggested changing the reinforcers and varying them and offering them more quickly and Miko does not have to complete all the work like the other students, if he completes 50 percent of his work that's good for him and not to expect what everyone else is doing.

Mrs. Madison had some concerns in regards to the Pre-K teacher. She described her as loving but very disorganized. She said: "She is old and needs some structure, but thank God that Miko has an aide." Another concern that she had was her preparedness and knowledge:

> I'm sure she's on the same page, but I think she just kind of lets that be handled by the parents and the school psychologist. And then, they work with the aide. She seems kind of - I don't want to say, clueless…

Mrs. Madison was concerned if Miko was surrounded by people who really understood his capabilities, needs, and challenges. She was concerned whether or not the teacher and the aide communicated with each other to make sure Miko was getting the appropriate academic and social training in the classroom. She mentioned that on an everyday basis, the only communication between her and the school was the aide. The

aide provided her a communication log to summarize his day at school. She assisted him with worksheets and facilitated transition to the related services personnel.

Mrs. Madison's contact person for IEP reviews or changes was the district psychologist, who was the former school psychologist. At the time of this interview, Mrs. Madison had never met the special education teacher and did not know who she was. She mentioned that the school hired a new school psychologist who "seems about twenty years old and very soft spoken - it's not that I wasn't impressed with her, I just didn't know if she would actually get done what I needed done."

Overall, Mrs. Madison's concerns focused on Miko's support and services. She expressed that it was an ongoing effort on her part to assure that Miko was receiving quality service with trained staff and opportunities that fostered his social development.

Mrs. Madison's involvement in Miko's education and school. Mrs. Madison claimed that she was more involved during the earlier phase of Miko's education. Now, she felt he was doing much better and was at a better place than he was one or two years ago. She stayed very involved with his IEP team by communicating her needs and expectations and inviting those team members who worked with and knew Miko at the Autism Day School (e.g. behavior therapist, school supervisor, program director) and provided her with support and resources. Mrs. Madison stated that she would like to be more involved with the school and Miko's classroom:

> But I found out that there are not teacher helpers in the Pre-K classroom. So I wouldn't even be in the classroom. I'd be running copies for teachers all over the school, but that's not what I'm - I mean, not that I'm not interested in that.

> Just, I have really limited time, and so, when I go up there, I want to be in there with Miko.

On the other hand, Mrs. Madison joined the Autism Day School parent support group. She attended the group meetings where members supported each other or invited professionals in the field to better educate themselves about their children's needs. She summarized her experience:

> I met with several parents of children with ASD at the Autism Day School who supported me. We learned a great deal from each other's experiences. Also, the therapists and the tutors who worked with Miko, they were all by our side.

However, Mrs. Madison considered herself to be fortunate to have met people who stood by her and supported her advocacy on behalf of Miko and active participation in deciding his services and goals. She felt responsible for adapting to a new role and supporting parents who were starting this new journey in their life.

Ms. Ashley's perception on including Miko in the typical classroom. Ms. Ashley is Miko's Pre-K general education teacher and has taught Miko since the beginning of the school year, two months so far. The semi-stuctured interview with Ms. Ashley took place in her classroom after the students left for the day. The classroom was spacious and well lit. It had three round tables with child size chairs around them. The centers were labeled (i.e. housekeeping, sensory, alphabet, listening, etc.) and the children's art work and educational materials were displayed on the walls. The classroom was organized and clean; the crayons, markers and everything else were picked up and ready for the next

morning. Ms. Ashley wiped her hands with some hand sanitizer as she pulled up a chair for herself. She invited me to sit as well.

Ms. Ashley has been teaching for over seventeen years, sixteen of those were in a kindergarten class. This was Ms. Ashley's first year as a Pre-K teacher. She felt that she would do well in preparing her students for their kindergarten years. Ms. Ashley had an Early Childhood degree and felt quite competent to teach this class. Her body language was clearly an indication of her passion for her job and responsibilities. She expressed that she is patient and loving and enjoys talking about her students and their accomplishments.

In regards to educating children with disabilities, Ms. Ashley stated that she was qualified and experienced yet not the professional in that area [children with disabilities]. She stated she had worked with children with different types of disabilities (i.e. Down syndrome, emotional disorders, physical disabilities, etc.) in her past years of teaching as a kindergarten (KG) teacher, but Miko was the first child who had the formal diagnosis of ASD. She was quite positive that she probably had worked with individuals who were on the autism spectrum who had not had a formal diagnosis. A concern voiced by Ms. Ashley is that she believed classroom safety was threatened when children with disabilities kicked, hit, or slapped their teachers or peers. If they had trouble learning something:

> I can learn how to modify and use non routine techniques and instructional strategies to teach, which means continuous learning for me. The challenge is the behavior that the child engages; luckily my experience with Miko has been positive.

Ms. Ashley mentioned that Miko had a full time aide who received feedback and training from the school psychologist, special education teacher and speech pathologist. She shared Miko's folder to demonstrate the work he had completed so far. While pointing at Miko's work, she explained:

> He has a visual schedule and earns stickers. The use of the data sheets more than working with the child. Too much paperwork is required on: "Okay, I've got to write 'Did he sit down at the group time? Okay, did he do this? Did he do that?" Let him be a child. Let him experience like everyone else in the classroom. The aide needs to interact with him. The time is taken away from his interaction. The data folder is in front of her. This is Pre-K! He needs to be engaging. I do not understand the ongoing data collection, but he needs to be a child and get rewards. What is the rationalization of helping the child to function in the classroom?

Ms. Ashley noted that it is frustrating for a child in Pre-K to have an aide who was constantly writing on data sheets instead of interacting and playing with the child. As a result of the lack of interaction, Miko engaged in unacceptable behavior, and discipline became an issue.

Having Miko in the classroom helped Ms. Ashley learn other strategies to make sure the classroom environment was promoting learning for everyone. She learned Miko's preferences and challenges. She wanted to learn from other professionals how to help him and reinforce his learning. Miko being learned in the general education classroom helped his peers learn to understand individual differences and to be kind to

other children. Miko's peers accepted the modifications and accommodations designed to alter his needs. Ms. Ashley described it with the following example:

> They learned. Like, we have a chair here. This is Miko's chair at group time, and because he was having a hard time sitting, so this is his chair; and he loves it. And it sits right there. And the children know that that's Miko's, and they don't say "Well, why I don't get one?" They just, they know that "Okay. Miko probably needs that," and they don't ask any questions about it. I mean, I think it's been great on both sides. It's just been great. I think the children - these are young children...

The peers act like Pre-K children and perform their part and respect Miko's differences. According to Ms. Ashley, above all, it helped them all, Miko and his peers, to interact and build better social skills. Miko demonstrated and continues to demonstrate growth and understanding in his interaction with his peers. This classroom was a great place for Miko and his peers.

Mrs. Madison and Ms. Ashley's perception on including Miko. The interviews conducted with Mrs. Madison and Ms. Ashley indicated that the two had more commonalities than differences. They both wanted Miko to be successful with less support. Mrs. Madison indicated she was thankful for the services of the aide, but emphasized that she [aide] needed more training and understanding in order to have higher expectations for Miko. Ms. Ashley indicated that the aide was too involved in data collection and getting academic work done so she lacked addressing his social skills in the Pre-K classroom. They both agreed that Miko made progress during the time he spent in the typical classroom. According to Ms. Ashley:

> It's been awesome. It has given me a different experience that yes, this child has a challenge, but it's not a challenge that cannot be incorporated and worked within the classroom. I mean, it's been awesome, and I will have to admit, I've had some experiences that have not been awesome.

The interview revealed that Ms. Ashley would like to be involved with Miko's education and the training of the aide, but she was encouraged to leave that to the school psychologist since she oversaw the aide and provided supervision. She noted that put her in dilemma since she was the classroom teacher and in charge of reporting Miko's progress. She [Ms. Ashley] met with the parents during parent/teacher conferences which made her responsible for reporting and listening to Miko's parents' concerns.

On the other hand, Mrs. Madison reported that she was happy with Miko's progress and the school. She observed his initiation and interest in a peer for the first time when they were at the neighborhood park. She described his success briefly with the following example:

> He noticed one of his friends at the park and he said, "There's Jack." I approached and talked to Jack's mom. I don't think any of the kids in his classroom notice that Miko is different from them. It is such a blessing because I worry about that a little bit. They play with him. They don't play with him like the rest of the kids, but he likes to be with them in the park or the playground.

As for collaboration, Ms. Ashley reported that after the parent/teacher conference, she had a better idea of what the parent concerns were and wanted to

address as much as possible. She said we [Mrs. Madison and Ms. Ashley] were both honest about Miko's situation:

> I have the conference time, and, and we've talked …Mom wanted to know, like the books we've read or the things we're going to do, and I said I'd be glad to do that. But then when I talked to the school psychologist, she said, "Well, I've got a sheet on what you're going to be doing and this and that." And I said, "Well, yes, she had asked me, and I told her I would do something." She said, "No, the aide will be doing this.

Mrs. Madison wanted the collaboration, too. She wanted to know more specifics about Miko's day and performance, rather than simply being told that he had a good day or a sad day. She wanted to know what Miko worked on at school so that she could work on similar skills at home and reinforce his learning:

> I want to have an aide. I would prefer the aide. Um, to me, she needs to have some training in - with the children on the, the spectrum. And, maybe have more of a sense "I'm not up there as a volunteer." And I'm not up there in the classroom, have more of a weekly, daily something. Whether it would even be something already made up each week that they can say "He worked on this. He didn't do this," you know? A correspondence to speak of, so that I know…

In summary, both Miko's mother and teacher had high expectations. They both wanted him to be more similar to his typically developing peers than different. They wanted him to play and socialize as most of his peers develop those skills in a typical Pre-K classroom. They did not have enough opportunity to share their roles, ideas, and suggestions.

Child Two: Ethan

Ethan's background story. Ethan is a six-year-old bi-racial boy. He and his four-year-old brother live in a shared custody situation. They live in a small rental house three or four days a week with their mother, Ms. Eagle, and with their father or grandparents the rest of the week. Ethan's parents have been divorced for little more than a year. Following their divorce, Ms. Eagle had to move to a smaller house and work part time at a dental clinic while the boys were at school. She is enrolled at the local community college as a part time student for evening and night classes. Her goal is to enter a dental hygiene program and find a better paying job. Ethan's maternal and paternal grandparents are involved in providing care and support to the family. A summary is provided in Table 8.

The interview was conducted with Ms. Eagle, in her house, during the mid morning when the boys were present. Ms. Eagle could not sit still and her attention was partial.

Ethan and his parents lived in Indiana when Ethan was born. His mother noticed speech delays when he was thirteen months old. She compared his developmental milestones (i.e. language skills, play skills, obsession with objects, etc.) to her best friend's daughter who was born at the same time as Ethan. She shared her concerns with her pediatrician who told her that boys develop slower than girls. Ethan's mother used internet resources to find answers for his signs of delays. Ethan's frustration with his lack of expressive language got worse as he grew older. When he was eighteen months old, his mother said, "He was not doing anything, not pointing, and not saying

any words", so she took him to the pediatrician to share her concern for the second time. Unsurprisingly, she was told, "There was nothing to be concerned about" and that she had to wait since boys develop at a slower rate.

On Ethan's second birthday, Ms. Eagle took him to another pediatrician who referred her to a developmental child psychologist. Ethan received a formal diagnosis of ASD at the age of two, right after his second birthday. Immediately after the formal diagnosis, Ethan received services form the early intervention services in Indiana (First Steps). He received speech, occupational, and physical therapy (PT) three times a week. Even though Ms. Eagle did not have specific concerns in regards to delays in gross or fine motor skills, Ethan qualified for OT and PT. The state also provided ABA for more than ten hours a week. All told, Ethan received approximately twenty hours of services from the state each week. In addition, his mother hired an ABA tutor to add another twenty hours of therapy besides the provided services. Ethan received almost forty hours of therapy a week for about a year.

The family moved back to Oklahoma for the family support since Ms. Eagle was expecting another child. Ethan was shy of his third birthday, so he received speech and occupational services through SoonerStart once each week. His family provided private speech therapy and ABA.

At the age of three, Ethan transitioned from EI to EC. Ethan was transferred to preschool in the LEA. He attended the DD classroom for two and a half hours a day and was on the waiting list for the extended day program which provided one-on-one ABA therapy for two additional hours a day in the public school setting.

At the age of four, Ethan was included in the typical Pre-K classroom. He still received speech therapy and ABA in the extended day program, but he spent most of his day in the Pre-K classroom without a one-on-one aide. According to the mother, "He made the biggest jump in that setting. I mean just the social interaction with his friends was great!" Ethan required some behavioral intervention support from the special educator while he was in typical Pre-K and kindergarten classes.

Table 8

Summary of Case Two

0-3	3-5	Current	Social Support	Teacher
Family of four split custody (loopy mother)	LEA	Six yrs-90% gened 1st grade	Four active grandparents	Ms. Sally
Small, messy, rental	DD ½ day & waiting list for ABA	Requested by Ms. Sally	Mother pays for private ABA & desire for inclusion	Excellent teacher support
Diagnosed at 2 yrs old	At four years LEA Pre-K + EDS	Confusion on 1:1 para		Requested Ethan
EI 20 hrs of ABA/20 hrs private	No para SPED behavior support			No aide
Private pysch-diagnosis				

Ethan's current placement. At the time of this study, Ethan is six years old and fully included in the typical first grade class. His teacher specifically requested that Ethan be transitioned to her class when she found out that he was going to be included in a typical class. Ethan loves to read books and learn about the life under the sea. He is very organized, but obsessed with time and structured schedule. Ethan gets very annoyed when things do not happen the way they were planned. He always keeps the

time in the classroom and reminds his teachers when it is time to transition to the next activity. He is not interested in any sports activities so far. He knows all the city streets and would like to learn more roads.

Ms. Eagle's perception on including Ethan in the typical classroom. The interview with Ms. Eagle explored her perception in including Ethan in the typical classroom. Her experience reflected when he was four and included in the typical four year old classroom. She indicated that after she observed him in the classroom for students with identified developmental delay, she knew that Ethan needed to be in a typical classroom. Ms. Eagle said that she was happy to have him in a school and in a classroom, but she was also definite that he needed to be with his typically developing peers.

Ms. Eagle had several meetings with the district's Special Education Director to ensure that Ethan would be eligible for an aide and fully included in the general education classroom with support. As promised, Ethan was included in the typical Pre-K, KG and first-grade classroom, but he never received the full time aide Ms. Eagle had been promised to facilitate his inclusion. A part-time aide was hired to assist the first-grade teacher, Ms. Sally, when needed.

When I asked Ms. Eagle to describe the major gains that Ethan made because of being with typical peers in a typical classroom, she said:

> He has learned patience. I mean just turn-taking skills. He's learned a lot of social things that can't be taught just by having kids his age, at their age level. He's learned appropriate interactions. He's learned a lot of imitation and pretend play that he never had. He's learned how to joke, which is so funny to me, and

> great. I mean, he'll make jokes now and just a lot of wonderful things that I wanted him to have in the beginning, he's learning now.

Ms. Eagle also brought up some of the challenges or difficulties that they went through to help Ethan be successful in the typical classroom. From her perspective, Ethan was very rigid with routines and schedules, but he learned to make progress. She stated that things have changed from Pre-K to first grade, but some things are still difficult:

> If there's a fire drill or something unexpected, he has to leave the room sometimes because he still has occasional what we call meltdowns. One of the biggest things now is if he's waiting for something, like his turn, he has a problem with that…Those are things he needs to be learning, as painful as it is for everyone.

Although Ms. Eagle was pleased with Ethan initial placement in the classroom for students with DD, she pursued placing Ethan in a typical classroom with the appropriate support. Her observations indicated that Ethan needed to be next to his typically developing peers to imitate their language, play, and social skills.

Ms. Eagle's concerns about Ethan's support and services. Ms. Eagle raised two major concerns that she repeatedly mentioned during the interview. The first concern was Ethan's delays in his social skills, and her second concern was the IEP meeting and appropriate goals for Ethan.

Ms. Eagle requested to include Ethan in the typical Pre-K. She noted that Ethan was advanced in the academic skills because of all the therapy and one-on-one instructions. On the other hand, she realized he was so behind socially that it may make

it impossible for him to go into a typical classroom. Her concerns were stated in the IEP in the parents' concerns section. Ms. Eagle was aware of Ethan's social delays, so she addressed them by developing IEP goals that she requested during IEP meetings:

> With the social goals, I would write it down, but it wouldn't really get addressed. It just seemed like I would be saying the same goals over and over and over that I would know he was needing, and so I didn't know if there was a flaw in the way they were taking their data, or their scoring or…

According to Ms. Eagle, the IEP process was very difficult and frustrating. She was concerned about how to address a change in Ethan's goals. The following statement addressed two of her concerns and provided a brief description of Ms. Eagle's experience:

> It's really hard to change the goals on an IEP. I mean, you have to have a sit down meeting and really, it's just very organized; which is good, but it's not as easy to change it if you want to change your goals. IEP was very- I remember having a lot of frustrations. Ethan would meet his goals very early on, and it would be forever until we could have another meeting to change his goals and I felt like, we could be working on new things. There weren't things on the IEP that I felt were appropriate, like, count to a certain number, and Ethan could do that with no problem. What about making eye contact or social? There weren't enough social goals on the IEP that I thought. With the IEP, we had to have a sit-down meeting and wait forever to change the new goals.

Ms. Eagle noted that the IEP process was very intimidating, and she was left alone against a team of professionals. She felt that it was difficult to express her

thoughts, concerns, and requests; she stated that the process is not as difficult to her now compared to the first two years of Ethan's school life. She is more confident and better prepared, but she still gets anxious with every IEP meeting.

Ms. Eagle's involvement in Ethan's education and school. When Ms. Eagle was asked about her involvement with Ethan's educational placement and needs, she described that she was very involved in the beginning, specifically with his educational placement and the request for full inclusion. She noted that she was more involved with developing his IEP goals and making sure they were addressed in the first two years. She stated that Ethan is doing better than when he was in Pre-K, and that the IEP team and teachers know her better, so they address and listen to her concerns better than the team did a year or two ago. Ms. Eagle would like to be more involved with the school activities:

> I definitely would be more involved if I had the time. I mean, I'm always feeling kind of guilty that I'm not more involved in the school and doing things, especially with the teachers that help him out so much…

According to Ms. Eagle, her current circumstances have hindered her involvement to the extent she desires, but she would like to be involved in developing his goals for the IEP. She noted that because of her involvement and support, Ethan demonstrates progress in social and academic skills.

Ms. Sally's perception on including Ethan in the typical classroom. Ms. Sally is Ethan's general education teacher and has been Ethan's teacher for the first six months of this school year. The semi-structured interview with Ms. Sally took place in her first grade classroom after the students left for the day. The classroom was well

maintained and decorated. It was clean and organized. The chairs, tables, crayons, and pencils were picked up and made ready for the next morning. Ms. Sally pulled a kid size chair for herself and invited me to pick a place and a chair for a comfortable interview. As we were getting ready to start the interview, two of her sons, an eight year old and a ten year old, came to the class. She explained that they would stay in the room and play on the computer as we proceeded with the interview.

Ms. Sally is a thirty-six year old teacher. She started her teaching career as a Pre-K and KG teacher. She taught English to children with limited proficiency in English. Then, she stayed home for six years raising her own children. For the last five years, she has been working in the same school as a first and second grade looping teacher. Looping is an educational practice in which a single graded class of children stays with the same teacher for two or more years or grade levels. Ms. Sally will loop with Ethan as his second grade general education teacher. She showed great enthusiasm and love for her career. Her body language was clearly an indication of her confidence.

In regards to educating children with disabilities, Ms. Sally claimed that she always had at least one student or more with a disability (i.e. Tourette's syndrome, Attention Deficit Disorder, ASD, etc.) in her classroom. She mentioned that working with individuals with disabilities was an ongoing learning experience for her since each individual had unique needs. She reflected her passion and love of teaching and accepting people with their differences on to her students. She wanted to teach her students what the real world would be like, she said, "I want them to learn how to treat people who maybe different since we are all different." As an indication of her teaching to accept individual differences, Ms. Sally used the following example:

At the beginning of the school year, we do the dollar bill. I choose my shortest and my longest student and say, whoever can reach it, gets it! The students say, it is not fair, so that leads us to a discussion about individual differences.

As for Ethan, Ms. Sally said, "I asked the principal to include Ethan in my room." Ms. Sally had observed Ethan as he walked by her classroom. She watched Ethan's teachers and how they handled his transition issues and supported him. She knew that she was prepared to have Ethan in her classroom with the support of his previous teachers. She wanted him to be in a classroom where someone would work with him and not simply claim that he was just in an inclusive classroom. Ms. Sally believed that if teachers collaborated together and worked as a team, they would be more successful and prepared to deal with individual differences. In Ms. Sally's view, individuals with disabilities needed to be educated alongside their peers who were typically developing. She believed that with appropriate training and support, teachers could make that happen.

Ethan's transition to Ms. Sally's room was not perfect. Ethan had two difficult weeks. It was difficult to adjust to all the changes and substitutes that were assigned as teacher helpers. Ms. Sally had to make several changes and quit having aides in her room. She had to meet with the students to make sure that the students were aware that she acknowledged their patience and justified her time spent with Ethan. She wanted to make sure they were learning from this experience. She had to meet with some parents and address their complaints, and above all she had to prioritize her students and put her teacher of the year portfolio aside. She said, "It took only two weeks. Once Ethan was used to the routine, then we both knew how to address some of those issues."

Ms. Eagle and Ms. Sally's perception on including Ethan. Ms. Eagle was determined from the very first day Ethan went to school that he needed to be included with typically developing peers. Her perseverance and many hours of advocacy along with Ethan's early intervention services paid off. Ms. Sally was also a strong believer that children with disabilities (i.e. HFA) needed to be in the typical classroom with their typically developing peers. She requested Ethan be placed in her class to ensure a quality education for him and all her students.

The common perceptions between the two built a strong support team for Ethan. Ms. Sally, a parent of two young boys, asked Ms. Eagle, "How can I help your child?" She believed that by establishing a relationship built on trust, she would be more successful with Ethan. She wanted to make sure they were both on the same page and rewards at home were contingent on a good day at school just as they were at school. They were both aware that Ethan performed higher academically than most of his peers, but that he needed the social support. They both noted his obsession with time and rigid schedules and they worked together to make some modifications to help him transition more easily. The two established a relationship based on strong communication and collaboration. This not only helped Ethan, it also helped Ms. Eagle, Ms. Sally, and Ethan's peers. Ms. Eagle summarized her current relationship with the following statement:

> I feel like we're all on the same page and working together with his social goals. I've just stressed it and stressed it and stressed it, social, over and over… I feel like we're finally all working together, so I feel like they're going great… I felt

like we were kind of fighting before, the school and what we needed to be working on.

Overall, Ms. Eagle felt that Ethan had an understanding and supportive teacher who was willing to collaborate and communicate with her to maximize Ethan's learning and success. She knew Ethan would make more progress and develop more advanced skills based on the relationship she established with Ms. Sally.

Child Three: Tyler

Tyler's background story. Tyler is seven-year-old Caucasian boy, and he is the only child of his biological parents. Tyler lives with his parents in a suburban city in Oklahoma. Tyler's parents work fulltime. When his mother, Mrs. Timpson, learned about the study, she wanted to participate to help others learn through their experience. Since Mrs. Timpson had a full time job and a busy schedule, the interview was conducted at her convenience at her workplace in a conference room during an extended lunch break.

Tyler's parents did not know much about ASD when Tyler was young. Consequently, they did not notice any signs of ASD. Looking back, they realized that Tyler was engaging in repetitive behavior, such as lining up pots and pans and repeatedly opening and closing drawers and cabinet doors. He threw himself backward on the floor and hit his head on a frequent basis to express his frustration. According to Mrs. Timpson, they missed noting all that was happening with him because of their lack of awareness. Tyler's frustrations were usually expressed by excessive crying, and hitting his head on the floor or the walls. Their lack of awareness and knowledge about ASD made the parents question what was going on. A summary is provided in Table 9.

Tyler's pediatrician recommended the family contact SoonerStart to address his lack of language and communication skills at the age of two. Mr. and Mrs. Timpson were not aware that Tyler was demonstrating any other concerning symptoms until the day that Mrs. Timpson attended a seminar on autism through her job. She looked at a checklist that was provided during the seminar and said, "Oh, my God! Everything on this checklist describes Tyler." After that, she referred to the internet as a source to explore more about autism, read books, and joined online forums. Mrs. Timpson shared her concerns with Tyler's pediatrician, who mainly focused on the lack of language skills.

Tyler's parents contacted SoonerStart when he was two years old. He qualified for services and was served as a child with developmental delays (DD). SoonerStart provided speech and language therapy for an hour every other week and occupational therapy for an hour every other week. The family had the same therapists for the two services an hour each week. Tyler's parents wanted him to express his wants and needs since that was a major reason for his frustration and hitting his head. Mrs. Timpson did not remember all the details, but she claimed that the services were helpful at that point in time. They knew a little compared to what they learned over the past three to four years. SoonerStart provided them with some local resources and activities and parent support groups. Tyler's parents joined the local Autism Support Group prior to his diagnosis.

At age three, Tyler transitioned from SoonerStart to a Pre-K classroom for students with DD and a home-based Head Start program. Mrs. Timpson described the transition as smooth and that Tyler enjoyed having a predictable routine in his life. His

IEP meeting was almost entirely planned by the IEP team. Tyler attended his neighborhood school and took the bus to and from school. The school provided him speech and language therapy and occupational therapy. Tyler's parents were happy that he had a plan and services in place.

At age four, Tyler received a formal diagnosis of being on the spectrum from a private clinic. Mrs. Timpson reported that it was not a surprise to them. They knew exactly what was wrong with him, but they needed it on a paper. Tyler stayed in the same Pre-K DD classroom with the same teacher as he had been placed. Mrs. Timpson did not recall any changes in his IEP except that his teacher was going to help him spend part of his day in the typical four year old Pre-K classroom.

Tyler remained in the same Pre-K DD classroom for three consecutive years. His parents wanted him to repeat the typical Pre-K to allow him more time in an inclusive classroom. Tyler's special educator gradually increased his time in the typical Pre-K classroom. Tyler enjoyed the setting and the environment. He was sent to the DD classroom when he was over-whelmed or had demonstrated challenging behaviors. His teachers and parents realized that Tyler had a great transition ahead of him when he started KG. His KG year proved to be different from all the other years he had experienced.

Tyler received his instructions in the typical KG classroom. His teachers and IEP team pointed out that Tyler was academically very advanced. His teachers reported to Mrs. Timpson that he was functioning academically at the second or third grade level. The only service the school supplemented was speech therapy because he was not eligible for OT based on the qualification criteria. Since KG was a half-day in the

district Tyler attended, Mrs. Timpson enrolled him in a private tuition Autism Day School for the other half of the day where he received one-on-one intervention based on the principles of applied behavior analysis (ABA).

Table 9

Summary of Case Three

0-3	3-5	Current	Social Support	Teacher
Family of three	LEA-DD Classroom	Seven yrs-80% gen ed 1st grade	Father takes care of him during the day	Ms. Rachel
Suburban medium size house	Diagnosed at 4 yrs old	SLP/OT	Parent Support Group	Against inclusion
	Gradually increased time in typical classroom	Teacher is against his placement		Training in ASD
EI SLP/OT	No para SPED SLP, OT & behavior support Private pysch-diagnosis			No aide

Tyler's current placement. At the time of this study, Tyler is seven years old and in first grade of the LEA. Tyler loves books and numbers and to play games on electronic devices. At the time of recruitment for the study, Tyler was in KG. During the study, Tyler transitioned from KG to first grade. In first grade, Tyler is included in the typical classroom almost 80 percent of the instructional day. Later in this study, his day was reduced to 50 percent because of his challenging behavior. As his behavior improves, the percentage of his time in the general education classroom will increase as well.

Mrs. Timpson's perception on including Tyler in the typical classroom. The interview with Mrs. Timpson explored her perception on including Tyler in a typical

classroom. Tyler's inclusion started in his Pre-K class and increased gradually until he was fully included in Pre-K, KG and first grade. For the purpose of this study, the interview focused mainly on his most recent experiences. As mentioned earlier, Mrs. Timpson was recruited when Tyler was in typical KG and during the interview he was in first grade.

Mrs. Timpson's goal was to have Tyler in the typical classroom full-time from the very first year he went to school. She said, "He is so far ahead academically, I hate to have him in the developmentally delayed classroom because I don't, I don't know if it's an appropriate education for him." She worked towards that goal and made it happen with the support of Tyler's teachers.

Mrs. Timpson wanted him to learn about personal space, appropriate interaction with peers, and have better conversational skills. She said, "His speech is great! He can tell you about the solar system until you're asleep." According to Mrs. Timpson, the experience in the typical KG was great and helpful. She summarized some of the most influential achievements that Tyler demonstrated in the following statement:

> He can eat in the lunchroom now. That was a big problem for him at the beginning of the year. He would sit at a table by himself, which I didn't like when I heard about it. But that was the way he wanted it. He didn't want people around him. Well, they slowly worked him up to where now he can sit at the table with kids as long as there's no one right next to him. He can have them around him and across from him, just not right next to him, which was huge… How to converse a little bit better, how to do give-and-take conversation instead of just "blah, blah" on and on about his subjects…

On the other hand, Mrs. Timpson was aware of the challenges of including Tyler in a typical classroom. Some of the challenges were him controlling his frustration, walking away, and leaving the classroom. After he attempted to leave the classroom several times, a part time aide was assigned to him to monitor his elopement. According to Mrs. Timpson, it was also a challenge to have a teacher who had never dealt or taught a child with ASD: "He was supposed to get another teacher who, um, who normally works with kids on the spectrum, but I don't- I don't know exactly what happened. Somebody else came in and took precedent over him…"

Mrs. Timpson was grateful that Tyler's teachers were collaborating with each other to learn better ways to address his needs. Ultimately, she wanted him to have teachers who understood his unique needs and helped him be more successful.

Mrs. Timpson's concerns about Tyler's support and services. Mrs. Timpson expressed her concern in regards to Tyler's lack of social skills. She emphasized that it is of ultimate importance to her that this skill is addressed and appropriately:

> I wanted him to learn to socialize with the other kids better. That's his biggest issue is socialization. Um, things like recognizing personal space, appropriate interaction… That was our biggest thing was just learning to appropriately interact with other kids his age, and then just behaving properly in the classroom. He thinks if he gets fed up, he can get up and leave.

She knew that he needed instruction on how to interact with other children and that it cannot be achieved by simply placing him around typically developing peers. She wanted to see that his teachers took the time to appropriately address this issue.

Another concern that Mrs. Timpson shared was the stigma of having a disability. She stated that they were worried a bit when he was first included in the typical Pre-K, but the teachers were supportive and assured them that at such a young age children accepted each other better and that they did not notice some of the differences. Mrs. Timpson still has the same concern as Tyler grows older and spends his time with typical first grade peers. She said, "I just worry that his classmates are going to start realizing that he's going to the developmentally delayed class and start, you know, the name calling and the picking on and…"

She believed that if teachers addressed his social and conversation skills, then Tyler's differences would be less noticeable. She wanted to see that Tyler's team works on his success.

Mrs. Timpson's involvement in Tyler's education and school. Mrs. Timpson's involvement in Tyler's education and school has changed over the past few years. She reported that she was more involved in the earlier years. She felt like she had established a relationship built on trust with the Tyler's teachers and service providers. She felt welcome at school not only by the teachers but also by the IEP team members. Her ideas and suggestions were always taken into consideration. She reminded me that she works full time and that hinders her involvement to the extent that she desires.

Overall, Mrs. Timpson's reported that her involvement with Tyler's educational needs was welcomed by the IEP team. Her role and ideas were supported by the teacher, service providers, and administrative representatives. As far as her involvement in the classroom level, she was welcome to observe, volunteer, and communicate with the teachers. She described her involvement, "I went on the field trip and I go to his

class parties. I did sign up for PTA. I haven't actually gone in and done anything yet. We did attend their Bingo night."

According to Mrs. Timpson, being with the same school and district helped her learn to worry less about him on a day-to-day basis. She was confident that she would get an e-mail or a note about the daily activities, successes, challenges, or anything that could influence Tyler's performance during the school day.

Ms. Rachel's perception on including Tyler in the typical classroom.

Ms. Rachel was Tyler's general education teacher in KG. At the time of recruitment, she was Tyler's teacher. The interview with Ms. Rachel took place in her KG classroom after she had finished teaching for the day. Ms. Rachel teaches a morning and an afternoon typical KG class. She invited me to her classroom after school to conduct a semi-structured interview. The classroom had young children's size chairs and tables. The students' art work and other accomplishments hung on the walls. There were different centers and an old computer that was half covered. Ms. Rachel pulled her chair towards one of the oval tables and sat down. She invited me to sit down on one of the kid size chairs and was ready for her interview.

First, I reviewed the informed consent with her since she had some concerns regarding the confidentiality of the information. Then, I started to conduct the interview. Rachel seemed worried and anxious. She looked at the clock and then her watch and then watched the door to make sure no one was eavesdropping. The first ten minutes of the interview was audio taped when Ms. Rachel decided to stop the interview. She had a few more questions about the

consent and asked, “Are you going to tell the parent what I tell you here today?” I reviewed the informed consent related to that specific question and assured her that everything stayed confidential and anonymous. She decided to continue the interview without the audio tape. In addition to not being recorded, Ms. Rachel refused to complete the Social Responsiveness Scale (SRS) because her reasoning was that Tyler was a severe case of a child with ASD.

Ms. Rachel has a degree in early childhood education and nearly fourteen years of experience teaching KG age children. Ms. Rachel started her teaching journey in a day care center; then, she owned her own home-based daycare. Finally, she started teaching in her current position in this school. Ms. Rachel felt that she was very well prepared for teaching children with disabilities in the typical classroom. She emphasized numerous times that she had attended several workshops and trainings, but she did not mention any actual experience in her past years of teaching. She was confident that she had the skills and the knowledge to work with individuals with ASD.

In regards to educating children with disabilities, Ms. Rachel believed that the placement depended on the disability. According to her, children with disabilities belonged in special education classes unless they had a mild disability or were high functioning. Even with those cases, the disruptive behavior was the determining factor.

As for Tyler, she strongly believed that he had to be placed in a special education classroom. She said:

> We are one of the leaders in special education in the country. We have all different types of special education services. We have a special education Pre-K. We have resources and people. We have numerous classrooms downstairs, numerous classrooms with special ed…

Ms. Rachel viewed herself as an unfair teacher to the other nineteen children in her classroom. She specified that Tyler's behavior was very disruptive and that he needed not only a one-on-one aide, but he needed to be in a special education setting. She believed that his repetitive behavior was annoying to all the other children in the room. Ms. Rachel decided not to continue the interview. After we stopped for about five minutes, she decided to answer a few more questions and then end the interview.

According to Ms. Rachel, Tyler's inclusion was useful to him. She summarized the experience with Tyler in the next few lines:

> He was exposed to normal classroom and enrichment. He had normal friends every day. Endless benefits to him! On the other hand, I believe he was set up for failure, low self-esteem, and embarrassment. Not to mention that I was hit and kicked almost every day. Completely unbearable, disruptive, illegal…

Ms. Rachel perceived Tyler's education in the typical KG classroom as an everyday struggle. She stated that it was an everyday challenge for her and for her other students without disabilities. She confirmed that there is a special education classroom for Tyler.

Mrs. Timpson's and Ms. Rachel's perception on including Tyler. The interviews conducted with Mrs. Timpson and Ms. Rachel indicated that the two contradicted each other in regards to their perception on including Tyler in the typical classroom. Mrs. Timpson acknowledged the benefits and the challenges of including Tyler in the typical classroom. On the contrary Ms. Rachel expressed that Tyler's IEP team needed to discuss different options than just having him in the typical classroom. She also emphasized that Tyler was the only one who enjoyed the benefits of inclusion, while everyone else was challenged. She claimed that:

> I have been more than educated on - I've been in numerous autism workshops. Um, I have numerous resource people that work with me constantly. Um, occupational therapy, all types of emotional therapy, all kinds of behavior management, people, techniques, and people coming in the classroom. I'm more than educated on it, but I feel like some behavior management techniques are nearly impossible to do while you have nineteen other students to teach.

It is obvious that Mrs. Timpson and Ms. Rachel were not on the same page. Mrs. Timpson believed that Tyler was in the right educational setting with a supportive teacher. In contrast, Ms. Rachel believed that Tyler was in an inappropriate setting and needed to be educated with his peers in the special education classroom.

Child 4: Ava

Ava's background story. Ava is a six-year-old Caucasian girl and the only child of her parents. She lives with her biological parents in a suburban city in

Oklahoma. Their house is located in a very upscale neighborhood that is less than ten years old. It is surrounded with large beautiful houses that are well maintained. Ava's mother, Mrs. Adamson, and I met one morning when Ava was at school. She showed me Ava's framed pictures since she was a young child. Ava's mother and I sat on comfortable couches and had a two-hour interview. A summary is provided in Table 10.

Ava's maternal grandmother shared her concerns with Mrs. Adamson when Ava was younger than two years old. Mrs. Adamson was reminded repeatedly that "something is not right" with her. Ava was the first child, so Mrs. Adamson did not know what to expect regarding the developmental milestones, but she was suspicious and concerned specifically with Ava's lack of language and communication skills. Ava was almost two and a half years old and still non-verbal. Her concerns were confirmed when her neighbor, who was a special education teacher, shared similar concerns.

Mrs. Adamson took her mother's and neighbor's concerns very seriously. She contacted SoonerStart to have Ava evaluated and tested. She was concerned that Ava could not hear. Ava was determined eligible for SoonerStart services and was served as a child with developmental delays (DD). She qualified for and received speech and language therapy once a week as well as, OT and PT services, which were alternated every other week even though delays in fine and gross motor areas were not observed by Ava's parents. According to Ava's mother, the same therapist provided all the services. The services by SoonerStart lasted from the time Ava was two and a half years old until the time Ava turned three. When Mrs. Adamson asked the therapist if she suspected any signs or symptoms of ASD, the therapist emphatically replied, "No!"

In addition to SoonerStart, Ava's parents provided additional speech and language therapy once a week.

When Ava turned three, she aged out of SoonerStart services. SoonerStart did not provide any transition services stating that she did not and will not qualify for further services. Mrs. Adamson was lost and unaware of the next step. She said, "At this point Ava was violent. She scratched, screamed, flapped her hands, and had horrifying meltdowns."

At the suggestion of her neighbor, Mrs. Adamson contacted the LEA and requested an assessment for her daughter to determine her strengths, needs and possible services. In the meantime, Mrs. Adamson read books, attended local workshops, searched for additional information about ASD on the internet, and prayed that she would wake up one day and have this part of her life past.

The school immediately responded to her request for an assessment of Ava. They formed an eligibility team and set a meeting date. Following Ava's assessment, it was determined she was eligible for the school's DD program at the age of three and offered the ASD diagnosis. Mrs. Adamson was asked if she would agree to have the Autism diagnosis on Ava's paperwork and IEP. She said, "I don't know, is that what she has?" Her questions were not answered, but she agreed with the eligibility team's diagnosis of ASD. Ava's services were determined and put in place. In addition to that, Mrs. Adamson scheduled an appointment with an independent evaluator to confirm Ava's diagnosis.

At age three, Ava attended the DD Pre-K on Monday, Wednesday and Friday. It was a difficult transition. She had separation anxiety from her mother. The program

was half day and part time. She received OT and PT at school. Her mother enrolled her in a Mothers' Day Out program on Tuesday and Thursday to ensure social interaction with typically developing children. In the same year, the school suggested extended school year services (ESY) for Ava. ESY services were offered to children with disabilities during the summer months. After two weeks in ESY, Ava displayed some self-stimulatory behaviors and imitated other children's behaviors. Mrs. Adamson decided to terminate the ESY services.

At age four, after a year in the DD class with related services three days a week, and a Mother's Day Out program two days a week, Ava demonstrated progress not only academically but also socially. The following year, at age four, she went back to the DD Pre-K. Soon after she started the program, her teacher suggested that Ava attend the typical Pre-K classroom fifteen minutes every day (10 percent of the Pre-K day). Mrs. Adamson agreed and was excited that Ava was making such a great progress. Ava's teachers gradually increased her time in the typical Pre-K classroom. By the end of the school year, Ava spent more than 70 percent of her day in the typical Pre-K classroom without an aide. Ava continued receiving OT, PT and speech therapy once a week each.

At the age of five, Ava transitioned to elementary school. Her three and four year old placements were in a Pre-K located in a preschool setting. The transition to KG was easier since she had one of her friends from a previous school in the same classroom. Ava was included in typical KG for the entire day with peer support. She could use the special education classroom as a resource as needed. Mrs. Adamson got very involved with the school as Ava's KG teacher was not too aware of Ava's needs.

Mrs. Adamson modeled some techniques to the teacher to ensure Ava was successful in the classroom. The school continued providing OT, PT and speech therapy once a week.

Table 10

Summary of Case Four

0-3	3-5	Current	Social Support	Teacher
Family of three	LEA-1/2 day DD classroom	6 yrs-more than 90% gened 1st grade	Active maternal grandmother & neighbor	Ms. Kimberly
Upscale suburban house	school evaluation	Supported by SPED	Former OT and PT	Excellent teacher support
EI SLP, OT, & PT	Mothers' Day Out SPED Private diagnosis	SLP		No aide

Ava's current placement. At time of recruitment, Ava is a first-grade student who receives instruction with her typically developing peers in the typical first grade classroom. Ava accesses the resource room for special education services once or twice a week or as needed. Ava no longer needs OT or PT, but she continues to receive speech therapy services once a week for 30 minutes.

Ava loves outdoor activities such as walking, gathering rocks and watching animals, in particular squirrels. She loves to report the weather and pretend she is a reporter. There are still challenges, but according to Mrs. Adamson, Ava has turned into a very confident girl.

Mrs. Adamson's perception on including Ava in the typical classroom. Mrs. Adamson's goals and dreams were to include Ava in typical classrooms with her typically developing peers since she attended the Pre-K DD. She worked hard to make

that dream come true. According to her report, it was not easy, especially at the beginning, but her persistence, perseverance and supportive team made it possible. Ava's teacher encouraged Mrs. Adamson to transition Ava in the typical Pre-K at the age of four and increase her time in the inclusive classroom gradually until she was included more than 70 percent of the day.

According to Mrs. Adamson, Ava demonstrated peer interaction, peer imitation and better social skills after she enrolled her in the Mother's Day Out program for two days a week. That was an indicator to her. She observed more gains in Ava as her time with typically developing peers increased. She described it with the following statement:

> Social, just having friends and wanting to, you know - she had a friend call her on a Saturday for the first time, and my husband answered the phone. And the little girl said, "Is Ava there?" and my husband was like, "Wait. What? She's having friends call her?" He was kind of dumbstruck for a second and didn't know what to do. He said, "Yeah . . . she's right here." So, they got on the phone and chatted away. And then Ava came in and said, "Can my friend come spend the night?" And sure enough, she came and spent the night. Those were moments that I was not sure that I was going to see…

According to Mrs. Adamson, the gains in the social skills were huge, but not the only gain. Ava now sits and follows the teacher's directions. She sits and finishes her tasks independently. She is confident and never ceases to amaze everyone with the progress she has made:

> I kind of hid and watched her, and the first time I saw her walk to the library by herself, I just went back to my car and cried. I mean, because people take that for granted, but that's huge that she can, you know, walk down to the library by herself!

Mrs. Adamson regards Ava's gains in social skills, confidence and independence as a result of her inclusion with her typical peers. It was the support of the team at the school and her peers that the family was enjoying all these blessings. When Mrs. Adamson expressed her fear, she said, "I am afraid people will think she is quirky because she quotes movies and always says stuff."

Mrs. Adamson's concerns about Ava's support and services. The interview with Mrs. Adamson did not reveal that she had any recent concerns regarding Ava's support and services. She described that over the years, she had established a trustworthy relationship with the school, the service providers, and Ava's teachers. She summarized her relationship with the teachers:

> I want to work with you, but I don't ever want to question you or get in the way of what you're doing. I just want - you're with my child a lot, and I'm with my child a lot, so there's no reason that we shouldn't be able to work together on that. Because you see things in her that I don't see at home, and I see things that you don't see. So, I don't know how parents make it without combining the two - you know, it's like a marriage.

She considers her and her family being blessed and lucky to have such an amazing team. She fears whether the following year will be the same or not, but the past

experiences proved to her that Ava can adapt to the new classroom with everyone's appropriate support.

Mrs. Adamson's involvement in Ava's education and school. Mrs. Adamson has been very involved with Ava's school on different levels. As an advocate, she made sure that the IEP team respected her suggestions and requests. She shared the modification and techniques that had been effective with Ava in the past and made sure Ava received the adaptations needed:

> Ava would talk real fast in the beginning of the year, so I taught her teacher - we came up with "turtle talk." And turtles talk real slow, so I told her teacher about "turtle talk," so Ava would slow down. And then she could get what she wanted out. Sometimes, back then, her mind would work faster than her mouth.

Mrs. Adamson volunteered in the special education classroom with the special education teacher. She liked making copies, being a helping hand, going on field trips, and monitoring during testing. She believed that her involvement with the school and in the classroom were key to establishing rapport with the people in Ava's school life.

Ms. Kimberly's perception on including Ava in the typical classroom. Ms. Kimberly was Ava's first grade general education teacher. Ms. Kimberly greeted me at the school's office right after I checked in. She escorted me to the school's library as our meeting location. She chose a round table in the quietest corner of the library and invited me to sit down. The students were at art and this was Ms. Kimberly's break time. Ms. Kimberly was dressed elegantly and had a confident posture. She had a blank sheet of paper and a pen and was ready to be interviewed. I reviewed the elements of

informed consent just to make sure to address any concerns or questions before the interview.

Ms. Kimberly had more than a decade of teaching experience in typical classroom settings. Her career started by teaching Pre-K, then KG, and then first grade. She worked in several schools. Her previous experiences were in high poverty schools compared to her current school, which is an upper income school. Recently, Ms. Kimberly got her national certification. Her body language was definitely a sign of her confidence and pride.

Ms. Kimberly believed that students with disabilities need to be educated with their typically developing peers. She explained her version of not being fair with the following example:

> I think it's sometimes unfair to Ava, because she gets put off some while I'm working with the rest of the class. Because I know that Ava has a special education teacher who she can go to if she needs help, or if I need to give them something to do with her, I know she's going to get some outside help. So, if anything, I sometimes feel like she gets a little bit neglected while I'm dealing with other kids in the classroom. So, but I don't feel like it's unfair to the rest of the kids. I feel like it's good for them to see differences and to learn how to help people and accept that.

Ms. Kimberly had twenty-three students in the classroom but no assistant. She has experienced educating students with different types of disabilities such as, attention deficit disorder, behavior disorder, ASD, etc. in her typical classroom. Most of her previous students with ASD had problem behavior and were difficult to work with in

comparison to Ava. She noted that her lack of training and preparedness for the needs of the children with disabilities had definitely played a role in her effectively teaching students of this population. She mentioned that working with individuals with disabilities was an ongoing learning experience for her since each individual had unique needs. She knows that five years from now she will be better prepared to educate students with ASD in her classroom. She emphasized that educating children with disabilities with typically developing peers, did not only help her to be a better educator, but also helped the students to learn about individual differences and acceptance.

As for her experience with Ava, Ms. Kimberly stated that Ava's parents were very supportive and involved. She met with Ava's occupational and physical therapists for ideas and support. The OT and PT had known Ava since she was three. Ms. Kimberly summarized her experience with Ava with the following statement: "She's just very compliant. I haven't dealt with tantrums or anything like that with her, so it's just been a lot easier because she can do a lot more than the others."

According to Ms. Kimberly, Ava has learned a great deal from her peers. She learned to model her peers, make friends, engage in conversation, and above all be flexible. Her friends accepted her because she looked like them; she talked like them and played with them. They got annoyed or puzzled when she said odd stuff or repeatedly talked about the same topic, but learned that Ava had different interests. Ms. Kimberly said that the things she could not teach them, they taught each other. For Ava, it was modeling and social skills; for her friends, acceptance and awareness of individual differences.

Ms. Monica's perception on including Ava in the typical classroom. Ms. Monica was Ava's special education teacher. The interview with Ms. Monica had a different structure since the questions that were designed for the general education teachers would not apply to her. Ms. Monica was willing to share her role in regards to supporting Ava's inclusion.

Ms. Monica had more than a decade of teaching experience. She had a Bachelor's degree in elementary education, but also had certifications in early childhood education, middle school language arts, and middle school social studies. She had a Master's degree in curriculum and instruction. Her ten years of experience were with third and fourth grade students as a general education teacher. She was currently working as a certified special education teacher for the second consecutive year.

Ms. Monica worked with Ava since the day she was hired as the special education teacher. She supported Ava in KG and in first grade. She mentioned that instructional team, comprised of Ms. Kimberly, Mrs. Adamson, Ms. Monica, and occasionally the PT and the OT, organized several formal and informal meetings to support Ava. Ava struggled with transition and separation from Mrs. Adamson. She had poor pencil grip, difficulty staying on task and paying attention or focusing. Ava's parents were concerned with these factors. Ava's OT and PT shared similar concerns with Ms. Monica and wanted to make sure the concerns were being addressed. Ms. Monica invited the parents, OT, PT, general education teacher, and administrative representative for an IEP meeting. Meetings were scheduled frequently, an average of one meeting per month. Besides the formal meeting, there were many informal

meetings for checking points. Since the OT and PT have known Ava and her family the longest, Ms. Monica consulted them for ideas and support.

On the other hand, the collaboration between Ms. Monica and Ms. Kimberly was held together by meeting on regular basis or on a day-to-day basis. The collaboration included classroom observation by Ms. Monica, e-mails, phone conversations, and meetings. According to Ms. Monica, Ava needed support with her transition to first grade. Ms. Kimberly had high academic expectations from her which she struggled to meet. At first, Ms. Kimberly did not want Ava in her classroom for an extended amount of time since Ava did not demonstrate readiness. Mrs. Adamson remained persistent and reminded everyone of Ava's progress. Ava would sit in the corner and spin or bang her head at the age of three, but now she sat, engaged and followed instructions. Ms. Monica, along with Ava's OT and PT, provided strategies and support to Ms. Kimberly to make this transition smoother and successful. Ms. Monica also worked on relationship building between Mrs. Adamson and Ms. Kimberly to establish trust and communication.

At the time of the interview, Ava was only visiting the special education class to greet Ms. Monica and feed the classroom pet. Ms. Kimberly had not visited the resource room for the past three or more weeks. According to Ms. Monica, "I guess this is a good thing; it means they do not need me as much!" Ms. Monica described Ava's progress:

> Ava's mother pulls up to the side of the curb, Ava gets out the side of the car, walks into the building and sits with the rest of her first grade peers. And you wouldn't even know that there's a difference between Ava and the other 449

students in there. And so, I think, part of it is giving mom – giving the family – the skills and tools that they need to kind of push.

Ms. Monica was proud of Ava's success and was glad to be part of her team. The success that Ava demonstrated in the past months and weeks were her greatest reward. For this purpose, she felt rewarded for her ongoing support.

Mrs. Adamson's, Ms. Kimberly's and Ms. Monica's perception in including Ava. The interviews conducted with Ava's mother and teachers explored their perceptions on including Ava in the typical classroom. Mrs. Adamson reflected on their experience from early on when Ava was first included with the aide only 10 percent of the day; then gradually increased her time in the general education classroom to 70 percent. Eventually, the support was faded and her time in the typical classroom increased with minimum utilization of the special education classroom.

Mrs. Adamson compared Ava's first grade experience to the earlier years. She strongly indicated that the team support and Ms. Kimberly played great role in Ava's success:

> This teacher that she has this year is phenomenal. It's almost militant, the way she runs her classroom. And they say the kids that are in second grade that have had her for first are far more prepared and way ahead than the rest of the students in the school.

Mrs. Adamson indicated that Ms. Kimberly and she are more on the same page than earlier in the school year. They both have high expectations and would like Ava to reach her maximum potential. Their daily collaboration and communication about Ava's needs make progress possible:

> I just feel so bad for parents out there that just don't have it in them to you know, to be proactive. I've always wanted to be proactive instead of reactive, and I'm just always trying to be the best advocate I could. Because if I don't do it, who's going to do it for her? I just try to always stay on top of her life and fight for her and do what I can for her.

Ms. Kimberly's and Ms. Monica's perceptions were not any different than Mrs. Adamson. Ms. Monica provided the support to the family and Ms. Kimberly to ensure a successful experience for everyone. Ms. Monica observed Ava's progress since early KG, and she believed that Ava belonged in the typical classroom with her typically developing peers. She bridged the gap between the mother and the general educator by providing each the support they needed. On the other hand, Ms. Kimberly accepted the help and the successful teaching strategies not only to help Ava, but also to prepare herself to be ready for upcoming experiences.

Mrs. Adamson had her fears of including Ava in a typical classroom. She was worried that she would be made fun of, but "I was bound and determined" that she is going to be indistinguishable from her peers:

> If you just walk into the classroom and look around and observe for a couple minutes and if I asked you, "Okay, go inside and pick out the child that has autism in here," you would never pick Ava…but she looks you know, so normal and for the most part, she acts so normal.

Ms. Kimberly and Ms. Monica could not agree more. Ms. Kimberly indicated that beyond Ava's progress and learning experience, the other twenty-two students learned to respect individual differences and acceptance. As for Ms. Monica, she stated

that her role is to support the family and the teacher, but above all to make sure Ava gets the quality education she deserves. She was definite that in the next nine weeks of school, Ava was barely going to need her support because of her exceptional achievement.

Cross-Case Analysis

In the previous section I presented data related to the findings of each participant's within case analysis. For each case, I described the parents' and educators' understanding and perceptions of including their own young children with HFA in the general education classroom. I included their perceptions on the inclusion practices associated with social gains, concerns or barriers for students with HFA in the general education classroom. Interview data collected with the educators was used to triangulate, confirm, or extend data collected by the parents' interviews.

In this section, I highlighted common themes found after completing the cross-analysis of individual cases. Topics were categorized into eight themes to assist in management and organization of the data: Four themes evolved regarding parents' understanding and perceptions of including their own young children with HFA in the typical classroom. These included (1) social gains, (2) supportive team and classroom environment, (3) quality of service, and (4) interaction with typical peers. Another four themes related to the educators' understanding and perceptions about including young children with HFA in the typical classroom presented themselves. These were (1) educator's preparedness and willingness to include a child with ASD in the typical class, (2) child gains in social interactions, (3) peer awareness/acceptance, and (4) administrative/school support.

Research Questions 1 and 2

The first and the second research questions in this study are: "What are the parents' perceptions on including their own children (ages 4-7) with HFA in general education settings?" and "What are the sources of concerns for these parents placing their own children in inclusive classroom?" These two questions led to some common themes across the four cases.

As mentioned above, one of the themes focused on the gains the children made in the typical classroom. All four parent participants indicated that their children made some social gains. Miko, Ethan and Ava's parents reported that the social gains each of their children demonstrated after being included in the general education classroom were observed not only at school, but also in some other natural environments their children frequented. Gains in social skills were one of the domains where three of the parents identified their children improved as described in details of each case summary. All four parents wanted the schools to address social skills as a goal and to teach the skills as part of the children's IEPs. Mrs. Madison and Ms. Eagle expressed the need for social skills with the following statements respectively:

> In fact, I probably do need to talk with the teacher and the aide... Just to say, you know, "What are you working on this week? What are we working on?" and "How is he doing?" and, um, "Socially, how is he doing? Socially, what are you - how are you - what do you expect from him?" and "What are you obsErwing him…? "Because I know, a student will greet peers or initiate play, or that type of thing. You know, how are they measuring that? How are they

providing opportunity for him to do that? Now, I don't know any of that… (Mrs. Madison)

I would have more support in bringing him in and teaching him how to play, because those are his weakest areas. Those are things you can't really teach someone. They just kind of have to follow and be there for. Because I feel like when I ask him who played with him, a lot of times he says he was alone and things like that. He just doesn't have those skills to go up to other kids… (Ms. Eagle)

The parents acknowledged that being in typical classrooms created an opportunity to interact with the typically developing peers, be invited to birthday parties, and invite friends over for play dates.

Another theme derived from the interviews was team support and classroom environment. Three parents expressed that they had great support at school. They felt that the IEP teams took their ideas and suggestions into consideration and addressed them accordingly. In Miko's case, Mrs. Madison indicated that she had great IEP meetings with the support of the professionals and that she established relationships with some of them outside the school. As for Mrs. Adamson, she described her relationship with the school with the following statement:

I have been nothing but blessed with Ava's school, from the day we entered it at 3 years old till today. They have been over-the-top friendly, helpful, um, and a lot of them have become my very dear friends through all of this.

On the contrary, Mrs. Eagle had a very intimidating and frustrating experience. She noted that she felt she was against a group of professionals who never listened to

her suggestions and requests, and it was difficult for her to get the educators to make modifications or add goals in the area of the social skills. She voiced her concerns to the district's special education director to ensure that her requests were taken into consideration. Though experiences in each case were unique, all but one of the parents (Ms. Eagle) was satisfied by the support the IEP team provided them.

On the other hand, having a supportive team was not necessarily an indication of having a supportive classroom environment (teacher and aide). Miko had a full time one-on-one aide assigned to him; Ethan never got an aide even though his mother made multiple requests to the district special education director. Though Tyler demonstrated some challenging behaviors, his parents did not pursue a request for an aide. Interestingly, Tyler's teacher not only requested an aide but strongly believed that Tyler needed to be placed in the special education classroom. As for Ava, the IEP team supported her experience in the transition process to the inclusive classroom by providing an aide without her mother's request. She was accompanied by the aide who was designated to support Ava, but gradually the aide was faded to a peer buddy.

Parents requested quality education that included high expectations for their own children, trained staff, and a welcoming environment from educators and peers. All four parents had high expectations for their own children and worked hard to make sure the teachers were also working towards common goals between the parents and the teachers. They all expressed that their children were smart and advanced in academic skills, but needed support and opportunities to address their lack of social skills development. All four parents believed and dreamed that their children would be in a general education classroom next to their typically developing peers. Miko's and Ava's

mothers were concerned about the level of training the aide and/or the general education teachers had which prepared them for working with their children. Ava was unique in that her mother and the special education teacher worked collaboratively with the general education teacher. Ethan was unique because his teacher purposely selected him so she could offer him a quality education. While Tyler's mother was satisfied and expressed that the teacher attempted her best, the teacher noted that she was competent in working with individuals with disabilities, but that Tyler did not belong in a general education classroom. Tyler's case makes me question if the parents and the teacher were communicating what was best for Tyler.

Three of the participating parents expressed fear and confusion about whether the typically developing peers would accept their children who demonstrated different behaviors and were identified as having autism. Ava's mother, Mrs. Adamson, described it:

> A little bit, a little bit of fear, if she's going to be okay. Um, a little bit of overprotective. You know, I was a little bit overprotective. But you know, I was ecstatic, actually. It was something that was my goal, and I was working for it. And she has worked hard for it, and just, I'm very proud of her. Um, I think I was worried about how she would do with peers. I mean, I was afraid, "Is she going to get made fun of? Is she going to be in the corner all by herself? You know, is everyone going to know that she's different?" And, I got over that quickly.

Ethan's teacher, Ms. Sally, took time to promote acceptance of individual differences by holding meetings with the students [Ethan's peers] to explain why he

sometimes demanded more attention. As for Mrs. Madison [Miko's mother], like Mrs. Adamson [Ava's mother], her fears faded as Miko gained more skills and started interacting with his peers and establishing friendships.

Research Question 3

The third research question, "How are the parents involved in their own children's success in the inclusive classrooms?" investigated findings on parental involvement. Parents reported that their involvement changed based on the gains their children achieved in their general education classrooms, IEP team support, school support, and relationships between the parents and the teachers or schools.

All four parents expressed some level of involvement with their children's education, educational placement, goals on the IEP, and involvement with school activities. The parents shared that their involvement with the school and on a day-to-day basis declined as their children gained skills and grew older. The support parents provided at age three was not the same as their support at age five.

The initial IEP meeting experiences were not the same as the current IEP meetings. Mrs. Timpson [Tyler's mother], Mrs. Madison [Miko's mother] and Mrs. Adamson[Ava's mother] had great support and IEP meetings. As Mrs. Adamson described it:

> And I just, I've heard about these IEP meetings that last hours and hours, and people scream and I don't understand that. Half the time, we're not even talking about school. We're just laughing and talking about our lives, just because it goes so smooth, just because we're always - we go into it knowing what we're going to discuss, I think.

On the other hand, Ms. Eagle was extremely anxious every time she attended an IEP meeting. As described earlier, she felt she was against a group of professionals who never took her suggestions seriously.

Another factor that influenced parental involvement was the degree of relationships they developed with the schools and if the children were in the same schools they attended for preschool. Three parents expressed that they established a trustworthy relationship with the schools during the first two years of their children's placements. Ms. Eagle was the only parent out of the four who felt rejected and unwelcome until Ethan was moved to Ms. Sally's general education classroom. It took a teacher to ask, "How can I help you?", "What would you like to see your child doing?" to make her feel she was being heard and her thoughts and ideas counted for the first time.

In summary, all four parents were involved to some degree in their children's success in being in inclusive environments. The parents described their involvement in terms of the IEP and appropriate school support for their children. Their degree of involvement changed for the above mentioned reasons and because of other commitments. Ms. Eagle worked part time and attended school in pursuit of a degree that would qualify her for a better job. Her new lifestyle hindered her involvement to the extent she desired. Mrs. Timpson had a full time job, but she took time off to be part of the field trips. She wished that she could be more involved, but working full time restricted her time and availability in volunteering. Mrs. Madison was most involved during Miko's first year of school. She remained mainly involved with his IEP goals. Mrs. Adamson was the only parent who pursued her involvement with the school. She

was not always in Ava's classroom or going on field trips, but she enjoyed helping the teachers and working with the children in the special education classroom.

Research Question 4

The fourth question focused on the educators' perceptions: "What are the educators' perceptions on including young children (4-7) with HFA in general education settings?" The themes that derived from the question and interviews with the educators were highlighted as follows:

Educator's preparedness and willingness to include a child with HFA in the typical class. The interviews with the general education teachers reflected their experiences of including children with HFA in their general education classrooms and the participant cases with HFA in particular. When the teachers were asked about the educational placement of a child with HFA, three of the teachers confidently and without any hesitation stated that children with HFA needed to be with their typically developing peers. Ms. Ashley believed she had the knowledge and the expertise to teach Miko. She was willing to modify and accommodate his needs. She mentioned that the experience with Miko would help her become a better teacher for other children as well. Similarly, Ms. Sally and Ms. Kimberly expressed that their specific experiences, with Ethan and Ava, would also help them gain instructional strategies and prepare them to become better educators. The two did not consider themselves well prepared or trained, but demonstrated a willingness to learn and collaborate with others in the field. Ms. Sally summarized her learning:

I'm still learning. I mean, I've - we have a few trainings each year required by the district, and they're okay. But, honestly, I learn more from going to his teacher, his other teacher, and she gives me lots of resources…

On the other hand, Ms. Rachel considered herself very well trained and prepared to work with individuals with any disability, but she was against including Tyler in her classroom. She strongly expressed that special education classes were available for working with individuals with disabilities. According to her, having the knowledge and the expertise were not the only indicators for successful inclusion.

These four general education teachers expressed contradicting dispositions about being prepared and trained to work with children with HFA. Ms. Ashley and Ms. Rachel considered themselves trained and knowledgeable. They believed that their ongoing experiences would help them continue to learn and become better equipped for future experiences with students identified with disabilities - particularly HFA.

Child gains in social interactions and peer awareness/acceptance. These two themes go hand in hand. Similar to the parents' views, the teachers shared their views. Ms. Rachel believed that Tyler learned manners and interaction from his peers. His peers modeled perspective taking (e.g. taking into consideration the thoughts and the feelings of their communicative partner) and typical classroom experiences. She perceived that this exposure and these experiences were useful only to Tyler, but not his peers. On the other hand, the three teachers (Kimberly, Sally, Ashley) indicated that educating the children with HFA in typical classrooms helped the children gain some social skills. Besides helping the children with HFA gain social skills, it created an

opportunity for everyone in the classroom to learn about individual differences. The statements below reflect the three teachers' thoughts:

> I feel him being in here helps with his social interaction with the children for knowing - and it also has helped for the other children's social interaction and kindness to one another. Um, not every child is the same. Um, I mean he might crawl through the children at group time, but the children - if it was some other child doing that, they might say, "Stop! You don't need to be - get out of my way!" And they'll just kind of move a little bit and let him on through (Ms. Ashley).
>
> I think it's good. In the real world, it's not - you know, they are learning just as much sometimes and they are learning empathy. And they are learning how to treat other people that may be are different. We all are different (Ms. Sally).
>
> I think it's been a good experience for her, because she's been able to see good modeling from her peers. She's really good at watching what other kids were doing and doing what they do, so I think that's good. And I think she's learned how to do that. So I think she's learned some coping skills by being in the class with others, and I think it's been good for them to get to know a student that's different than they are and to become accepting of differences (Ms. Kimberly)

As their statements attest, social gains were not only related to the children with HFA, but to everyone in the classroom. They all learned to accept each other with appropriate guidance and modeling from the teachers. Ms. Sally summarized it in the following lines:

> Even though we might not all have IEPs, we all have different learning styles and needs. And so, it's just another one that I need to figure out how to work with and how to reach. And then, for the other kids, I think they learn from it and it reminds them, "Oh." And we'll talk in our morning meetings you know of how - different needs that we have, what we're good at, what we like. And I think it might help them think, "Well, he struggles with that, but I struggle with this."

Furthermore, Miko was the only child in the current study who had a one-on-one full time aide assigned to him. Hence, Ms. Ashley brought up the issue that having a full time aide was a social barrier. She preferred building an entire community who would accept and interact with each other. Ms. Sally and Ms. Kimberly had similar thoughts, but neither Ethan nor Ava had full time aides. According to Ms. Ashley, it hindered Miko's interaction with other peers because the aide was providing support that sometimes can be compensated naturally by the peers. She wanted the aide to let him be a child and experience like everyone else in the classroom, she said, "I mean I would be uncomfortable if I was a child in Pre-K and someone had this [aide] in Pre-K. He needs to be engaging with others."

Administrative/school support. Another common theme explored was having administrative or school support to help the receiving general education teacher. Ava's case is exemplary in that matter. Ava's special education teacher [Ms. Monica], the general education teacher [Ms. Kimberly], and her mother [Mrs. Adamson] worked collaboratively to assist Ava's transition to the typical first grade classroom. Besides these three, her occupational and physical therapists, who no longer provided services to

her, were involved in suggesting successful strategies based on their history together. As for Ms. Sally, she requested Ethan to be placed in her typical classroom because she counted on his former teachers and service providers. She acknowledged that Ethan's former teacher provided her with resources to make her experience more successful. In addition to that, the school supported her and responded to her requests:

> They are always available. He had a really strong relationship with our last assistant principal. She just left. And because of that, when he was struggling the first two weeks, the principal called her and said, "We need a reward for him to work for. Will you write him a letter? And if he earns this letter, he'll get to write you back." And so, we used school mail. So yeah, it's all - really they're here to help us. We just have to ask for it. And that can be hard, but I have a good relationship where I don't mind asking for the help.

Ms. Ashley expressed similar thoughts in regard to her relationship with the school and the administration. She felt that they were available to support her and listen to her concerns. Ms. Ashley's main concern was to have Miko interact with his peers and minimize the involvement of the full time aide. She said:

> The administrator was in … the psychologist, too… Okay, it was her and our principal, and I just said, "Oh, I'm glad both of you are here. I just have a concern, and I just need to express my concern, and that I know that you ladies are the professionals at this. But I just need to express my concern and what I'm feeling on this for him..."

Unlike the three teachers, Ms. Rachel felt that she was dictated by the school administration and authorities in the district to include Tyler in her classroom. She was

very uncomfortable during the interview that someone might hear our conversation. She expressed doubt about her participation in the study, but when I asked her about administrative support, she said:

> Tough question! I would buzz them. Not that I get any of the support I needed. The support was limited because their hands were tied. They wanted to give more support for me. They need to make changes. Parents tried so hard to be supportive but it was not successful. I called help, help, help, to take him to professional help (doctor, psychometric evaluator)…

In the final analysis, teachers like Ms. Kimberly and Ms. Sally sought immediate support from former teachers of the child. They were both successful in building supportive relationship with the special education teachers, service providers or the former general education teachers. As for Ms. Ashley, this was Miko's first year in that school. She expressed a willingness to learn more strategies so she could be successful. She also mentioned that this would help him transition easily to KG because of her willingness to collaborate with the following year's teacher. There were times when all three teachers expressed a need for assistance from administration, and they all felt like that was available to them.

Research Questions 5

The fifth research question, "How are parents' and educators' perceptions similar or different?" was addressed throughout the analysis. It was apparent that parents and teachers recognized some gains for the children regarding their social skills acquisition and acceptance of the typical classroom environment. It turned out that all the parents and three of the teachers who participated in the study were in favor of inclusion and

believed that children with HFA needed to be educated in classrooms for typically developing students. This was in contrast to Ms. Rachel, who presumably has the necessary expertise and training but believed that a child with a disability needed to be educated in a classroom for students with disabilities.

Summary

The semi-structured interviews conducted with four parents and five educators of young children with HFA generated the data for the study. The interviews were conducted in the parents' homes or and the educators' schools. Only one parent interview was conducted at her place of business during an extended lunch break. In addition to the interviews, parents provided copies of their children's IEPs and home-school communication forms or notebooks. The interviews were transcribed verbatim and coded for analysis.

Four themes derived from the interview data with the parents' experiences with their children's inclusion in general education classrooms. These themes were (1) social gains, (2) supportive team and classroom environment, (3) quality of service, and (4) interaction with typical peers. As for the first theme, parents expressed concerns about the lack of social skills programs or goals, yet they reported social gains among their children. Regarding the second theme, the parents noted that supportive IEP teams and classroom environments played important roles in their children's experiences and helped them establish relationships with the schools. As far as the third theme, parents requested a high quality of service and remained persistent until their concerns and/or requests were addressed. Lastly, parents requested more opportunities for teaching social skills and interacting with the peers in the general education classroom. In

addition to that, parents expressed fears about acceptance from typically developing peers, but they acknowledged the value of the opportunity [interaction with typical peers] in the general education classroom.

The interviews with the educators resulted in four themes related to their understanding and perceptions about including young children with HFA in the typical classroom. The first theme was related to the educators' preparedness and willingness to include children with HFA in the general education classroom. Most of the educators indicated that their lack of training and preparedness to educate children with HFA influenced their effectiveness. They collaborated with special education teachers or related service providers for support and suggestions. They demonstrated a willingness to include the children with HFA in the general education classroom and learn the required skills not only for the specific child but to become a better educator for all students. The second and the third themes presented educators' perspectives regarding children's gains in social interactions and peer acceptance. Most of the teachers acknowledged that the all the children made gains. The children with HFA gained skills in social interactions and the peers learned to be sensitive to individual difference and acceptance. Finally, the fourth theme reported educators' perceptions on administrative/school support. The educators noted that administrative representatives were available to help, but teachers had to ask for it.

Overall, there were more commonalities between parents and teachers than anticipated. Both parents and teachers wanted to make differences in the children's lives by having high expectations, addressing their needs, and supporting the students through ongoing communication, collaboration, training, and teaming.

CHAPTER 5

DISCUSSION

The purpose of my dissertation was to gain a deeper understanding of the parents and educators' perceptions of including their young children with high-functioning autism (HFA) in an inclusive setting. The goal was describe the unique wants and needs of parents, through their real life experiences, who had young children with HFA being educated in general education classrooms in their local public school systems. The ultimate goal of the study was to explore interactions and expectations between parents and educators.

First, the study explored parents' experiences in including their own young children in general education classrooms. Similarities and differences were reported in the levels of early intervention services, parent involvement in their children's education, and school support and services according to their children's school district. The results indicated varying experiences in early intervention services. Parents reported their involvement was based on the age and needs of their children and their own availability and preferences. They registered varying levels of satisfaction.

Secondly, the study examined the educators' perception of including young children with HFA in general education classrooms. A majority of the educators were in favor of inclusion and reported their needs for administrative support, ongoing professional development and collaboration with special educators. Lastly, the study explored parents' and educators' perceptions relevant to including young children with HFA in general education classrooms. Results were presented to better understand their unique experiences and inform other parents and educators about factors that influenced

successful inclusion. Parents and educators agreed that collaboration and communication were critical factors for successful inclusion.

The study utilized a qualitative research design of multiple case-study approach to gain better understanding of the perceptions of parents of children with HFA in inclusive classrooms (Yin, 2009). Data collection primarily relied on semi-structured interviews with the parents and the educators of children with HFA. In addition, data were collected from the students' artifacts, such as their Individualized Education Programs (IEP), home school communication forms, and researcher memos.

Data analysis and results were presented in the previous chapter. This chapter provides a brief discussion of the summary of the findings as they relate to the research questions. Next, the overall conclusions of this study, their implications for practice and recommendations for future research in the field are discussed. Finally, the limitations of the study are addressed.

Discussion of Findings

The practice of inclusion continues to offer a variety of perspectives. The foundations of inclusion, varying definitions, effective practices and challenges associated with inclusion were presented in earlier chapters.

In 2003, Iovannone and colleagues reviewed reports identifying effective programming components for children with ASD. The work of Iovannone et al. (2003) served as a methodological guide for this dissertation. Iovannone and her colleagues presented the core elements of effective educational practices for children with ASD. These components included (a) individualized supports and services, (b) systematic instruction, (c) structured environments, (d) specialized curriculum content, (e)

functional approach to problem behaviors, and (f) family involvement. They highlighted that educating students with ASD requires an understanding of the unique cognitive, social, communication, sensory and behavioral deficits that characterize autism. They also noted that educational practices and strategies have a better chance of being effective when they are implemented across all settings, including the home and community (Reichow & Wolery, 2009; Stahmer, Collings, & Palinkas, 2005).

Research Question 1

The first research question in this study was: "What are the parents' perceptions on including their own children (ages 4-7) with HFA in general education settings?"

Overall, the study revealed that parents were in favor of inclusion. All the parents *(n=4)* reported social skills as one of their greatest concerns and the area where their children made their greatest gains. They reported that since their children with ASD spent time around their peers without disabilities, they were invited to birthday parties, received phone calls, and had sleep overs. Ava's mother [Mrs. Adamson] said "the phone rang and someone asked for Ava. My husband looked at me and then called Ava to hand her the phone". The results of the study were consistent with Peck et al.'s (2004) survey results where 87 percent of their parent participants reported that inclusion had a positive impact on their children's academic progress and/or social acceptance. Rotheram-Fuller, Kasari, Chamberlain and Locke (2010) indicated that children with ASD who had at least one reciprocal, genuine friendship were more involved in their classroom social networks and more accepted by their peers without disabilities.

In the younger and middle elementary school years, inclusion alone appeared to be sufficient for integrating some children with ASD into the social structure of classrooms; however, changing cognitive and physical skills, coupled with emerging and evolving competitive games, often left children with ASD needing assistance in facilitating true social involvement in the older grades.

Parents specifically voiced that concern. They acknowledged the progress and gains their children demonstrated in social skills, but three of the parents wanted to see goal that addressed social skills in their children's Individualized Education Programs (IEP).

Research Question 2

The second question in this study was "What are the sources of concerns for these parents placing their own children in inclusive classrooms?"

The parents voiced various concerns about placing their children in general education classrooms. The primary sources of concern included a lack of support and appropriate services; parents being viewed as partners with educational professionals rather than threats; parents and educators working together on common goals; and, future implications of their children's disabilities.

From the parents' perspective, collaboration with educators resulted in their children's success in school. Collaboration was the most effective when it was focused on interactive teamwork across families and their schools. This improved school practices for and benefitted all students (Halvorsen & Neary, 2001). Collaboration that was described by Mrs. Adamson [Ava's mother] "half the time, we're not even talking about school. We're just laughing and talking about our lives, just because it goes so

smooth, just because we're always - we go into it knowing what we're going to discuss."

Another suggestion made by parents was meaningful involvement in school (Epstein, 1994; Iovannone et al. 2003). Recommended practice included involvement focused on teaching parents *how* to participate in school–based activities and their children's education. Bouffard (2004) recognized that not all teachers feel they have the knowledge and skills for involving families and suggested professional development to increase their capacity to do so. Parents wanted the schools to provide appropriate support and services. This encompassed supporting the general educators, addressing goals which were relevant from the parents' perspectives, and maximizing the opportunities of social interaction for their children at their young age.

A majority of the parents reported that it was important to have good support and instructional teams that assisted them with the IEP process. One exception was Ms. Eagle [Ethan's mother]. She felt intimidated and fooled with false promises. She asserted her suggestions and ideas were never taken into consideration. Ms. Eagle's negative experiences added more stress to her everyday life since she already had to cope with raising a child with ASD and false promises of appropriate support for Ethan. Once Ethan was placed in Ms. Sally's general education classroom, Ms. Eagle felt that she was finally being heard and that she was a partner in Ethan's education.

The results of this study were consistent with research conducted by Spann and her colleagues (2003) who claimed the majority of parents in their study reported they did not believe schools were doing enough to address their children's most pressing needs. Similarly, parents in Stoner et al.'s (2005) investigation reported that entering the

special education system was very difficult, initial IEP meetings were confusing, and obtaining needed services was complicated. As with Ms. Eagle, their efforts in learning how to work with the system proved to be frustrating and added to their stress of raising children on the spectrum.

Research Question 3

The third research question in this study was, "How are the parents involved in their own children's success in the inclusive classrooms?"

I investigated findings on parental involvement and discovered that, as stated earlier, all parents were involved in their children's education on some level and in some way or another, depending on their availability and degree of necessity. Parents reported they needed to be involved in their children's IEP development and process to ensure that the goals were appropriate and relevant to the supportive needs of their children. The degree of their involvement changed as they developed trustworthy relationships with the school and service providers. Similar to Stoner and Angell's work (2006), parents' roles changed from being negotiators and monitors to being supporters and advocates as they established and built trust with educational professionals.

It seemed that the family involvement was an ongoing effort from the parents' point of view. Based on their reports, the schools did not demonstrate enough effort to include the parents in the decision making processes. The professional literature indicates that families are the most stable and influential people in their children's environments and that collaboration between parents and educators is an essential element of effective educational interventions (Bowen, 1985; Hoover-Dempsy & Sandler, 1997; Iovannone et al, 2003; Simpson et al., 2003).

Research Question 4

The fourth question focused on the educators' perceptions: "What are the educators' perceptions on including young children (4-7) with HFA in general education settings?"

The results of the interviews with the general educators and the special educator revealed that 80 percent of the educators were in favor of inclusion. The four educators believed that young children with HFA should be educated alongside their peers without disabilities. Ms. Sally [Ethan's general eructation teacher] considered Ethan's inclusion an opportunity to build a community in her classroom. She regarded this as an opportunity to teach everyone to value and respect individual differences and an opportunity for her to broaden her teaching experiences and learn new strategies. A majority of the four general education teachers, who were supportive of educating students with HFA in general education classrooms, reported social gains in their students with and without disabilities.

Most educators acknowledged that mere exposure to students with disabilities was not sufficient to promote acceptance; additional training and guided support for interactions were also necessary to ensure that students with ASD and their peers in the general education classrooms developed meaningful relationships. These results were consistent with the findings of Stahmer and Ingersoll (2004), who found that children without disabilities developed more positive attitudes towards differences in others, improved self-esteem and acquired greater tolerance for individual differences from these inclusive opportunities. General education classrooms posed increasing social challenges through multiple exposures to interactions with peers including unstructured

classroom time, interactions on the playground, mealtime in the cafeteria, and transition from class to class (Freedman & Silverman, 2008).

On the contrary, Ms. Rachel [Tyler's general education teacher], strongly believed that special education classrooms were for children with disabilities and that the job and responsibility of teaching "those children" fell to the special educators. She stated that the primary benefits of inclusion were for the children/students with disabilities [not the typically developing students] since they had access to typical peers and general education classrooms where they could experience appropriate modeling. This is supported by Freedman and Silverman's work (2008).

Most of the participating educators shared the viewpoint of Ms. Sally. They saw inclusion as a prime opportunity for them to learn new instructional strategies they could apply not only to students with HFA, but also to students without disabilities. They noted that though students on the spectrum are unique in their behaviors, preferences, interests, and learning styles, so are most students to varying degrees. The primary difference they noted was that those on the spectrum require specific individual instructional supports as indicated in the work of Iovannone et al. (2003) and Segall and Campbell (2012).

According to the educators, the success of inclusion was beyond their individual efforts. Another element that supported the success of students with ASD being included was "for school personnel to find ways to match specific practices, supports, and services with each student's unique profile and the individual family characteristics" (Iovannone et al. 2003, p.154). Based on the educators' reports, administrative support was one of the important elements that encouraged finding ways

to do just that and to help ensure success of the students with ASD (Iovannone et al. 2003; Segall & Campbell, 2012). The educators in this study reported administrative support was available to them when they requested it. Both Ms. Sally [Ethan's general education teacher] and Ms. Ashley [Miko's general education teacher] reported that they sought their principals' support since they were able to provide them with the appropriate support. They also kept their principals informed since they were the school's instructional leaders. As such, their attitudes regarding including students with autism directly affected teachers' attitudes toward inclusion of students in this population (Timor & Burton, 2006).

From the educators' perspective, another element that determined the success of inclusive practices was their ongoing professional development. Three of the general educators stated that they did not have any preservice preparation or college courses that taught them how to work with children with disabilities, specifically ASD. Only one general educator mentioned that she had completed one course that relied heavily on definitions. All the educators had varying levels of inservice professional development. Ms. Rachel considered herself very well prepared, but she believed that students with disabilities needed to be educated in special education classrooms, especially those with disruptive behaviors.

Simpson (2004) stated that general education teachers must be supported with the necessary curricula and experiences that prepare them to work with children on the spectrum within inclusive settings. When children with HFA require specific support and training and educators feel inadequately prepared to provide these teachers are less willing to include students with disabilities. Successful inclusion is predicted by

teachers' positive attitudes (Kavale & Forness, 2000) and the interactions or relationships the teacher has with the students being included (Robertson et al., 2003). Thus, a beginning step in fostering successful inclusive practices is providing adequate professional preparation/development and support.

Because autism is such a complex disability, it is hard for teachers to make generalizations regarding the best and most effective ways to teach students in this population. A contributing factor to this is their attitudes toward including the students with ASD. Since educators' opinions toward students with this condition impact their relationship with the students as well as the overall quality of their instruction, further research must be conducted on this correlation (Heflin & Bullock, 1999; Leatherman & Niemeyer, 2005; Snyder, 1999).

Research Questions 5

The fifth research question of this study was, "How are parents' and educators' perceptions similar or different?"

Despite high degrees of consistency between this study's educators' and parents' goals for including students with HFA, differences were identified. The primary difference was that educators tended to focus their goals on increasing behaviors that improved the students' classroom functioning and educational achievement, while parents' goals focused on behaviors that improved their children's capacities to get along with others in a broad context. Parents had clear visions, expectations, and desire to ensure successful outcomes. They prioritized their children with HFA learning to communicate or cope with their frustrations in socially acceptable ways so they could more successfully develop and maintain friendships.

The similarities and differences presented throughout the study were not novel to the field, but rather affirming. The findings were consistent with Robertson et al. (2003) who found that general education teachers tended to focus on the academic and behavioral outcomes more so than the social goals. They discovered that the severity of the behavior was a determining factor for the success of inclusion and that when teachers had more positive perceptions of their teacher-student relationships with their included students with autism, the students' behavior problems were lower and the students were more socially included by their peers.

Children with ASD have varying degrees of cognitive and social deficits that must be addressed. With the trend of inclusion for students with autism, general education teachers have a critical role in addressing these deficits effectively and in the educational success of these students. General education teachers' perceptions play a significant role in student success and effort, particularly those with disabilities (Kasari et al., 1999; Robertson et al., 2003). This became especially noteworthy when McGregor and Campbell (2001) found that the unpredictable nature of young children with autism had the potential to cause extreme confusion and distress in general education teachers. In an effort to address these reactions, general educators often found they needed to promote the acquisition and generalization of knowledge, they frequently needed to reorganize their class structures as well as their teaching methods.

Implications for Parents

Although the data from this research are limited to the parents' and educators' personal experiences and understandings of including young children with HFA in the general education classrooms and do not include every parent and educator, their stories

may be similar to others. This study contributed to the chain of research confirming the findings of earlier investigations by Robertson et al. (2003) and Kasari et al. (1999) about parents' and educators' perception of children with ASD being included. Hopefully, the findings of this study will positively influence future experiences of other parents of children with HFA by enlightening them with the experiences of others.

Results of this qualitative analysis indicated that parents have differing views about their relationships with the schools and educational professionals. The parents highlighted themes or issues such as involvement, concerns, availability of services and supports, time constraints to parent participation in school activities and communication with teachers.

Parental involvement was defined at differing levels by the parent participants. Parents indicated that the level of their involvement changed based on the needs and ages of their children, relationships with educational professionals, and their [parents] availability. Parental involvement is an essential component in the development of successful educational programs for students with ASD (Iovannone et al., 2003) and is a legally protected right through IDEA (2004) and state special education regulations.

Parental concerns revolved around their struggles to get appropriate educational supports and services for their children and those of others. They were concerned about whether the general education teachers were prepared and had the necessary knowledge and skills for working with their children on the spectrum. Another of their primary concerns was whether or not their children's teachers recognized their children's abilities and built upon them. Parents acquired and utilized varying roles (i.e.

negotiators, monitors, supporters, and advocates) based on their children's needs (Stoner & Angell, 2006).

When it came to participating in school events and activities, time constraint was a barrier, especially for parents who were employed. Parents reported they wanted to know more and communicate with their children's teachers so they could participate as partners in their children's education and school activities.

Another implication was the collaboration of parents with the educators and school personnel. Parents in this study collaborated at the individual level regarding their children. They wanted to learn more about their children's day-to-day school work, relationships, success and failures rather than "you're child had a good/bad day". The current systems of communication and interactions reported by the parents did not match current best practices for models of family involvement which lead to school improvement and more positive outcomes for students (Hoover-Dempsy & Sandler, 1997; Iovannone, et al., 2003). Effective communication and collaboration were identified as barriers or enhancers that impact parents' participation. Services, supports, programs, and networking knowledge were identified by participants as areas where they had little knowledge.

The findings of this study were consistent with the literature and indicated the need for strong parent-school partnerships, parent-teacher communication, and improved communication regarding parents' concerns and perceptions about inclusion. These are not new ideas. Soodak (2004) emphasizes the need for schools to create an empowering context for parents and professionals. To foster such collaborative partnerships, school administrators and teachers must emphasize trust and respect for

effective communication between parents and teachers. One way to accomplish this could be through the use of surveys and interviews that ask families to discuss their beliefs and concerns about inclusion and about the experiences and the perceptions of their children regarding the inclusive education placement (Salend & Garrick Duhaney, 2002). As professionals, our role is to evaluate the practices of inclusion and to obtain feedback from parents.

An underlying theme that was highlighted by participating parents of this study was "parents and individual support". The parents' shared their supporting network. That network included the support of their spouse, paternal/maternal grandparents, neighbors, friends, and other professionals. The mothers in this study were interviewed to share their perceptions, but every participating mother shared the role of the father as well. For example, Mrs. Madison explained that Mr. Madison and she split the two boys care taking. She usually took care of Miko while Mr. Madison and their other son had to fly to another state for a summer camp. She said "we did not know if Miko could handle the plane ride".

Many variables influenced families' experience of having children with ASD, and it is important to consider the individual needs of each family, when presenting what support each required. Financial needs, available resources, severity of the disability, level of social support, family structure, and geographic location. For example, Ms. Eagle, a low-income, single parent family had different needs, sources of stress and/or available resources than both parent families.

Thus to understand the level and type of support needed by individual family, Ecological approaches can be used to provide a framework for considering the children

with HFA as members of a larger contextual system. Ecological approach has been represented by embedded concentric circles, where the individual is represented at the core of the arrangement with each successive level, representing a larger ecological context e.g. family, school, community (Brofenbrenner, 1986). For example, Mrs. Adamson had the support of her spouse and her mother. Her support extended beyond the family members to ecological support and included Ava's OT and PT and their neighbor who is a special education teacher. The collaboration between the different members in the support theme made Ava's success possible.

Implications for Educators

This case study served to systematize, document and disseminate the perceptions of the parents, general education teachers, and a special education teacher. The diversity of responses and the shared principles that emerged from the results and analysis of the research questions demonstrates the complexity of inclusive practice. The findings indicate the need for ongoing support and collaborative efforts toward common outcomes and goals. Ross-Hill (2009) explained that not offering frequent and substantial professional development and preparation brought about "tension, stress, and strain for both teachers and students alike in inclusive settings" (p. 189), which negatively impacts ongoing support and collaboration.

The finding that educators want more professional development to prepare them for roles in inclusion is hardly a new one. Scruggs and Mastropieri's (2007) synthesis of inclusion research, which spanned from 1958 to 1995, suggested that educators' attitudes toward inclusion have not significantly changed over a 40-year period even in the face of reduced societal prejudices toward and segregation of individuals with

disabilities. They suggested that teachers' objections to inclusion are most likely due to the procedural and logistical challenges of inclusion which, unlike social prejudices, have only grown worse in the last half century. Specifically, they concluded,

> the lack of improvement in perceptions of teacher preparedness for mainstreaming/inclusion over time suggests that teacher education programs may be no more effective at preparing teachers for mainstreaming/inclusion now than they were two decades ago (p. 71).

The results of this research study were consistent with the literature and indicated that general education teachers were seeking professional development opportunities that would improve their self-efficacy, knowledge, skills and, ultimately, their perspectives regarding inclusion of students with autism. Professional development needs to focus on the following: characteristics of autism, accommodations and modifications to curriculum, assessment of student progress, behavior management techniques, managing student IEP's, and understanding social needs. Professional development activities in the form of professional learning communities and lesson studies need to be implemented to improve teachers' perspectives toward inclusion of students with autism. The utilization of professional learning communities to improve teacher attitudes and performance is echoed by Burstein et al. (2004) and DuFour and DuFour (2003).

In addition to professional preparation, providing teachers with support improves the overall implementation of inclusion, making it more beneficial for all students. Support provided and modeled by principals, which is based on their beliefs about the importance of including children with disabilities, strongly dictates the

educators' attitudes toward inclusion which correlates with their teaching and behavior. Soodak and colleagues (1998) and Ross-Hill (2009) studied and emphasized the role of the administrative support in the practice of inclusion. School administration fostered a supportive climate where the culture of the school encouraged teaming and collaboration. Through adequate support from administrators, it is likely to increase teachers' collaboration with special education teachers as well as families in order to solve problems in the inclusive classroom (Ross-Hill).

The inclusion of children with ASD is advantageous for all students when it is implemented appropriately and with adequate professional preparation and support. Professional support does not only rely on the educators and principals, but also on teacher preparation programs. Institutions of higher education must provide appropriate additional coursework and hands-on experiences that are targeted at more fully preparing all educators to teach students from diverse populations. Students with diverse abilities and needs are more likely to be appropriately and meaningfully included in general education settings when the teachers in the classrooms are more knowledgeable and skillful in educating all students.

Implications for Future Research

As Fuchs and Fuchs noted in 1994, "inclusion means different things to people who wish different things from it. For the group that wants the least…maintain the status quo. To those who want more, it means…a fundamental reorganization of the teaching and learning process" (p. 299). As such, the way educators define "inclusion" from an educational perspective and interpret the least restrictive environment (LRE)

mandate from a legal perspective significantly impacts the way they approach its implementation.

Most of the educators in this study were in agreement that students with HFA should have ample opportunities to interact with their peers in the "typical" educational environments to the maximum extent possible with appropriate support. Beyond that overarching definition, however, educators described inclusion as a highly individualized endeavor that is designed and implemented on a "case-by-case basis".

As exemplified in this study, parental involvement is an essential component in the development of successful educational programs for students with ASD (Iovannone et al., 2003). Additionally, it is legally protected through IDEA (2004) and state special education regulations.

As such, consideration of parents' desired and perceived outcomes for their children with HFA who are being included provides an opportunity for considering whether educators' approaches to inclusion are consistent with parents' expectations. In general, parents' comments reflected desired outcomes in areas that were remarkably similar to those described by educator participants. Ms. Rachel [Tyler's educator] was the exception. Mrs. Timpson [Tyler's mother] and Ms. Rachel did not share common views and goals for Tyler. Ms. Rachel believed that Tyler needed to be educated in the special education classroom with special education teachers because it was their responsibility to educate Tyler and not hers. As with educators, several parent participants emphasized the need for goals consistent with increased independence and initiation, as well as improved social and communicative functioning. Increased collaboration and communication will help parents and educators focus on common

goals. Including parents as partners and listening to their concerns and views is one way of addressing miscommunication as in the case of Tyler.

Study limitations

While this study contributed to the understanding of parents' and educators' perceptions about including young children with HFA in general education classrooms, certain limitations needed to be noted. Guba's Model of Trustworthiness of Qualitative Research (1981) emphasized the importance of neutrality or ensuring that the findings are based on information provided by the participants and not other biases, motivations, and perspectives. One way to enhance neutrality in qualitative research is the use of more than one researcher in the analysis of the data. However, when this is not the case, the use of reflexive analysis is recommended to assist the researcher in recognizing his or her influence on the data (Krefting, 1991).

One of the limitations noted in this exploratory case study that influenced its ability to make generalizations about parents' and educators' perceptions in including children with HFA in the general education classrooms regarding their experiences. Generalization was limited due to the small sample size, focused age and disability of the children and small number of participating parents and educators. Since the study explored parents' and educators' perceptions of young children (ages 4 to 7) with HFA in the general education classrooms, results could not be extrapolated to older school age students or in terms of other disabilities.

Another limitation was the context of the study is that it was conducted in the rural and urban regions of Oklahoma. The four cases represented four school districts that are located within 45 miles of each other. While this setting in a single state and

four districts may limit the applicability of this study to other settings, it can also encourage others to conduct investigations that add to the researcher's findings.

The experiences of the participants interviewed in this study may not reflect others working in other classrooms or school settings. Caution should be exercised in generalizing similar results to the entire population of parents of children with ASD. The parents of the young children with HFA do not represent the norm of all the parents of children with ASD.

Due to time and financial constraints, this research study was designed for and conducted by one researcher who was responsible for all data collection, analyses, and interpretation of results. Additional researchers working on this study would have allowed an additional level of validity and reliability, as collection and analysis could have been verified by them.

I guarded against my personal biases by providing a subjectivity statement (Appendix I) and reviewing the results with one of my academic advisers to double-check perceptions and ideas throughout the phases of data collection and analysis. When comparing the relative strengths and weaknesses of the various research designs available (both qualitative and quantitative), case study designs are often believed to be less desirable, weaker forms of research investigation. Chief among concerns about case studies are the lack of rigor (e.g., unsystematic procedures, equivocal evidence, biased views), limited basis for generalization, and summaries of case study research that are lengthy and unreadable (Yin, 2003). These criticisms illustrate how difficult it is to conduct a high-quality case study research. Yin asserts, "Case study research is remarkably hard, even though case studies have traditionally been considered to be

'soft' research" (p.17). In addition to more general criteria for designing and conducting high-quality studies, qualitative case study researchers also have the task of ensuring that their data are credible (i.e., valid) and transferable (i.e., generalizable).

Conclusion

McGregror and Campbell (2001) claim that

> Integration of children with autism has two clear goals. The first is to honor the right of all members of a community to take full part in its day-to-day life. The second goal is to improve the quality of children's social interaction and academic development through daily contact with typically developing peers (p. 190).

"Daily contact" allows students with autism to participate in their society while they advance their academic and social skills. Inclusion gives students with autism the opportunity to look at typically developing peers as role models and potential friends. The children with disabilities can emulate their peers' behavior and follow their lead in order to complete tasks in a more socially acceptable manner. However, these goals are sometimes hard to attain given the challenges manifested by the disability.

Characteristics associated with autism often make it difficult for teachers to successfully include students with the disability in their general education classrooms. Many children with autism have relatively high mental capacities that enable them to do a variety of activities both inside and outside school settings. Jordan states that despite this population's intellectual capability, "These children retain most of the ASD-related impairments, including impairment in social interaction, deviant or bizarre communication, and persistent patterns of restricted and stereotyped behavior

throughout their lives" (Emam & Farrell, 2009, p. 407). The unusual behavior exhibited by these children may interfere with the positive relationships they have with others, making the socialization hard to attain. These behaviors prove to be detrimental in inclusive classrooms since they may cause frequent disruptions and distractions. This, in turn likely decreases learning time for themselves and other students and restricts their opportunities for participation in school activities. This difficulty with "fitting in" to the general classroom setting can affect their relationships with their teachers and peers (Emam & Farrell, 2009).

Parents and educators feel that inclusion is invaluable to the success of students with ASD. Inclusive settings provide an environment in which students with ASD can experience a variety of social situations, participate in activities with peers, and become part of the school community. Educators, paraprofessionals, parents, and other service providers must work together as teams to develop and maintain effective inclusive practices for children with HFA. Though this investigation specifically targeted young children with HFA, it is important to remember that these students are within a few years of being adolescents. Hendricks and Wehman (2009) estimated that 55,602 to 121,324 adolescents in the United States fall somewhere on the autism spectrum. This is important to bear in mind since it signals that these individuals are about to complete their initial schooling and step into the post-secondary world of additional schooling and/or employment**.** This study hopes to aid in the development of additional services and supports which are fundamental to the success of children with ASD.

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APPENDICES

Appendix A. Overview of Autism Spectrum Disorder

Overview of Autism Spectrum Disorders

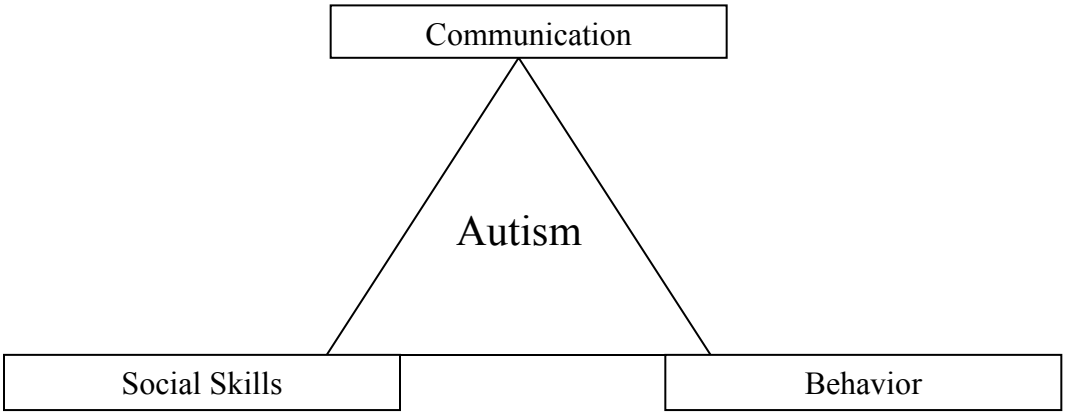
The term *autism* was first introduced in 1911 by the Swiss psychiatrist Eugen Bleuler. In 1943, an article titled "Autistic Disturbances in Affective Contact" was published about work conducted by Leo Kanner, a child psychologist at Johns Hopkins University. Kanner, conducted a case study of 11 children who appeared to share a number of common characteristics that he suggested formed a "unique syndrome." The children's similar problems occurred in three major areas of development: social interactions, communication, and activities and interests. Kanner contended that autism was a type of social disability, present at birth, with biological origins. Kanner's identification was the initial definition of the disorder; however, deeper understandings of autism continued to emerge as other researchers entered the field.

One year after Kanner's article was published, Hans Asperger's work with four children, "Autistic Psychopathy in Childhood," was published as well (as cited in Frith, 1991). Asperger's definition of autism or, as he called it, "autistic psychopathy," was wider than Kanner's, including cases that showed severe organic damage and those that shaded into normality. Both Kanner and Asperger used the term autism, and both highlighted the fact that children failed to interact with social reciprocity or engage in typical relationships with people (as cited in Wolff, 2004).

Autism Spectrum Disorder (ASD) is one of the disabilities specifically defined in the Individuals with Disabilities Education Act (IDEA), the federal legislation under which children and youth with disabilities qualify to receive special education and related services. IDEA, uses the term *autism* to identify all types of ASD as

a developmental disability significantly affecting verbal and nonverbal communication and social interaction, usually evident before age 3, which adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. (34 C.F.R. § 300.7 (c)(1) [1999])

The *Triad of the Impairment* is frequently used to represents the primary components of autism.



Autism falls under the umbrella of Pervasive Developmental Disorders (PDD). PDD refers to a group of disorders characterized by delays in the development of socialization and communication skills. Symptoms may be noted as early as infancy, although onset age for diagnosis is before 3 years of age. As noted by Kanner and Asperger, symptoms may include problems with receptive and expressive language; difficulty relating to people, objects, and events; unusual play with toys and other objects; difficulty with changes in routine or familiar surroundings, and repetitive movements or behavior patterns.

The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition *(DSM-IV)* provides an operational definition of autism based on diagnostic criteria. In the diagnostic manual, *"autistic disorder"* is listed as a category under the heading of "Pervasive Developmental Disorders." A diagnosis of autism is made when an individual displays 6 or more of 12 symptoms listed across three major areas: social interaction, communication, and behavior. In addition to autistic disorder, the *DSM-IV* added new disorders where a diagnosis could be made under the categories of Asperger syndrome, Rett syndrome , Childhood Disintegrative Disorder, and Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS).

It can be difficult to discriminate between Asperger syndrome and autism since many symptoms associated with autism present in individuals with either diagnosis. One of the primary differences is that individuals diagnosed as having Asperger syndrome do not present with language impairments. To be identified as being on the spectrum, the diagnosis must include the individual having clinically significant impairment in social, occupational or other functioning, and no clinically significant delay in language, cognitive development, adaptive behavior, or in curiosity about the environment. The symptoms of Rett syndrome are similar to ASD, but the prognosis is poorer.

For children identified as having ASD, the symptoms may or may not occur following a period of normal development. Childhood Disintegrative Disorder is another diagnosis in *DSM-IV*. This disorder is similar to ASD since the individual manifests symptoms of autism much later than a child who is diagnosed with ASD.

There must clearly be evidence of apparently normal development for at least the first 2 years of life (with regard to communication, social relationships, play, and adaptive behavior).

Children with PDD vary widely in abilities, intelligence, and behaviors. Some children do not develop language at all, others use echolalic or limited phrases and conversations, and some have relatively normal language development. Repetitive play skills and limited social skills are generally evident (Volkmar, 1998).

Though addressing the same condition and population as the American Psychiatric Association's *DSM-IV*, the Autism Society and the Council for Exceptional Children (CEC) define Autism differently. It is defined as a complex developmental disability that typically appears during the first three years of life. It is a neurological disorder that affects the functioning of the brain. Autism impacts the normal development of the brain in the areas of social interaction and communications skills and manifests itself as-a behavior disorder, characterized by impairment in social communication, social interaction and social imagination. Those with autism often have a restricted range of interests and display repetitive behavior mannerisms, along with altered reactions to the everyday environment. Children and adults with autism typically have difficulties in verbal and non-verbal communication, social interactions, and leisure or play activities. The disorder makes it hard for them to communicate with others and relate to the outside world. In some cases, aggressive and/or self-injurious behavior may be present. Persons with autism may exhibit repeated body movements (hand flapping, rocking), unusual responses to people or attachments to objects, and resistance to changes in routines. Individuals may also experience sensitivity in their

sight, hearing, touch, smell, and taste. Its current prevalence rate and continued increase in occurrence makes autism one of the most common developmental disabilities. Yet most of the public, including many professionals in the medical, educational, and vocational fields, are still unaware of how autism affects people and how they can effectively work with individuals with autism (Autism Society of America, 2009).

Although there are similarities, the definition of autism under IDEA differs somewhat from that found in the *DSM-IV*. The explanation of this disparity is that the IDEA definition focuses on educational needs and the DSM definition focuses on clinical diagnoses. Broadly stated, individuals with autism manifest varying degrees of success in their communication, behavior, and social skills. For this reason, children can be diagnosed under both definitions or under one and not the other. It is important for stakeholders to understand the application of the definitions used in diagnosing ASD since meaningful communication between families, educators and medical professionals is an important part of support for children on the spectrum.

Prevalence of ASD

The inclusion debate and continuing growth of inclusive education have great significance for students with ASD, which is the fastest-growing disability category in the United States (Autism Society of America, 2011). There is no clear evidence that explains the increased incidence of ASD in young children and school aged populations, but there is speculation. Wing (1996) speculated that the increase in the number of children identified with ASD was due to a change in referral patterns, widening of diagnostic criteria for autism, and increased awareness of the varied

manifestations of disorders in the autistic spectrum. She purported that these explanations provided support for the rise in prevalence nationally.

The National Survey of Children's Health, conducted jointly by the CDC and the Health Resources and Services Administration, was administered as a telephone survey in 2007. Over 80,000 parents of children ages 3 through 17 in the U.S. were selected and participated in this random-digit-dial telephone survey. The results were reported in the *American Academy of Pediatrics* (2009). Based on the parents' responses, results indicated that the prevalence of ASD was 1 in 91 children (ages 3-17), or 1 percent of the U.S. population (Kogan et al. 2009). It is possible this data is somewhat skewed as data collected on the children's medical and educational history by the CDC may result in a more accurate representation than data based on telephone surveys.

Traditionally, the prevalence rate of autism has been reported to be 4 to 5 per 10,000 children (Fombonne, 1999). However, more recent statistics suggest that the prevalence of ASD may be considerably higher than previously suspected. Studies by the CDC working group, known as the Autism and Developmental Disabilities Monitoring (ADDM) Network continue to seek explanations for the ongoing rise of the people diagnosed with ASD. In 2002, the CDC conducted a study on the prevalence of people diagnosed with ASD by collecting data from 10 sites nationwide. Data were collected from existing health and educational records of 8-year-olds who were diagnosed with ASD based on the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, text revision *(DSM-IV-TR)*. Based on this data, it was reported that the prevalence of autism spectrum disorder was 1 in 150 children. In 2006, ADDM

conducted another similar study in the same 10 sites and one other and compared the results with the 2002 prevalence rate. Data were collected by reviewing 8-year-olds' medical, screening and educational records during the time of the study. Data showed that approximately 1 in every 110 children were classified with ASD. This fact indicated a 57% increase in all 10 sites from 2002 to 2006. It is critical to note that by 2006, the early identification of individuals with ASD influenced the increased prevalence rate. The results were based on data of 8-year-olds in specific time periods in several areas of the United States. These data confirmed that ASDs affected an average of 1 in every 110 children. Unfortunately, the number of individuals identified with ASD continues to increase and remain the fastest growing serious developmental disability in the U.S. (CDC, 2012). This year, the CDC estimate that 1 in 88 children in the U. S. has ASD, and that ASD is almost four times more common among boys than girls – with 1 in 54 boys identified (CDC, 2012). Currently, government statistics report a 10-17 percent annual increase in ASD.

The continuous increase of young children with ASD is a concern not only among current researchers, educators, and families, but also among future professionals who are constantly seeking ways to understand causal and environmental factors that address the research questions raised by the literature in this field. One thing that could help facilitate the quest to serve students on the spectrum would be to determine a consistent operational definition of ASD. This is a challenge since ASD is not a single disorder, but rather a complex and multiple disorder.

Causal Factors of ASD

In an effort to determine the factors that influence the increasing incidence of ASD in California, Hertz-Picciotto and Delwiche (2009) at the US Davis [Medical Investigation of Neurodevelopmental Disorders] (M.I.N.D.) Institute conducted an investigation with data gathered from the California Department of Developmental Services (DDS) from 1990 to 2006 for children ages three and older. For children three and younger, data were compiled from Early Start reports. A total of 31,307 cases of children 10 and younger were included in this process. Ninety-six percent of the reports were from the DDS and the rest were from Early Start.

Based on the data, the researchers determined there is a rise in the number of children with ASD in California, especially among preschool children. This rise in ASD appeared to be a result of several factors. In the 1990s it was possibly the result of the revised and expanded definition of autism in the *DSM-III, DSM-III-R* and *DSM-IV* that potentially increased the number of individuals who met the criteria for autism in California. Manning emphasized that a much greater awareness of autism and related conditions, grouped as Autism Spectrum Disorders (ASD), and a broader definition that allowed children who might otherwise have been overlooked to receive a diagnosis (2004). Furthermore, the age of diagnosis gradually changed from early 1990s to 2006 from an average 5-year-old to 2- and 3-year-old. California provided access to more services than other states for individuals with the diagnosis of ASD which might have resulted in people migrating to the state to receive better services. These services were reimbursable by Medicaid. Funding to families of individuals with disabilities increased from $72 to over $400 million, and total spending for individual, family, and

community services increased from $2.8 to $4.9 billion. The results of the study indicated that the incidence of ASD rose 7- to 8-fold in California from the early 1990s through 2006.

Though there is speculation as to the possible cause for the increase (CITE), it is still uncertain. With the current trend of increased diagnosis, this number appears to be destined to increase significantly over the next several years since no causal factors explaining this increase have been clearly identified (CDC, 2009; Kogan et al. 2009; Hertz-Piciotto & Delwiche, 2009; Wing, 1996).

No one knows for certain what accounts for the increase in ASD, but we are much further ahead today than we were years ago when mothers were blamed for being cold and indifferent to their infants; thereby, contributing to their children's risk of being diagnosed with autism. Researchers and scientists continually search for answers. In addition to the potential causal factors identified earlier (i.e. more refined definitions of autism, earlier ages of diagnosis, migration toward services and funding), consideration is given toward environmental factors. There is preliminary evidence of such causation being thalidomide induced embryopathy and anti-convulsants taken during pregnancy. In spite of recent publicity, there is epidemiological evidence that the measles, mumps, and rubella vaccine is not an environmental risk factor for autism (Landrigan, Kimmel, Correa, & Eskenazi, 2003). Although environmental risk factors seem to play a role (Ramachandran & Oberman, 2007), it is necessary to consider other factors when determining why there are so many children being newly diagnosed as with ASD.

Another highly probable causal factor is the genetic factors which were introduced when Folstein and Rutter (1977) published the first twin study in autism and showed that the concordance rate in identical twins was much higher than in non-identical twins. Folstein and Rutter's findings were replicated several times and well established (Levitt & Campbell, 2009; Smalley, Asarnow, & Spence, 1988). This study played a key role in understanding the probable connection between autism and genetic factors.

Early Indicators

Early diagnosis and appropriate educational programs are very important to children with ASD. The IDEA Amendments of 1997 (P.L. 105-17) allow states and local education agencies to apply the term "developmental delay" (DD) to children ages 3-9. Previously, this definition applied to children ages 3-5. The National Early Childhood Technical Assistance System (NECTAS) has an updated summary and a state-by-state table of the use of developmental delay as an eligibility category under Part B of IDEA. As for Oklahoma, the eligibility requirement is 50% delay in 1 of 5 areas (cognitive, physical, communication, social and emotional, or adaptive development) or 25% delay in two or more areas. However, there is existing literature about early identification of ASD and differentiating the needs of the delayed areas among children with ASD (Baranek, 1999; Desombre, et al., 2006; Wetherby, et al., 2004).

Baranek (1999), Desombre et al., (2006) and Wetherby et al., (2004) conducted comparative studies of two or three groups of young children who were typically developing, children with ASD, and/or children with developmental delays, to explore

the role and importance of early identification among young children with ASD. Baranek (1999) used a retrospective video analysis to assess very early periods of development and to explore whether sensory-motor and social behaviors typical of ASD were present during infancy. The study included 32 participants divided into three groups: (1) diagnosed with ASD, (2) intellectual and/or physical disability for the DD group, and (3) children who were typically developing. The participants were recruited from more than 1,000 families using various sources. The participants were assessed and observed to determine their eligibility for the study. Parents were asked to video-tape sessions during play, birthday parties, and family routines. The tapes were edited and coded. The study revealed that by 9-12 months of age, the behaviors displayed in the infants later diagnosed with autism were different from those in children with DD or typically developing children. As infants, the children with autism were more likely to demonstrate poor visual orientation and attention, delayed response to name, excessive mouthing of objects and social touch aversions than the children with mental retardation or typical development.

Desombre et al. (2006) conducted a study with 40 participants recruited from the Autism Resource Center where they compared two groups of 20 children (7-42 months). The children were diagnosed with ASD, or DD. The groups were paired by chronological and developmental age. The comparison then extended to four subgroups composed according to age-younger children less than twenty-four months and older children more than twenty-four months. Each child was evaluated with the Infant Behavior Summarized Evaluation scale (IBSE) followed by videotaping a twenty minutes session. Their findings confirmed the previous findings in the existence of

distinguishable signs between children with ASD and children with DD. Children with ASD, as hypothesized, failed to orient to their names, lacked social contact, used objects inappropriately, and displayed difficulty in adapting to the environment (such as intolerance to frustration, anger and resistance to change). The study emphasized the importance of early identification and highlighted that early symptoms of ASD are distinguishable in children with DD. Though the study by Desombre et al., (2006) was conducted with a small number of participants that were recruited from parents' resources, it reflects on the current literature that early identification of young children with ASD from children with DD is possible and distinguishable by the symptoms presented within each group.

Another study that looked at early indicators of ASD in children during their second year of life was conducted by Wetherby et al., (2004). The researchers compared three groups of children: (1) 18 children with ASD, (2) 18 children with DD, and (3) 18 children typically developing (TD). The participants were drawn from an existing study. The parents of the children completed an Infant-Toddler Checklist, then were invited to bring their children for face-to-face evaluations with the Behavior Sample. The Infant-Toddler Checklist had a sensitivity and specificity of 88.9% for this sample of children. Significant group differences were found on the Infant-Toddler Checklist and the Behavior Sample; however, these differences did not distinguish children with ASD and DD with high accuracy. The videotapes of the Behavior Sample were reanalyzed to identify red flags of ASD. Nine red flags differentiated children in the ASD group from both the DD and TD groups and four red flags differentiated children in the ASD Group from the TD group but not the DD group. These 13 red flags were found to discriminate

the three groups with a correct classification rate of 94.4%.The findings of the study confirmed the findings of other researchers of the warning signs of ASD in the second year of the toddlers' lives and found that a lack of the use of words and vocalizations along with a lack of pointing and repetitive movements differentiated children with ASD from children with DD.

Baron-Cohen (2000) found that another early indicator of ASD was poor joint attention. Joint attention is the ability to establish a shared focus of attention with another person. It is the earliest expression of an infant where the child shows interest and sensitivity to what another person is attending to. Dawson and colleagues (2002) examined joint attention among 3 to 4 year old children with ASD to examine the severity of joint attention with young children with ASD compared to children with DD and children who were typically developing. They found that children with ASD performed worse than the other two groups in joint attention. The age of identification is a critical and important factor among infants because many of the deficit skills typically develop during the first 12–18 months of life (Wetherby et al., 2004).

Findings from these studies suggest that there are prelinguistic behaviors that may be important early indicators of ASD and may distinguish children with ASD from both typically developing children and children with other DD. The studies imply that early indicators and signs of ASD may be present in infants and toddlers and they need to be noted to help ensure early intervention services and support (Baranek, 1999; Dawson, et al., 2002; Desombre et al., 2006; Wetherby et al., 2004).

Researchers are making efforts to understand the apparently multiple factors that are contributing to the increase in the prevalence of ASD. The hope of professionals and

researchers is that early detection and identification of ASD will lead to better outcomes for families and their children with ASD through the use of effective interventions. For families and children with ASD effective interventions should include and address the core components suggested by Iovannone and colleagues. These interventions must be based on carefully planned individualized supports and services for the families and their children with ASD.

Young Students with ASD

A growing number of court rulings attempt to address the appropriate education for young children with ASD (Individuals with Disabilities Education Law Report (IDELR) and the Early Childhood Education Law and Policy Reporter (ECLPR)). Since IDEA mandates free and appropriate public education for *all* children, the local education agencies (LEA) frequently struggle to find/develop appropriate programs and therapy services for students on the spectrum (Mandlawitz, 2002). Mandlawitz reviewed 150 court cases and 15 of the cases were included in the review. There were three issues that dominated the court cases: (1) the type of the intervention, (2) the intensity and duration of intervention, and (3) the setting of the intervention (home, private school, inclusive public classroom, segregated public classroom, etc.).

Akin to Mandlawitz, Etscheidt (2003) investigated the content of 68 court cases and hearings published in IDELR between 1997 and 2002. The goal of the review was to make sure that the individualized education program's goals matched the data from the evaluations of the students and the appropriateness of programs for children with ASD. Specifically, Etscheidt collected data regarding the cases, the students,

educational programs, the parents' issues, and the decisions. Her findings included three elements:

> (1) The goals developed for the student must be consistent with evaluation data, (2) individual participants of the IEP team must be qualified to make placement decisions for students with autism, and (3) the special education methodology must be able to achieve the goals of the IEP. (p. 66)

The importance of information investigated by Mandlawitz and Etscheidt being consistent, focused and coordinated toward the same goals cannot be overstated. For students on the spectrum, there is no room for wasting time on ill-fitting IEPs. The growing number of children diagnosed with ASD and the efforts of well-organized advocate parent or advocacy groups have increased pressure on policymakers and service systems to improve and expand diagnostic and treatment services. Court cases about the type of intervention methodology to be used, level of prescribed intensity, and setting influence decision makers, but they often became a competition between experts and parents. In presenting these issues, state and local policymakers must become more knowledgeable and sensitive about the educational and emotional supports necessary for children with autism and their families (Mandlawitz, 2002).

Appendix B. IRB Approval Letter

The University of Oklahoma®
OFFICE OF HUMAN RESEARCH PARTICIPANT PROTECTION - IRB

IRB Number: 13027
Approval Date: June 30, 2011

June 30, 2011

Annie Baghdayan, M.Ed.
Educational Psychology
820 Van Fleet Oval, ECH 321
Norman, OK 73019

RE: Parents' Perception on Including Young Children with High-Functioning Autism (HFA) in Typical Classrooms

Dear Ms. Baghdayan:

Thank you for completing and returning the IRB Application for Continuing Review (Progress Report) for the above-referenced study. You have indicated that the study is still active. I have reviewed and approved the Progress Report and determined that this study was appropriate for continuation.

This letter documents approval to conduct the research as described in:
Other Dated: June 24, 2011 Summary of results
Consent form - Subject Dated: June 28, 2011 Parents
Consent form - Subject Dated: June 28, 2011 Educators
Cont Review Form Dated: June 28, 2011
Protocol Dated: June 28, 2011

Please remember that any change in the protocol, consent document or other recruitment materials (adverstisements, etc.) must be approved by the IRB prior to its incorporation into the study procedures. Submit a completed Protocol Modification form to the IRB office.

Approximately two months prior to the expiration date of this approval, you will be contacted by the IRB staff about procedures necessary to maintain this approval in an active status. Although every attempt will be made to notify you when a study is due for review, it is the responsibility of the investigator to assure that their studies receive review prior to expiration.

The approval of this study expires on June 29, 2012 and must be reviewed by the convened IRB prior to this time if you wish to remain in an active status. Federal regulations do not allow for extensions to be given on the expiration date.

If we can be of further assistance, please call the IRB office at (405) 325-8110 or send an email to irb@ou.edu.

Cordially,

Aimee Franklin, Ph. D
Vice Chair, Institutional Review Board

1816 West Lindsey, Suite 150 Norman, Oklahoma 73069 PHONE: (405) 325-8110

Appendix C. Informed Consent for Parents

University of Oklahoma
Institutional Review Board
Informed Consent to Participate in a Research Study
Parents

Project Title:	Parents' Perception on including Young Children with High-Functioning Autism (HFA) in Typical Classrooms
Principal Investigator:	Annie T. Baghdayan
Department:	Educational Psychology

You are being asked to volunteer for this research study. This study is being conducted at a convenient location of your choice. You were selected as a possible participant because you are a parent/caregiver of a young child with High Functioning Autism in a public school.

Please read this form and ask any questions that you may have before agreeing to take part in this study.

Purpose of the Research Study

The purpose of this study is to gain a deeper understanding of the parents' perception on including their young children with Autism Spectrum Disorders (ASD) in an inclusive setting (children who spend 80% or more of their instructional day with their typically developing peers). The goal is to describe the unique wants and needs of parents, through their real life experience, who are transitioning their young child with ASD into the public schools.
The study will attempt to answer the following questions:

1. What are the parents' perceptions on including young children (4-7) in general education settings? How do parents define the quality of service?
2. What are the educators' perceptions on including young children (4-7) with autism in general education settings?
3. How does parental involvement influence the child's success in the inclusive environment?
4. Why do parents express concern for the placement of their child in inclusive classrooms?
5. From the parents' perspective, what are the advantages and/or disadvantages of including the children with ASD in inclusive settings?
6. What are the parents wants and needs in support of the appropriate educational requirements of their child in the inclusive setting?

Number of Participants
The participants of the study will be composed of 14 parents and 11 educators.

Procedures
If you agree to be in this study, you will be asked to do the following:

The parent participants will complete the Social Responsiveness Scale (SRS), provide documentation for the diagnosis of the child, and provide the most current IQ score of the child.

Once the child is considered to have high functioning autism based on the cut-off scores of the SRS and the IQ scores an interview will be scheduled at a convenient location to the parent participant.

The parent/caregiver will answer approximately 40 questions and invite the child's teacher (voluntarily) to fill out a questionnaire about the child. The participant parent will invite the teacher to complete the questionnaire.

The parent/caregiver will also provide available documents such IEP, school-home communication forms, modified tasks, and supplemented instructional materials; these help the researcher understand the child's services, placement, and parent-teacher communication.

Length of Participation
The length of the participation in the study is 50 to 90 minutes.

This study has the following risks:
The study has no risks. Participation in this research is voluntary and you have the right to withdraw at any point of the study for any reason, without any penalty. The information and the records collected will be destroyed after the data analysis and approval of the dissertation.

Benefits of being in the study are
The study aims to demonstrate effective communication between family and school personnel and to share the experiences of the families of children with HFA in typical classes. There is no immediate benefit to the participants, but their experience will benefit other parents and educators of children with ASD.

Confidentiality
In published reports, there will be no information included that will make it possible to identify you without your permission. Research records will be stored securely and only approved researchers will have access to the records. All the documents will be blind coded prior to reviewing them. You will be assigned a pseudo name to protect your confidentiality.

The OU Institutional review Board may inspect and/or copy your research records for quality assurance and data analysis.

Compensation
As a participant in this study, you will be awarded a $25 restaurant gift card after completing the semi-structured interview and at least one observation in your residence.

Voluntary Nature of the Study
Participation in this study is voluntary. If you withdraw or decline participation, you will not be penalized or lose benefits or services unrelated to the study. If you decide to participate, you may decline to answer any question and may choose to withdraw at any time.

Waivers of Elements of Confidentiality
Your name will not be linked with your responses unless you specifically agree to be identified. Please select one of the following options

_____ I consent to being quoted directly.

_____ I do not consent to being quoted directly.

_____ I consent to having my name reported with quoted material.

_____ I do not consent to having my name reported with quoted material

Request for record information
If you approve, your child's confidential records will be used as data for this study. The records that will be used include (IEP, IFSP, and communication notebook). These records will be used for the following purpose(s): (1) to gain better insight regarding the history of the services provided and accessed; (2) to be aware of the current educational services utilized; and, (3) to support the data collected from the interviews and observations.

_____ I agree for my child's IEP, IFSP, and communication notebook records to be accessed and used for the purposes described above.

_____ I do not agree for my child's (existing school) records to be accessed for use as research data.

Audio Recording of Study Activities
To assist with accurate recording of participant responses, interviews will be recorded on an audio recording device. You have the right to refuse to allow such recording without penalty. Please select one of the following options.

I consent to audio recording. ___ Yes ___ No.

Contacts and Questions
If you have concerns or complaints about the research, the researcher(s) conducting this study can be contacted at (405) 596-0107 or through e-mail at annie.t.baghdayan-1@ou.edu and/or Dr. Kathryn Haring at (405) 325-5404 or through e-mail at kharing@ou.edu. You are encouraged to contact the researcher(s) if you have any questions or if you have experienced a research-related injury.

If you have any questions about your rights as a research participant, concerns, or complaints about the research and wish to talk to someone other than individuals on the research team or if you cannot reach the research team, you may contact the University of Oklahoma – Norman Campus Institutional Review Board (OU-NC IRB) at 405-325-8110 or irb@ou.edu.

You will be given a copy of this information to keep for your records. If you are not given a copy of this consent form, please request one.

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

Signature Date

Appendix D. Informed Consent for Educators

University of Oklahoma
Institutional Review Board
Informed Consent to Participate in a Research Study
Educators

Project Title:	Parents' Perception on including Young Children with High-Functioning Autism (HFA) in Typical Classrooms
Principal Investigator:	Annie T. Baghdayan
Department:	Educational Psychology

You are being asked to volunteer for this research study. This study is being conducted at a convenient location of your choice. You were selected as a possible participant because you are the educator of a young child with High Functioning Autism whose parents are participating in this study.

Please read this form and ask any questions that you may have before agreeing to take part in this study.

Purpose of the Research Study

The purpose of this study is to gain a deeper understanding of the parents' perception on including their young children with Autism Spectrum Disorders (ASD) in an inclusive setting (children who spend 80% or more of their instructional day with their typically developing peers). The goal is to describe the unique wants and needs of parents, through their real life experience, who are transitioning their young child with ASD into the public schools.
The study will attempt to answer the following questions:

1. What are the parents' perceptions on including young children (4-7) in general education settings? How do parents define the quality of service?
2. What are the educators' perceptions on including young children (4-7) with autism in general education settings?
3. How does parental involvement influence the child's success in the inclusive environment?
4. Why do parents express concern for the placement of their child in inclusive classrooms?
5. From the parents' perspective, what are the advantages and/or disadvantages of including the children with ASD in inclusive settings?
6. What are the parents wants and needs in support of the appropriate educational requirements of their child in the inclusive setting?

Number of Participants
The participants of the study will be composed of 14 parents and 11 educators.

Procedures
If you agree to be in this study, you will be asked to do the following:

The educator will answer approximately 12 questions either electronically or hand written at a convenient time.

Length of Participation
The length of the participation in the study is 10 to 15 minutes.

This study has the following risks:
The study has no risks. Pparticipation in this research is voluntary and you have the right to withdraw at any point of the study for any reason, without any penalty. The information and the records collected will be destroyed after the data analysis and approval of the dissertation.

Benefits of being in the study are
The study aims to demonstrate effective communication between family and school personnel and to share the experiences of the families of children with HFA in typical classes. There is no immediate benefit to the participants, but their experience will benefit other parents and educators of children with ASD.

Confidentiality
In published reports, there will be no information included that will make it possible to identify you without your permission. Research records will be stored securely and only approved researchers will have access to the records. All the documents will be blind coded prior to reviewing them. You will be assigned a pseudo name to protect your confidentiality.

The OU Institutional review Board may inspect and/or copy your research records for quality assurance and data analysis.

Compensation
You will not be reimbursed for you time and participation in this study.

Voluntary Nature of the Study
Participation in this study is voluntary. If you withdraw or decline participation, you will not be penalized or lose benefits or services unrelated to the study. If you decide to participate, you may decline to answer any question and may choose to withdraw at any time.

Waivers of Elements of Confidentiality
Your name will not be linked with your responses unless you specifically agree to be identified. Please select one of the following options

_____ I consent to being quoted directly.

_____ I do not consent to being quoted directly.

_____ I consent to having my name reported with quoted material.

_____ I do not consent to having my name reported with quoted material

Contacts and Questions
If you have concerns or complaints about the research, the researcher(s) conducting this study can be contacted at (405) 596-0107 or through e-mail at annie.t.baghdayan-1@ou.edu and/or Dr. Kathryn Haring at (405) 325-5404 or through e-mail at kharing@ou.edu. You are encouraged to contact the researcher(s) if you have any questions or if you have experienced a research-related injury.

If you have any questions about your rights as a research participant, concerns, or complaints about the research and wish to talk to someone other than individuals on the research team or if you cannot reach the research team, you may contact the University of Oklahoma – Norman Campus Institutional Review Board (OU-NC IRB) at 405-325-8110 or irb@ou.edu.

You will be given a copy of this information to keep for your records. If you are not given a copy of this consent form, please request one.

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

Signature Date

Appendix E. Social Responsive Scale Copyright

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We appreciate your interest in our material, as well as your consideration for its copyright. Please contact Mr. Fred Dinkins, WPS Rights and Permissions Specialist (fdinkins@wpspublish.com) if you have any questions.

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Date: 2011.03.16 14:22:11 -07'00'

Susan Dunn Weinberg
WPS Rights and Permissions Manager
e-mail: weinberg@wpspublish.com

SDW:se

Appendix F. Demographic Parents

Background Information on Parents

Parents' Demographics

1. What is the age of your child diagnosed with an Autism Spectrum Disorder?

2. What is the gender of your child diagnosed with ASD? Male--- Female---

3. What is your child's diagnosis?

    - Autism
    - Asperger's Syndrome
    - PDD-NOS
    - Rett Syndrome
    - Childhood Disintegrative Disorder
    - Other:------

4. Has the child been diagnosed with any co-occurring disorders?

    - No
    - Yes: (Please Specify) …….

5. Does the child have any siblings?

    - Yes
    - No

6. Do any of the siblings have a disability?

    - No
    - Yes: (Please Specify) ----------

7. What is the highest level of education you have completed?

    - High school or equivalent
    - Vocational/technical school (2 year)
    - Some college
    - Bachelor's degree
    - Master's degree
    - Doctoral degree
    - Professional degree (MD, JD, etc.)
    - Other (please specify) ----------

8. How do you classify your race?

- Caucasian/White (not of Hispanic origin)
- African American/Black
- Hispanic
- Asian or pacific Islander
- Native American or Alaskan native
- Mixed race
- Other (please specify) ----------

9. Do you receive any assistance and/or support for child care needs from any:

- Spouse
- Grandparents
- Partner
- Friend
- Neighbor
- Other children
- Siblings
- Other (Please Specify) ----------

10. Does your child receive any financial assistance in the form of:

- DHS
- DDSD waiver services
- Medicaid (Wic)
- SSI
- Head start
- Other (please specify) ----------

11. What is your current household income?

- Under $10.000
- $10, 000 - $19,000
- $20,000 -$29,000
- $30,000-$39,000
- $40,000-$49,000
- $50,000-$74,000
- $75,000-$99,000
- $100,000-$150,999
- Over $150,000

Appendix G. Demographic Educators

Background Information on Educators

Educators' Demographics

1. Number of years teaching: ----------

2. What is your gender? Male---- Female-----

3. What is your age range?

    - 20-25
    - 26-30
    - 31-40
    - 40-50
    - 50-60
    - Older than 60
    - Would rather not to mention

4. What is the highest level of education you have completed?

    - High school or equivalent
    - Vocational/technical school (2 year)
    - Some college
    - Bachelor's degree
    - Master's degree
    - Doctoral degree
    - Professional degree (MD, JD, etc.)
    - Other (please specify) ----------

5. Did you have any pre-service or in-service training on Autism Spectrum Disorders?

    - Yes
    - No
    - Other (Please Specify)

6. How many children are there on your case load? ----------

7. How many children have the autism diagnosis? ----------

8. Describe their disability range:

    - High-functioning
    - Mild/Moderate

- Moderate/Severe
- Severe/Profound
- Other (Please Specify) ----------

9. How many paraprofessionals/facilitators are in the classroom?

Appendix H. Interview Protocol Parents

Interview Questions for Parents

1. Tell me about your child (How old is the child, his favorite activities, places, strengths, etc.)

Educational and Service History of the Child before the age of 3:

2. When did you first notice signs that _____might have ASD or delays?
3. How did you go about getting information about _____ possible problems? Did your pediatrician refer _____for EI or further assessments?
4. When/how did you receive the diagnosis? (How old was your child, how did you get the diagnosis, was it a private psychologist or EI/school)
5. Did your family receive EI services? How old was your child when you received the services?
6. Were you satisfied from EI services? List the services that you received.
7. How often did you receive the above mentioned services?
8. Did you have an IFSP? How were your family's needs addressed?
9. What were some of the goals that you wanted your child to meet?
10. Describe your feelings about the EI your family received?

Educational and Service History from age 3 to 4:

11. Describe the transition from IFSP to IEP? Were there any challenges?
12. How did you cope with the transition? Did you feel well-supported? Did you have choices of possible pre-school programs or placements?
13. How did your child cope with the transition?
14. How was your experience with the IEP different from the IFSP experience?
15. Did you feel knowledgeable and supported for the 3 year old school program?

16. What resources (information or supports) were available for you from the EI or the school for a smoother transition?
17. How did you feel about the resources provided to you?
18. Did your child go to school at age 3 or 4?
19. Did you ask for specific goals or placement/services?
20. Did you have any choice between the Developmental Delay or other programs?
21. Did your child go to his neighborhood school or you had to transfer him to a different school?
22. How did the decision for an inclusive placement take place? (you or the school/teacher)
23. Did you observe the General Education and/or DD classrooms?

Current Placement and Educational Services:

24. Tell me about your child's IEP meetings?
25. Does _____ current program meet your expectations?
26. Do you feel that you are part of the team? In what ways?
27. Did you choose your child's current placement?
28. What gains has your child made in the inclusive classroom with typically developing peers?
29. What are the challenges of placing your child in an inclusive classroom?
30. From your personal experience, does your child's teacher have the same goals and outcomes as you do? (Are you both on the same page?)
31. How often do you communicate with your child's teacher/s? (notes, notebook, e-mails, calls)

32. Who is the primary contact person (SPED, Gen Ed, teacher (s) or the paraprofessional)?
33. Describe your relationship with your school district and school personnel (e.g. conferences, meetings, principal, psychologist, program specialist, inclusion facilitator, special education coordinators).
34. Describe your involvement with your child's school. (Volunteer, provide resources, observations, etc.)
35. How would you describe your involvement in your child's IEP, do you prepare questions for IEP meetings, or make requests from the school personnel? How are your concerns met?
36. Do or have your efforts in the school programs made a difference in your child's progress? How? Are there other ways you would like to influence school decisions?
37. Are there aspects of _____ school program that you think the teachers or the administrators should improve in order to provide the desired services for _____? How could _____'s experience with inclusive education be more successful?
38. What are some of the developmental milestones _____ has reached that would not have been possible without an inclusive educational placement?
39. Do you experience any concerning issues on a day to day basis regarding your child's placement?
40. If you would make changes to your child's current educational placement to make it an "ideal setting" what would those be? (Services, modifications, etc.)

Appendix I. Interview Protocol Educators

Interview Questions for Educators

1. Tell me little bit about your teaching background. (Years, age groups, type of the classrooms, etc.)
2. Do you think students with disabilities have the right to be educated in typical classrooms next to their typically developing peers?
3. What are your feelings and thoughts about including young children with ASD in typical classrooms?
4. Do you feel that you are prepared to educate and deal with children with ASD in inclusive educational settings?
5. Did you have any training on including children with disabilities in typical classrooms? (Were the trainings pre-service or in-service, were trainings specific to a certain disability group).
6. Do you think you are being fair to all the children in the classroom? Do you have any concerns regarding this matter?
7. What are the challenges that you face on a day to day basis in educating children with ASD in typical settings?
8. What are the advantages of inclusion for the educators and for students with and without disability?
9. Do you receive any administrative or parental support? Please give me an example.
10. How often do you communicate with the parents of children with disabilities and what means of communication do you usually use?(e-mail, phone, home-school communication notebook)

11. How would you describe the role and the involvement of parents of children with disabilities? Does that create challenges or support you?
12. What are the most influential aspects of this particular experience on your thoughts and beliefs regarding inclusion?

Appendix J. Subjectivity Statement

Subjectivity Statement

The topic of my research was parents' perception on including their young children with high functioning autism (HFA) in general education settings. I wanted to explore different experiences that parents encountered when their children attended public school systems.

The Individuals with Disabilities Education Act (IDEA) emphasized two fundamental requirements in regards to educating individuals with disabilities: first, the child will receive a free appropriate public education (FAPE) and, second, the child will be educated in the least restrictive environment (LRE). IDEA did not define inclusion. Instead it mandated LRE. LRE required school districts to educate students with disabilities in general education classrooms alongside their peers without disabilities, in the schools they would attend if not disabled, to the maximum extent appropriate. Inclusion was and continues to be a controversial topic. Some studies in the field present the benefits of inclusion for individuals with or without disabilities, and other studies present parents' challenges and dissatisfaction with the services provided to their children with autism. Besides the studies on parents, others address the teachers' attitudes and beliefs regarding to inclusion. Teachers claim they are not prepared to educate children with disabilities, in particular, children with Autism Spectrum Disorders in the typical classrooms. My goal from this research study was to explore the factors that influenced parents' perceptions that indicated their children experienced a successful inclusive program with the appropriate support and services.

In this exploratory study, I interviewed parents of young children with HFA and their educators. The parents' interview questions focused on gathering information

about their experiences with their children's diagnosis, early intervention services, and their current educational placement. The educators' interview questions focused on gathering information about their perceptions regarding educating children with HFA in general education classrooms, their preparedness, and the types of support the school systems provided. These questions were general, but as I got into interviewing and gathering data I realized that my intentions were broader than just exploring the parents' perception on inclusion. As I proceeded with the data collection and discussed the data with committee members, I was advised to broaden the title and the investigation to include educators' perception on inclusion based on the data gathered from the educators.

I am an educator with more than twenty years of experience. I have worked with different age groups of children (1-13 years of age) with different abilities and disabilities and their families. My work experience included teaching students in general education settings, teaching in preschool classrooms for children with developmental delays (DD), teaching special education courses and supervising special education teachers at the University of Oklahoma. I spent thirteen years as a full time teacher in general education classrooms teaching English as a foreign language in Beirut, Lebanon. For the past eight years, I worked as a technical supervisor for an extended day program for preschoolers with disabilities in a DD classroom, facilitated inclusion of children with ASD into the typical four year old program. In the meantime, I was hired by the University of Oklahoma as a graduate teaching/research assistant, which provided me the opportunity to teach special education courses to undergraduate students and supervise their field experience hours.

In my role as a technical supervisor, I worked with general education teachers, special education teachers, and paraprofessionals in addition to working with educators; I provided support to the children and their families to facilitate inclusion practices. I have had some successful experiences, but also some challenging ones. I believed in bringing the team members together to resolve conflicts and work towards a better transition for the children with ASD in the typical settings. I believed in parents who were persistent in educating their children in general education classrooms next to their friends who were typically developing. I believed in teachers who wanted to learn and try. I believed in the challenges that the paraprofessionals faced. I was frustrated with the lack of knowledge and collaboration practiced by the team members. I questioned the role of the special education teachers and their lack of the involvement in providing support.

These personal experiences gave me an inside perspective on parents' challenges and on educators' preparedness in teaching children with autism in general education settings. As a former teacher and inclusion facilitator, I built a tool box of instructional strategies through my experience. As a professional, I developed personal relationships with some teachers who worked for the school districts that I studied. As a parent advocate and a board certified behavior analyst, I sat on IEP teams with parents and had the opportunity hear the concerns they voiced.

I believe my previous experiences were an asset to the study. I realized that they had benefits and drawbacks. The rapport I developed with some of the parents and some of the educators allowed them to speak freely with me because there was a level of trust.

Due to my history with the parents, I was able to gather in-depth data about their past and present experiences. As a former teacher, I was be able to probe the educators for relevant information and interpret the data in context to find deeper meaning. I had the unique opportunity to view the data from two different perspectives in order to look for similar and different threads.

I must note that there were possible drawbacks in exploring a research topic where parents and educators considered me an "expert" in the field. In my role as a professional developer, the parents and educators may have felt the need to give me answers to interview questions that they thought I wanted to hear rather than what was the truth. I needed to be mindful of my personal bias toward practice in inclusion and make sure that it did not interfere with my objectivity in relation to the data. I met with my dissertation chairperson and other committee members who provided me with ongoing expert feedback. In all, I believe the benefits of my experiences outweighed the drawbacks, especially with the ongoing support and feedback of my committee members.